

People with Disabilities and Elderly (PWD/E) Advisory Committee

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PEOPLE WITH DISABILITIES AND ELDERLY SHELTER ANNEX (PWD/E)

BACKGROUND

This People with Disabilities and Elderly (PWD/E) Shelter Annex is to be used in conjunction with the California Department of Social Services (CDSS) Mass Care and Shelter (MCS) Plan in large-scale, multi-county, interregional emergencies and disasters. The Basic MCS Plan and the PWD/E Shelter Annex will provide the structure, policies, procedures, and forms for CDSS Disaster Operation Center (DOC) activation and operations when sheltering for PWD/E is required.

Recent disasters in the United States, such as 9/11 and hurricanes in the south - particularly Katrina, reinforced lessons documented regarding management, policy and training issues related to emergency response and preparedness. The catastrophic scope and impact of the events on PWD/E made the response to the disasters even more complex.

PWD/E includes people with a variety of visual, hearing, mobility, cognitive, emotional, mental disabilities, and physical limitations. It also includes some older people, people who use assistive devices, people who use service animals, and people who are dependent upon prescription medications. Since the needs of PWD/E during emergencies are more complex, specific planning for this population is necessary. The PWD/E Shelter Annex describes the planned response associated with large-scale natural disasters, and national security emergencies. This annex does not address normal day-to-day emergencies or the well-established and routine procedures used in coping with such emergencies. The operational concepts of this annex will include the development of a "Functional Assessment and Service Team" (FAST) structure. The FAST structure will identify the type of staff, supervisory, and training needs required for FAST members who will be deployed to support PWD/E in shelters. It will define the alert, notification and deployment procedures for FAST members.

Population Statistics

The Center for Personal Assistance Services compiled statistics on the number of people with disabilities and/or need for self-care assistance based on data from 2004 Census Bureau's American Community Survey. The following is data concerning California population with disabilities:

Total California Population

(Ages 5+) 32,409,000 of which 4,878,000 have disabilities (15.1%)

(Ages 65+) 3,652,000 of which 1,575,000 have disabilities (43.1%)

Because this was a household survey, PWD/E populations living in institutions, such as nursing homes, were not included.

Note: up to 2/3 of the people with disabilities may have family caregivers. It is important to shelter and maintain families together.

PLAN MAINTENANCE

This PWD/E Shelter Annex Plan will be maintained by the CDSS. The overall plan will be reviewed and revised, as necessary, but no less than every 5 years. The plan may also be revised after new learning occurs during actual events, table top exercises, etc. Selected elements of the plan will be updated as needed. Plan updates and revisions will include:

- Update of names, phone numbers, pager numbers, addresses and other contact information.
- Changes in operating procedures and organizational structures.
- Policy changes.
- Legislative changes.
- Maintain and update Agency/Association Information.

Planning Assumptions

- Local government has emergency plans and procedures for sheltering the general population.
- Local government has agreements with adjacent jurisdictions that allow for cooperative sheltering consistent with the Emergency Services Act and the Master Mutual Aid Agreement.
- Local government has responded to sheltering needs by activating its emergency response plan.
- Local government has taken actions to shelter victims prior to requesting assistance through the normal SEMS Structure.
- The sheltering requirement has overwhelmed local government's resources and capabilities and assistance is required from outside the operational area (OA).
- Federal resources will be available to CDSS to support sheltering requirements if State resources are inadequate to meet the need.
- All processes and procedures as defined in the PWD/E Shelter Annex will be implemented as needed.

PWD/E Emergency Management Goals

- As needed, provide PWD/E with a safe, sanitary and secure shelter.
- Provide effective coordination of state resources in support of local governments for mass care and shelter of PWD/E.
- Provide guidelines for the American Red Cross (ARC), other State agencies, local governments and non-governmental organizations in determining sheltering needs of PWD/E.
- Provide accurate documentation and records required for cost recovery efforts.
- Identify available state resources for meeting the needs of PWD/E prior to, during, and after an emergency/disaster.

ORGANIZATION OF CDSS PWD/E CATASTROPHIC EVENT SHELTER ANNEX

This plan is composed of the following sections:

BASIC ANNEX

Primary information relating to plan assumptions, plan goals, training and exercises, maintenance of the plan, elements for preparedness, response, recovery and mitigation phases of emergency management for PWD/E.

Appendices

- PWD/E Functional Needs Evaluation Framework (CMIST) (Appendix A)
- Functional Assessment and Service Team (FAST) structure (Appendix B)
- PWD/E Glossary (Appendix C)
- FAST Training Matrix (Appendix D)
- Personal Assistant (PA) Duty Statement (Appendix E)
- California Department FAST Position Table (Appendix F)
- PWD/E Assessment Flowchart (Appendix G)

Introduction

Purpose

The purpose of this Annex is to establish an effective process for activating and operating a state mass care and shelter delivery system for PWD/E during a major emergency/disaster. It describes the responsibilities and actions required for the effective operation of the mass care and shelter response. It provides an overview of the operational concepts and responsibilities for providing coordinated resources to support local government in their efforts to provide safe, sanitary, and secure care and shelter to PWD/E in a disaster or emergency. This annex will ensure:

- Integration of mass care and shelter response and recovery functions for PWD/E is included in the overall response to disasters by the State, as directed by the Office of Emergency Services (OES).
- The rapid activation of required care and shelter response and recovery elements for PWD/E is included in the establishment of the CDSS response.
- The rapid alert, notification, and deployment of FAST are implemented.

AUTHORITIES AND REFERENCES

Shelter operations for PWD/E will be conducted as outlined in this document and in accordance with State law, the State Emergency Plan, the California Emergency Services Act, the CDSS Administrative Order, and the State Mass Care and Shelter Plan.

PREPAREDNESS ELEMENTS

Emphasis on preparedness for PWD/E will:

- Define the term "PWD/E" as it applies to this plan.
- Establish PWD/E Shelter Operation Guidelines.
- Ensure PWD/E shelters are safe, sanitary and secure.
- Define the state agencies and their role in providing support for sheltering of PWD/E.

In addition, CDSS will coordinate emergency shelter operations with other non-governmental organizations (NGOs) such as the ARC and The Salvation Army (TSA), Community Based Organizations (CBOs) and Volunteer Organizations Active in Disasters (VOAD) who work with and have volunteers who are trained to work in shelters will be utilized in assisting emergency shelter agencies when available.

EMERGENCY MANAGEMENT PHASES

Emergency management activities during peacetime and national security emergencies are often associated with the four emergency management phases as indicated, however, not every disaster necessarily includes all indicated phases.

This section describes the appropriate emergency management phase response actions for the care and sheltering of PWD/E as follows:

- Preparedness Phase (including increased readiness)
- Response (including Pre-emergency, Emergency Response, and Sustained Emergency)
- Recovery
- Mitigation

A catastrophic disaster in California may result in total or partial destruction of necessities such as food, water and shelter. Infrastructure damage may disrupt communication and transportation systems. When such damage and disruptions occur, large numbers of victims may require temporary care and shelter provided by government and NGOs. This problem is even more significant for victims who have disabilities and/or are elderly. The activities described in the PWD/E Shelter Annex are designed to meet these needs

The CDSS is prepared to coordinate with other state agencies and NGOs the necessary MCS activities required in all emergency management operations for the sheltering of PWD/E in California. This includes preparedness, response, recovery and mitigation. The general activities associated with each of these phases are as follows:

Phase 1 - Preparedness

The preparedness phase involves activities taken in advance of an emergency. These activities develop operational capabilities and effective response to a disaster. These

actions include mitigation, emergency/disaster planning, training, exercises and public education. Those entities identified in this plan as having either a primary or support mission relative to response and recovery should prepare operating procedures and checklists detailing personnel assignments, policies, notification rosters, and resource lists.

During this phase, the Disaster Services Section of CDSS will:

- Participate on committees established to consider the criteria and methodology for activating large-scale, state coordinated shelters for PWD/E. This includes issuing reports of findings and making recommendations.
- Prepare plans and standard operating procedures.
- Develop resource lists and contacts with supporting agencies and organizations in other jurisdictions.
- Develop, implement, and participate in readiness training programs and exercises with affected agencies and organizations.
- Encourage state agencies tasked to support CDSS in MCS to develop plans and exercise readiness procedures for sheltering of PWD/E.

Increased Readiness

The warning or observation that an emergency is likely or has the potential to require activation of the PWD/E Shelter Annex will initiate increased readiness actions.

Appropriate actions include, but are not limited to the following:

- Review and update procedures for the activation, operation and deactivation of the PWD/E Shelter Annex.
- Review the current status of all resource lists.
- Initiate contact with supporting agencies and organizations involved with assisting the sheltering of PWD/E.
- Request information from supporting agencies and organizations regarding the number of people trained in emergency management functions necessary for sheltering of PWD/E.
- Request information from supporting agencies/organizations and jurisdictions regarding the number of trained people available for deployment to assist in sheltering for PWD/E.
- Develop preliminary staffing plans for deploying trained personnel to assist in the sheltering of PWD/E.
- Review and update the PWD/E Shelter Assessment Flowchart.
- Review and update the PWD/E FAST structure.

Phase 2 - Response

Pre-Emergency

When a large-scale disaster is inevitable, actions are precautionary and emphasize protection of life. Typical response actions may include:

- Establishment of shelters by ARC and local government.
- Activation of the PWD/E Shelter Annex.
- Activate the FAST alert, notification, and deployment procedures.
- Review the Resource Directory of the Basic Mass Care and Shelter Plan for experts in site locations.
- Assess the availability of trained personnel from supporting agencies and public and private organizations.
- Review RIMS reports.
- Begin coordination with ARC for number and status of sites opened and population of each site.
- Evaluate the number of FAST members required for assessing PWD/E at each site.
- Develop a list of available FAST members for possible deployment to shelter sites.
- Contact available FAST members for possible deployment to evacuation centers.

Emergency Response

During this phase, emphasis is placed on saving lives and property, control of the situation and minimizing effects of the disaster. Immediate response is accomplished within the affected area by local government agencies and segments of the public and private non-government sector. CDSS will coordinate with supporting agencies the activation of personnel for availability to respond to the needs of the PWD/E as shelter sites are opened. Response actions may include:

- Alert and notify FAST members and Personal Assistants (PA) for possible deployment.
- Notify other personnel regarding possible deployment.
- Deploy FAST members as needed.
- Maintain a log of trained FAST and PA assignments, personal information (i.e. name, organization, personal emergency information, site location, shift hours, future schedules, staffing changes that may have occurred because of personal emergencies, etc.).
- Activate the process of procuring supplies, equipment, and materials needed to support FAST

CDSS monitors and reports continuing needs for, as well as level of provisions required/requested for PWD/E such as:

- Sheltering;
- Mass feeding and water supply ;
- Registration and identification services;
- Service animal care;

When all of the above needs have been met, the response activities will begin to transition into the Recovery Phase.

Sustained Emergency

During a sustained emergency, the CDSS will assist local government agencies, ARC, and NGO/CBO/VOAD in the provision of mass care, registration, and the orderly transition of PWD/E from mass care and shelter to more independent/supported living environments. Such assistance may include:

- Deploy additional staff from supporting agencies/organizations to assist in expanded DOC, REOC, SOC and JFO Care and Shelter Operations for PWD/E.
- Contact supporting agencies/organizations for additional staff to be recruited and trained as replacement FAST members for sheltering of PWD/E.
- Deploy additional FAST members to assist ARC and local governments with shelter operations for PWD/E as additional sites are opened.
- Coordinate with ARC and local governments the ongoing status of sites (i.e. new sites, closed sites, sites needing more or less assistance, etc.)
- Maintain communication with supporting agencies/organizations on the availability of additional trained FAST members.
- Continue maintaining a log of FAST members' assignments (site location, shift schedule, schedule changes, etc.).
- Define steps to implement orderly transition from PWD/E population to permanent, temporary/interim housing, assisted living, or other arrangements appropriate to their condition.
- Assist the designated lead agency with the transition from mass care to independent/supported living environments for PWD/E. This may be a local, state or federal agency.
- Identify possible resources needed to transport PWD/E to independent/supported living environments.
- Implement a tracking system for PWD/E who is transferred from shelter(s) to other environments.

Phase 3 - Recovery

During the recovery phase, procedures for PWD/E will include:

- Review and update the action plans and objectives for recovery operations for PWD/E.
- Along with representatives of federal, state, county and city agencies, as well as representatives of ARC, TSA, NGOs and CBOs, participate in the coordination of the implementation of assistance programs and establishment of support for PWD/E.

The recovery period for PWD/E has major objectives that may overlap, including:

- Develop and implement outreach services for PWD/E that will provide service delivery options.
- Assist with recovery efforts that are operated out of local or disaster recovery centers to help return evacuees to individual or family living environment.
- Continue to assist with the provisions of mass care and shelter services for PWD/E.

- Assist OES and the Federal Emergency Management Agency (FEMA) with tracking the PWD/E care and shelter in order to equalize caseloads in the surrounding geographic area.

CDSS will cooperate with involved agencies in the continuing transition of PWD/E from mass care and shelter to independent/supported living environments during the recovery phase. The CDSS will complete all reports and documents including:

- Compilation and summarization of information from all supporting agencies/organization to complete an After-Action Report, and a Corrective Action/ Improvement Plan for PWD/E populations.
- Completion of Lessons Learned/After-Action Plan.

Update and revise PWD/E Shelter Annex to incorporate information obtained from the Lessons Learned/After-Action Plan.

Phase 4 - Mitigation

Mitigation efforts occur both before and following disaster events. Post-disaster mitigation is part of the recovery process. Eliminating or reducing the impact of hazards which exist within the State and are a threat to life and property are part of the mitigation efforts. Mitigating these hazards, both before and after a disaster is particularly important when evaluating the impact on people with disabilities and/or elderly.

Mitigation tools include:

- Maintain cooperative community relations between state, local, public and private organizations.
- Provide public information - stress home pre-planning, independent planning and personal empowerment.
- Provide ongoing training for volunteers involved with assisting people with disabilities and/or elderly.
- Encourage recruitment of volunteers as FAST members for supporting agencies and public and private organizations to assist PWD/E during emergencies.
- Incorporate State Mitigation Plan Elements into PWD/E Shelter Annex.

RESPONSE ORGANIZATION/STRUCTURE IN A CATASTROPHIC EVENT

The following table is an overview of the statewide MCS organization following implementation of this PWD/E Shelter Annex. This table indicates the source of management personnel for large-scale MCS activities during both peacetime and war emergencies for PWD/E. A discussion of the responsibilities of each organizational level follows.

LEVEL	SOURCE	Agency / Title
Local	Care and Shelter Coordinator	Local Government, public and private organizations
Operational Area	OA Care and Shelter Branch Coordinator	County Government
Regional Operations (REOC)	Care and Shelter Branch Coordinator	CDSS
State Operations (SOC)	CDSS Agency Liaison	CDSS

Operational Area (OA) Level

As the onset of a disaster is at the local level, it is imperative that shelter plans at the local level include procedures and protocols for meeting the needs of PWD/E before, during and after a disaster. This is assumed to be an OA responsibility.

The PWD/E Shelter Annex includes coordinating CDSS DOC staff with its supporting partners to develop the FAST structure that will train staff and volunteers who will be assisting PWD/E in shelter facilities.

Regional Level

Because of its size and geography, the State has been divided into six mutual aid regions. The purpose of a mutual aid region is to provide for the more effective application and coordination of mutual aid and other emergency related activities.

Three Regional Emergency Operation Centers (REOC) have been established, one in Southern California, one in Coastal California (Oakland), and the third in Northern California. Once the REOC is activated, the OES may request that CDSS activate the Care and Shelter Branch. The DOC Manager will designate a Care and Shelter Assistant to activate the REOC Care and Shelter Branch. Requests for use of resources related to PWD/E sheltering will be forwarded to the SOC MCS Coordinator. Certain requests for additional resources outside of the CDSS may be forwarded to the DOC Manager.

State Agency Level

California State Departments will coordinate with other state agencies and non-governmental agencies to provide assistance in shelters for PWD/E. Each department will provide valuable expertise in their area of responsibility at the PWD/E Shelters. The DOC manager will designate an Agency representative to be assigned to the State Operations Center (SOC).

- **California Department of Social Services (CDSS)**

CDSS serves as the coordination and communication link between State and Federal disaster care and shelter response system for PWD/E. During an emergency CDSS will:

- Activate the CDSS DOC for response operations.
- The DOC Manager will be responsible for appointing staff necessary to activate this PWD/E Shelter Annex.
- The DOC manager will appoint a CDSS Liaison to respond to requests for PWD/E resources from OES.

- **Department of Rehabilitation (DOR)**

DOR's responsibility is to support OES, CDSS, and any other department requesting assistance. DOR's role/actions in a disaster are:

- Provide technical assistance and referrals to agencies/departments for assuring that disaster response information is available for individuals with disabilities.
- Compile and maintain lists of:
 - Sources that can provide Durable Medical Equipment (DME).
 - Contacts for assistance from Independent Living Centers (ILC) after regular business hours.
 - Interpreters with sign language abilities for people who are deaf or have hearing limitations.
 - Interpreters who are proficient in languages other than English.
- Assist shelters with evacuation planning and identifying resources for relocations of people with disabilities.

- **Department of Developmental Services (DDS)**

DDS provides expertise in assisting CDSS in identifying the shelter needs of people with certain types of disabilities during emergencies and will coordinate with other state and non-governmental agencies to ensure safe and secure sheltering to people with developmental disabilities.

- **State Independent Living Council (SILC)**

SILC was established as an independent council to the DOR. In cooperation with DOR, the SILC sets the policy and monitors the implementation of the state's network of Independent Living Centers (ILCs). To ensure safe, sanitary and secure sheltering SILC will:

- Coordinate with agencies and councils at the state and federal levels to activate the assistance of disability and aging-focused organizations to ensure that services to people with disabilities are delivered affectively.

- **California Department of Aging (CDA)**

CDA provides expertise in appropriate sheltering needs during emergencies and will coordinate with other state and non-governmental agencies to ensure safe and secure sheltering of seniors and people with disabilities. During disasters CDA will assist with coordination of their 33 community CDA Centers (Area Agencies on Aging – AAA) to ensure that:

- Appropriate services and support are provided for seniors at shelters.
- Appropriate dietary needs of seniors are provided when possible.

- **Department of Alcohol and Drug Programs (ADP)**

ADP provides expertise in appropriate sheltering needs/requirements for people with alcohol and drug dependency issues. They facilitate services, working with counties and drug treatment providers. During emergencies ADP can provide:

- Alcohol and Drug Counselors and practitioners.
- Drug treatment providers.

- **Department of Mental Health (DMH)**

DMH coordinates with counties and private agencies to assist in getting mental health professionals. DMH provides mental health workers during a disaster in the following two ways:

- Coordination with the County Disaster Mental Health Coalition to identify qualified individuals who could be deployed to assist CDSS in shelter operations.
- Work with DMH Long Term Care Services Division, which administers the State Hospitals. This source of staffing is only provided if it does not jeopardize the hospital operations.

- **Emergency Medical Services Authority (EMSA)**

Emergency Medical Services Authority works with CDSS to determine medical or public health requirements of shelters. Under the authority of EMSA, California Medical Volunteers (CMV) is an online registration of volunteers who may be deployed to assist with medical and public health issues during emergencies and disasters. During a state or national disaster, the system will be accessed by authorized medical/health officials at the State Emergency Operations.

- **Department of Public Health (DPH)**

Department of Public Health works with CDSS to determine medical or Public health requirements of shelters.

- **California Volunteers**
Currently under development

Federal Level

- **Department of Homeland Security/Federal Emergency Management Agency (DHS/FEMA)**

The DHS/FEMA serves as the main Federal government contact during emergencies, major disasters and national-security emergencies. When the State has exhausted all resources needed for care and shelter in a catastrophic event, OES will request assistance from DHS/FEMA.

- **American Red Cross (ARC)**

The ARC provides emergency mass care in coordination with government, public and private agencies. It receives its authority from a congressional charter. In a catastrophic event, the ARC may coordinate disaster relief activities with:

- Private organizations, such as The Salvation Army (TSA).
- National and local VOADs, such as Independent Living Centers (ILC Non-governmental Organizations NGO), Community Based Organizations (CBOs), etc.
- Members of the faith-based organizations (FBOs).

Appendix A

07/21/08

Functional Needs Evacuation Framework*

CMIST

The following are functions defined as disaster criteria for “Persons with Disabilities and Elderly (PWD/E). The CMIST Functional Based Framework provides criteria for meeting the following needs of PWD/E disaster victims.

- Communication
- Medical
- Maintaining functional *Independence*
- Supervision
- Transportation

Communication Needs	
WHO	HOW
<p>Large populations who may not be able to:</p> <ul style="list-style-type: none"> • Hear verbal announcements • See directional signage to assistance services • Understand how to get food, water, and other assistance because of limitations in: <ul style="list-style-type: none"> ○ Hearing ○ Seeing • May have difficulties understanding (cognitive, intellectual) <p>These populations will be ethnically diverse</p> <p>Have:</p> <ul style="list-style-type: none"> • Reduced or no ability to speak, see, and hear • Limitations in learning and understanding • Limited or no ability to speak, read, or understand English 	<ul style="list-style-type: none"> • Post content of oral announcements in a specified public area • Designate specific times and places where language and sign language interpreters will be available • Provide language interpreters
Medical Needs	
WHO	HOW
<p>Those who do not have or have lost adequate support from family or friends and need assistance with:</p> <ul style="list-style-type: none"> • Managing unstable, chronic, terminal, or contagious conditions that require observation and ongoing medical treatment • Managing medications, intravenous IV therapy, tube feeding and monitoring of vital signs • Dialysis, oxygen, and suction administration • Managing wounds • Operating power-dependent equipment to sustain life 	<p>Provide medical staff:</p> <ul style="list-style-type: none"> • Doctors • Nurses • Nurses Aides • EMTs • Personnel trained to determine level of medical assistance necessary

Maintaining Functional Independence	
WHO	HOW
At risk individual who, when identified early and needs are addressed, avoid costly deterioration of health and mobility. Addressing needs can prevent health problems and avoid institutionalization	By replacing: <ul style="list-style-type: none"> • Essential medications • Lost/damaged equipment (wheelchairs, scooters, walkers, etc.) • Essential supplies (catheters, Ostomy supplies, etc.) Provide assistance with orientation to shelter facilities for those with visual limitations
Supervision	
WHO	HOW
People who <ul style="list-style-type: none"> • Do not have or have lost adequate support from family or friends • With conditions such as dementia, Alzheimer's, psychiatric conditions such as schizophrenia, intense anxiety, etc. • Decompensate because of transfer trauma and stressors that exceed their ability to cope and function in a new environment • Must be determined on a case-by-case basis <i>Example: After an emergency some people with mental illness may be able to function well with healthy responses and coping skills, while others with serious and persistent mental illness may need a protected and supervised setting</i> • Unaccompanied children • Prisoners? 	Provide <ul style="list-style-type: none"> • NGO/CBO volunteers • Public security officers (Law Enforcement) • Private security • Hired Security Officer • Emergency shelter personnel • PA's
Transportation	
WHO	HOW
People who: <ul style="list-style-type: none"> • People who cannot drive due to: <ul style="list-style-type: none"> ○ Disability ○ Age ○ Poverty ○ Addictions ○ Legal restrictions (i.e. DUT's) • Zero vehicle households 	Provide transportation: <ul style="list-style-type: none"> • Public transportation: <ul style="list-style-type: none"> ○ Transit buses ○ Light rail (questionable if electricity is affected) ○ School buses • Private transportation (cars, vans, etc.) <ul style="list-style-type: none"> ○ Volunteers ○ NGO/CBO personnel • Emergency transportation <ul style="list-style-type: none"> ○ Law enforcement (i.e. Police, Sheriff, CHP, etc.) ○ Ambulance (medical, etc.)

***Adapted from:**

Kailes, J., Enders, A., (2007) *A function0based framework for emergency management and planning*. JDPS, 2007. 17: p. 230-237

Appendix B

Functional Assessment and Service Team (FAST)

Introduction:

The purpose of the FAST program is to provide staff to conduct a functional assessment of People with Disabilities and Elderly (PWD/E) as they arrive at shelters. This assessment will evaluate the essential functional needs that can be supported within the general shelter. FAST will be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. FAST will transfer to other shelters and may return to shelters as needed or requested. Some FAST may remain in the shelters to assist in the overview of PAs in the continuing functional needs support for PWD/E.

Those unable to be supported within the shelter will be relocated to a medical service section of the shelter or transported to a more appropriate medical facility.

FAST consists of corps of trained government employees and CBO/NGO personnel ready to respond and deploy to disaster areas to work in shelters. FAST members have in-depth knowledge of the populations they serve, their needs, services, and resources including housing, benefit programs, and disaster aid programs. FAST will work side by side with shelter personnel and other emergency response workers to assist in meeting essential functional needs so people can maintain their independence during disasters and emergencies. FAST free other emergency resources to focus on emergency incidents rather than on mitigating complications. (National Response Plan National Incident Management System Review and Revision Process, p.3)

Concept of Operation:

Support for essential functional needs will be provided to individuals who have been assessed and determined to be safely accommodated within a shelter. Such accommodations include, but are not limited to providing the following:

- Ensure that essential prescribed medications are obtained.
- Essential durable medical equipment (DME) and essential consumable medical supplies (CMS) are obtained.
- Assistance to maintain independence (personal assistance with activities of daily living, managing non-acute medical and chronic conditions, etc.).
- Support to individuals with cognitive limitations.
- Interpreters and other communication support to assist individuals who require communication assistance (visual and hearing disabilities and limitations, language/cultural, etc.).
- Assistance to individuals who have conditions that affect mobility.
- Assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.).

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- Assistance to individuals with temporary limitations (post surgery, accident injuries, pregnancy, etc.).
- Management and coordination of processes to address the requirements to maintain functional/medical support operations.

FAST Deployment Procedures

1. Request is received by Regional Emergency Operation Center (REOC) REOC/MCS (Mass Care and Shelter) branch and transmitted to CDSS State Operations Center (SOC) Representative or Department Operations Center (DOC).
2. Request passed from CDSS SOC Representative to CDSS DOC Deployment Branch.
3. CDSS/DOC Deployment Branch notifies and deploys available FAST to the shelter, including FAST Leader.
4. FAST Leader checks in with Shelter Manager.
5. FAST Leader establishes contact with CDSS Deployment Branch and requests additional FAST members when needed.
6. CDSS/DOC Deployment Branch deploys requested FAST staff members.
7. Labor Force Coordinator of the Deployment Branch at CDSS/DOC will develop the FAST deployment schedule.
8. Labor Force Coordinator will respond to positive notifications received from FAST members with the following deployment information:
 - A. Date:
 - B. Time
 - C. Address (include appropriate routing directions)
 - D. Length of deployment
 - E. Reporting Information (i.e. Shelter Manager/FAST Leader)
9. FAST Leader will develop plans to add, transfer, or eliminate FAST staff positions as conditions change and notify Labor Force Coordinator of the changes.
10. Labor Force Coordinator will develop a second deployment schedule and deploy subsequent FAST staff as necessary.

FAST Duties

The following list is the description of the FAST. Not every FAST member will be expected to have all of these responsibilities or qualifications. (Source: Kailes, J (2007) see below reference)

Responsibilities:

1. Conduct assessments and evaluations of individuals to determine who may have needs which exceed the capability of the PWD/E shelter.

Appendix B

2. Identify, and track essential needs so people can maintain their functional independence.
3. Assess need for Personal Assistants (PAs), durable medical equipment (DME), consumable medical supplies (CMS), and prescribed medications.
4. Develop and implement service plans for shelter residents to meet essential functional needs of those identified.
5. Advise individuals regarding services available, coordinate receipt of services, and maintain contacts and service notes.
6. Facilitate and provide technical assistance to shelter staff as needed related to resources and shelter resident needs.
7. Ongoing coordination and collaboration with shelter management.
8. Assist shelter staff in overseeing duties of PAs.

Qualifications:

Essential

1. Demonstrated two years experience working with and assessing the needs of people with disabilities, activity limitations and senior services, obtaining service and resource management.
2. Demonstrated in-depth knowledge of people with disability and activity limitations and seniors. This would include knowledge of their culture, resources, and support service systems such as housing, benefit programs, and disaster aid programs.
3. Demonstrated interpersonal skills needed to communicate effectively (oral/written), interact effectively and diplomatically with a variety of staff, volunteers, and members of the community.
4. Completion of FAST training.
5. Able to travel as required and work under difficult and stressful situations.
6. Available for quick deployment to provide immediate and intermediate early responder assistance.
7. Ability to make necessary decisions quickly as circumstances change.

Preferred

1. Demonstrate knowledge of the ADA and related disability rights law.
2. Demonstrate knowledge of assistive technology (AT) and alternative formats.
3. Possess knowledge of current best practice policies, programs, services, and support system for individuals. (i.e. Independent Living Movement philosophy).
4. Possess familiarity with local and federal funding streams and supporting services.
5. Bilingual and/or communicate using American Sign Language (ASL) (beneficial-not mandatory).

Appendix B

FAST Composition

FAST will consist of members with experience in the following areas:

- Aging (services/supports, including dietary needs*)
- Chronic Health Conditions Needs*
- Developmental & other Cognitive Disabilities (i.e. Traumatic Brain Injury (TBI)*.
- Hearing loss
- Mental Health Disabilities*
- Physical Disabilities*
- Substance abuse*
- Vision Loss

*Indicates Positions identified as necessary for Early Deployment to the shelter in need of FAST Services.

The table below may be used to assess FAST members who may have skills/knowledge in more than one area.

FAST Composition										
	Members Expertise									
	1	2	3	4	5	6	7	8	9	
Aging*										
Chronic Health Condition Needs*										
Developmental & Other Cognitive Disabilities*										
Hearing loss										
Mental Health Disabilities*										
Physical Disabilities*										
Substance abuse*										
Vision Loss										

FAST Scalability:

Shelter Occupants	FAST Deployment
>250	One (1) FAST Leader & One (1) FAST

Additional FAST may be deployed depending on the number and size of shelters that are open.

Appendix B

FAST Staff Position Sources

There are four (4) potential sources for FAST staff positions. They are:

1. California Medical Volunteers – include FAST members into the California Medical Volunteers System. (California Medical Volunteer System currently under development).
2. California State Departments who have personnel with FAST qualifications may be called upon to provide FAST members if disaster escalates to state level.
3. Non-governmental agencies/organizations such as Community Based Organizations (CBO), Non-governmental Organizations (NGO), Faith Based Organizations (FBO), etc.
4. Federal Resource(s) may be requested if disaster reaches a catastrophic stage and state resources have been depleted. Federal sources and processes for FAST deployment and use are still under development.

California Medical Volunteers

An explanation of how to register through California Medical Volunteers System and how to deploy using the California Medical Volunteers Medical System will be added when available.

California State Departments

See Appendix F

Sections of the above are used or adapted with permission from:

Kailes, J. 2007. Functional Needs Coordinator - Governor's Office of Emergency Service (OES) Proposed Deputy Director Position (Version 3, Disability Issues and the Health Professions at Western University of Health Sciences, Pomona, California, and California Foundation for Independent Living Centers, jik@pacbell.net or www.jik.com/disaster.html and click - on "NEW".

Appendix C

PWD/E Glossary

- **ADA:** Americans with Disabilities Act was signed into law July 26, 1990 and provides a wide-ranging legislation intended to make American Society more accessible to people with disabilities. It contains five Titles which are: Employment, Public Service, Public Accommodations, Telecommunications, and Miscellaneous that includes, threats, coercion, retaliation, etc. against people with disabilities. The ADA act also defines a general description of who is considered to be disabled.
- **After Action Report:** A report covering response actions, modifications to plans and procedures, training needs, and recovery activities. After Action Reports are required under SEMS.
- **Agency:** An agency is a division of government with specific function, or a non-governmental organization that offers a particular kind of assistance (i.e. NGO/CBO, Faith Based Organization)
- **Alcohol and Drug Program (ADP):** The California Department that provides leadership and policy coordination for the comprehensive statewide system of alcohol and drug prevention, treatment, and recovery services.
- **American Red Cross (ARC):** A federally chartered volunteer agency that provides disaster relief to individuals and families.
- **Assessment:** An Assessment or Triage is a process of rapidly classifying people as they enter a shelter to determine the type of functional needs or personal assistance that may be required to enable individuals to be maintained in a shelter.
- **California Association of Health Facilities (CAHF):** A California Association of Long Term Care providers and consumers.
- **California Department of Aging (CDA):** California department of Aging; the California State Department that provides expertise in appropriate sheltering needs of seniors and people with disabilities. During emergencies, CDA will coordinate with other state and non-governmental agencies to ensure safe and secure sheltering of seniors and people with disabilities.
- **California Department of Public Health (CDPH):** The mission of CDPH is to protect and promote the health status of the public through population-based public health programs and services.
- **California Department of Social Services (CDSS):** California Department of Social Services is responsible for coordinating State agency resources to assist local government and the American Red Cross in the delivery of temporary, congregate care and shelter during disasters and emergencies.
- **California Service Corps (SCS):** The Service Corps serves as the state's lead agency for community service and volunteerism and will partner with other public and non-governmental agencies to provide greater resources during disasters.
- **California Volunteers:** *Currently under development*

- **Care and Shelter:** The basic function that provides food, clothing, and housing needs for people on a mass care basis following an emergency or disaster.
- **Collaborating Agencies Responding to Disasters (CARD):** An emergency preparedness and disaster response resource for nonprofits and community agencies serving people with special needs - people who are often the First Victims in any disaster.
- **Consumable Medical Supplies (CMS):** Consumable medical supplies are primarily medical supplies that are disposable and not to be reused such as; bandages, adhesive tape, face masks, latex gloves, surgical syringes, etc.
- **Department of Developmental Services (DDS):** Department of Developmental Services, the California State Department that provides the coordination and provision of services and support to enable persons with developmental disabilities to lead more independent, productive lives. DDS provides expertise in identifying shelter needs for people with developmental disabilities.
- **Department of Health Care Services (DHCS):** DHCS protects and promotes the health status of Californians through financing and delivery of individual health care services, including the California Medical assistance Program (Medi-Cal).
- **Department of Homeland Security (DHS):** Department of Homeland Security is the federal agencies designated to coordinate resources/actions during emergencies and disasters
- **Department of Mental Health (DMH):** Department of Mental Health; the California State Department that coordinates with counties and private agencies to assist in getting trained mental health professional resources for people within the mental health system during disasters..
- **Department of Rehabilitation (DOR):** Department of Rehabilitations; the California State Department that provides technical assistance and referrals to OES, CPSS, and other state agencies for assuring that vital disaster response information is available in accessible formats for individuals with disabilities.
- **Department Operation Center (DOC):** The Department Operation Center (DOC) is the location which each department management and staff personnel can coordinate, monitor, and support emergency response activities during an emergency or disaster.
- **Disaster:** An occurrence of a natural catastrophic, technological accident, or human-caused event that has resulted in severe property damage, deaths, and/or multiple injuries. As used in this Guide, a "large-scale disaster" is one that exceeds the response capability of the local jurisdiction and requires State, and potentially Federal, involvement.
- **Durable Medical Equipment (DME):** Durable medical equipment is equipment that is primarily and customarily used to serve a medical purpose and can withstand repeated use such as; hospital beds, wheel chairs, walkers, oxygen tents, crutches, etc.

- **Emergency (Federal Definition):** Any hurricane, tornado, storm, flood, high-water, wind-driven water, tidal wave, tsunami, earthquake, volcanic eruption, landslides, mudslide, snowstorm, drought, fire, explosion, or other catastrophe in any part of the United States which requires federal emergency assistance to supplement State and local efforts to save lives and protect public health and safety.
- **Emergency Medical Services Authority (EMSA):** Currently under development
- **Federal Emergency Management Agency (FEMA):** Federal Emergency Management Agency is the federal agency assigned to provide a single point of accountability for all Federal activities related to disaster mitigation and emergency preparedness, response, and recovery.
- **Functional Assessment Service Team (FAST):** FAST consists of trained government employees, CBO/NGO and Faith Based Organization personnel who will evaluate/assess the functional needs of PWD/E as they arrive at shelters. They will be ready to respond and deploy to disaster area shelters.
- **Functional Needs Evaluation (Assessment):** A process of rapidly determining the functional needs of individuals as they arrive at shelters. When the functional needs of an individual are met, most people can be maintained in a general population shelter.
- **Labor Force Coordinator (LFC):** The LFC is the position within CDSS DOC Deployment Branch that will coordinate with the FAST Leader to notify, deploy, and schedule FAST members to PWD/E shelters. The LFC will maintain communication with the FAST Leader at all times to coordinate any changes/adjustments in FAST member requirements at the shelters..
- **Non-Governmental Agencies (NGO):** NGO, is the term sometimes used in reference to private agencies and non-government organizations who work with and have volunteers trained to work in shelters during emergencies. Some of the more common are; non-governmental organizations (NGO), Community Based Organizations (CBO), The Salvation Army (TSA), Volunteer Organizations Active In Disasters (VOAD), California Volunteers, Faith Based Organizations, etc.
- **OASIS:** Operational Area Satellite Information System (OASIS); a statewide emergency communication system based on the operational area concept.
- **Office of Emergency Services (OES):** OES is the State level SEMS agency that manages State resources in response to emergency needs of local government and ARC, and coordinates mutual aid among the mutual aid regions and the regional and state level. OES also serves as the coordination link between State and Federal disaster response systems.
- **Operation Area (OA):** The onset of a disaster is at the local level, and shelter plans at the local area include procedures for meeting the needs of PWD/E. This is assumed to be an OA responsibility.
- **People with Disabilities and Elderly (PWD/E):** PWD/E is the term/abbreviation used to refer to people with disabilities and the elderly. This includes people with a variety of visual, hearing, mobility, cognitive, emotional, mental disabilities and physical limitations. It also includes some older people,

people who use assistive devices, people who use service animals, and people who are dependent upon prescriptive medications.

- **Personal Assistant (PA):** Individuals who can be partnered with PWD/E in disaster shelters to provide continuing support based on the type of functional need(s) identified during the assessment.
- **PWD/E Shelter Annex:** The PWD/E Shelter Annex provides the structure, policies, procedures, and forms to establish an effective process for activating and operating a state mass care and shelter delivery system for PWD/E during a major emergency/disaster. The PWD/E is an Annex to the California Department of Social Services Mass Care and Shelter Plan.
- **PWD/E Tracking/Mapping System:** The tracking/registration system that will ensure the control and location of PWD/E at all times within the shelter and will ensure ongoing and follow-up services are provided.
- **REOC:** Regional Emergency Operations Center (REOC); coordinates information and resource requests from OES to CDSS Doc Manager for Care and Shelter resources.
- **RIMS:** Response Information Management System (RINMS); a networked informational system that helps implement California's Standardized Emergency Management System (SEMS). It links the State REOC, counties and cities, state agencies, and the US Army Corps of engineers via the internet and OASIS.
- **Robert T. Stafford Disaster Relief and Emergency Assistance Act P.L. 93-288 as amended (Stafford Act):** Gives the President broad powers to supplement the efforts and available resources needed to support disaster response activities; coordinate the supply, distribution, and delivery of resources so they arrive where and when most needed and maintain accountability for the resources used.
- **SEMS:** A system required by California Government Code for managing response to multi-agency and multi-jurisdictional emergencies in California. SEMS consists of five organizational levels that are activated as necessary; Field Response, Local Government, Operational Area, Region and State.
- **SEMS:** Standardized Emergency Management System (SEMS); a system required by California government code for managing response to multi-agency and multi-jurisdiction emergencies in California. SEMS consists of five organizational levels that are activated as necessary: Field Response, Local Government, Operational Area, Region and State.
- **Service Animals:** Animals that have been assigned to individuals to provide assistance depending on the type of medical condition. Service animals are to remain with the individual in the shelter and receive appropriate food and lodging.
- **Shelter Initial Intake Form (SIIT-ARC):** The ARC form that is completed for each family unit when residents enter the shelter. This form has questions that help to determine the needs of shelter residents.
- **Shelter Manager:** An individual responsible for the internal organization, administration, and operation of a shelter facility.

- **Shelter:** A facility used to provide temporary/immediate lodging for people who have been evacuated from their normal living environment due to a disaster or emergency.
- **SILC:** State Independent Living Council (SILC) was established as an independent council to DOR. SILC coordinates with agencies and councils at the state and federal levels to increase communication and help assure that services to people with disabilities are delivered affectively. This ensures that safe, sanitary and secure shelter is provided to PWD/E during emergencies/disasters.
- **SOC:** State Operations Center (SOC); a facility operated by the Governor's Office of emergency Services at the state level in SEMS.
- **Stafford Act:** Robert T. Stafford disaster Relief and Emergency Assistance Act, PL 100-707, signed into law November 23, 1988; amended the Disaster Relief Act of 1974, PL 93-288.
- **Standard Operating Procedure (SOP)** A set of instructions constituting a directive, covering those features of operations which lend themselves to a definite, step-by-step process of accomplishment. SOPs generally detail and specify how tasks are to be carried out.
- **State Operation Center (SOC):** The SOC is the Operation Center within OES and may request representatives from other state agencies with responsibility for the coordination of statewide care and shelter operations.
- **Team:** An individual, crew, or group of individuals with an identified job/task.
- **The Salvation Army (TSA):** A non-military Christian organization involved in charities, Social Services and disaster relief.
- **Triage:** (see Assessment)
- **Volunteers:** Individuals who make themselves available for assignment during an emergency who are not paid for the work they do.

Appendix D - FINAL DRAFT
Functional Assessment and Service Team Training Matrix-Revised June 11, 2008

TRAINING TOPICS & SUBJECT AREA	SUBJECTS COVERED	LEARNING OBJECTIVE	MATERIALS NEEDED	DELIVERY METHOD	PROVIDER	TIME FRAME
Shelter operations/Shelter Administration	Condensed Shelter Operations; ARC Shelter Simulation	Learn Shelter Operations; Reality of Shelter Life; Shelter interoperability; PWD/E/FAST/PA Role(S) within Shelter; Coordination of FAST & PA with Shelter Manager & other shelter staff/volunteers;	ARC Training/Handbook	Classroom; ARC Simulation (interactive)	American Red Cross;	4.0 hours
Administrative	Documents/Reports/Forms	Federal Requirement(s) OES Requirement(s) ARC Requirement(s)	Determine Federal/OES/ARC document requirements	Classroom; Sample Forms; Just In Time	CDSS FAST Labor Force Manager	0.5 hours
	FAST/PA Staff Log	Complete & maintain accurate log of staff duties & assignments Include: Name; organization; personal emergency information; site location; shift hours; staffing changes	Develop FAST/PA Staff Log	Classroom;		0.5 hours
	Tracking/ Mapping System for PWD/E	Complete and maintain a mapping system to track PWD/E within the shelter and in the system. This ensures the control & location of PWD/E at all times and to ensure ongoing and follow-up service is provided. The document will be maintained within each individuals folder and security/privacy will be maintained at all times.	Mapping system document for PWD/E within the shelter. Explore possible pre-existing ARC system	Classroom;	American Red Cross;	0.5 Hours
	Deployment: Alert/standby; Activation; Clearances; Travel Advances; Travel arrangements; Travel Expense Forms; Individual department/entity's responsibilities Labor Force Manager (POC)	Understand meaning of terms; Personal Responsibility; Administrative Support; Deployment Scheduling Process;	CDSS Labor Force Management (CDSS/LFM) Deployment Procedures or Handbook; Hardship Codes	Classroom;	CDSS FAST Labor Force Manager	0.5 Hours

Appendix D - FINAL DRAFT
Functional Assessment and Service Team Training Matrix-Revised June 11, 2008

Assessment Process	Establish Work Station(s); Establish Functional Needs Sections; Request initial resources;	Coordination w/Shelter Manager and Shelter Logistics staff Coordination w/ CDSS /Labor Forces Manager (CDSS/LFM) Develop PWD/E Floor Plan indicating: Assessment Section; Maintaining Functional Needs Section; Communication Needs Section; Supervisory Needs Section	ARC check-in procedures CDSS/LFM Deployment Procedures	Classroom;	ARC/CDSS	1.0 Hours
	Shelter Initial Intake Form (SIIT)	Utilize SIIT to determine the type of support needed to maintain functional Independence in the PWD/E Shelter: Assign individuals to appropriate functional needs section to ensure appropriate assistance is provided Maintaining Functional Needs (Medications, equipment, essential supplies); Communication Needs (deaf/hearing limitations, blind/sight limitation, language limitations); Supervision Needs (Physical, Mental, Cognitive limitations, Drug and Alcohol issues);	SIIT Forms; ARC Toolkit Manual (SIIT instructions); FAST Assessment Procedures;	Classroom;	Consultant/A RC	pending
Support Resources	Functional Needs Tracking/Inventory System;	Activate process for procuring Durable Medical equipment (DME), Consumable Medical Supplies (CMS) and other materials needed to support FAST. Complete/maintain a tracking system for: DME; CMS; Locking Cabinet for Medications;	Develop Functional Needs Tracking/Inventory Form; Locking Medical Cabinet	Coordinate with Shelter Manager	Logistics	1.0 Hours
	DME; CMS; PAs	Determine resources/vendors available to obtain necessary equipment and medical supplies. Working within SEMS; Coordinate with other state agencies and CDSS/LFM to facilitate adequate PA within the shelter	DME & CMS Vendor resource list; State Department Point of Contact (POC) or PA staff listing for available PA. Purchasing processes/ reimbursement	TBD	AT Network; Medical Health EOC Rep; ILC; SEMS Process;	1.0 Hours

Appendix D - FINAL DRAFT
Functional Assessment and Service Team Training Matrix-Revised June 11, 2008

FAST Roles	Conduct Assessment and triage; Identify and track individual needs (Mapping) to ensure functional independence is maintained ; Provide essential medications, equipment and supplies necessary to maintain independence; Coordinate with shelter personnel and other stakeholders to assist in meeting functional needs utilizing community and regional resources. Provide ongoing, follow-up communications to ensure adequate resources are available for continuing care; Assist shelter and emergency personnel in making quick access fixes for PWD/E; such as installing temporary ramps, etc. Monitor and document a) Intake b) assessments c) reassessment of individuals d) identify/resolve any potential problems.	Understand roles required of FAST members.	TBD	Who could do this???	TBD	2.0 hours Interactive
Required Training	FAST Training; IS-700; ICS-100; ICS-200; Table Top Exercise	Integrate into FAST Training	TBD	TBD	CDSS/OES/F EMA	
Practical Application		Test to understanding of FAST Concept in Field	Integrate material into training			3.0 hours Start early - build into training.
Devolution of a shelter/Debrief process/Demob of staff and resources	Processes for transitioning of shelter victims to more stable living. Special considerations: vehicles, transition with PA?, case management. Documentation wrap up, PTSD/stress debrief needed for FAST PAs?		Mental Health Issues; Post Traumatic Stress Disorder (PTSD); Critical Incident Stress Disorder (CISD)	Intermediate and long term Mental Health Issues	MEDI-Cal; Logistics RDMHS? DMH	2.0 Hours

Appendix E

Personal Assistant (PA) Duty Statement PWD/E Shelter

Personal Assistant (PA) staff/volunteers will assist people with disabilities and the elderly (PWD/E) with non-medical services to allow individuals to remain in shelters. Family members/caregivers may act as PAs if available and willing. A FAST member will coordinate with the family to ensure continuing support is maintained. Not all PWD/Es will require continuing support by a PA.

Duties/Responsibilities

The following PA duties will be provided at the direction of the FAST and may include some or all of the following:

- Feeding
- Dressing
- Restroom assistance which may include bowel, bladder and menstrual care.
- Bathing
- Assistance taking medication
- Lifting and transferring
- Communicating with shelter staff
- Completing forms
- Other duties as required

Qualifications/Screening

PAs staff/volunteers must provide the following information and meet the qualifications identified:

I For PAs that have pre-registered

- Two personal or professional references from non-relatives.
- Disclosure of any history of criminal convictions.
- A government issued photo ID.
- An interview/screening that identifies work history, skills, training and personal qualities that would make them a good PA staff/volunteer.

II Spontaneous

- Willingness to assist others.
- Self-certification of no criminal convictions.
- Willingness to submit to background check.

Potential PAs (preregistered) will be rejected for the following reasons:

- Failure to disclose a previous criminal conviction on their application.
- Any felony conviction.
- Any criminal violations that represent a threat to health, safety, or personal rights of consumers.

Appendix E

- Any violation of Elder/Dependent or Child Abuse Criminal Laws or the demonstration of a pattern of suspected or substantiated Elder/Dependent, or Child Abuse.

PA Staff Position Sources

The following are potential sources for PAs from public organizations such as:

- National and local Volunteer Organizations Active in Disasters (VOAD), Non-governmental Organizations (NGO), Community-Based Organizations (CBO), Independent Living Centers, Area Agencies on Aging, Regional Centers, volunteer centers, etc.
- Members of Faith-Based organizations (FBO).
- Public Authorities – IHSS
- Community Emergency Response Teams (CERT)
- Recruit PAs from existing shelter population who are willing and able to assist.
- Recruit PAs from retired state employees (i.e. ask for interest/agreement to work as volunteers during disasters in their exit interviews.

Appendix F
FAST Positions Table - Draft

PWD/E POSITIONS	DEPARTMENT(S)	Department POSITION(S)	COMMENTS
Mental Health Disorders *	Department of Mental Health (DMH)	County Mental Health Specialist	DMH will coordinate with county Disaster Mental Health Coalition to provide/identify qualified individuals for FAST.
Developmental Disabilities	Department of Developmental Services (DDS)	Developmental Disability Specialist	DDS will coordinate with Headquarters, Developmental Centers, (DC), and Regional Centers (RC, non-profit org.) to provide professional/technical staff for FAST positions
Cognitive Disabilities; Brain Injuries	DMH; DDS	County Mental Health Specialist Specialist in persons with cognitive disabilities	DMH will coordinate assistance through their non-profit Caregiver Resource Centers (CRC) to provide FAST staff to assist people with alzheimers, other types of dementia, stroke or aneurysms, Parkinson's, etc.
Deaf/Hearing Limitations	Department of Rehabilitation (DOR) ; California Department of Social Services (CDSS) Community Based Organizations; Non-governmental Agencies; Faith Based Organizations	Service Coordinator/Provider; Sensory Disability Specialist	DOR and CDSS maintain a list of qualified sign language interpreters and individuals fluent in languages other than English
Blind/Sight Limitations	DOR, CDSS	Service Coordinator/Provider; Sensory Disability Specialist; Mobility Training Expert	CDSS, DOR can prepare emergency response material in Braille.
Aging (services/support, includes dietary needs) *	California Department of Aging (CDA)	Aging Program Analysts; Public Health Registered Dieticians; Nurse Evaluators	CDA will coordinate with the 33 Area Agencies on Aging, 41 Multipurpose Senior Services Program contractors and the 35 Long Term Care Ombudsman Programs to identify qualified individuals.
Substance Abuse Issues *	Department of Alcohol and Drug Programs (ADP)	Alcohol and Drug counselors; practioners; drug treatment providers	ADP will coordinate with county/local Alcohol & Drug programs to provide counselors/practitioners as FAST members.

Appendix F

FAST Positions Table - Draft

Medical Assistants; Nurses (able to dispense prescription medications and address infectious disease issues) *	DDS; California Department of Public Health (CDPH)	Nurses, Medical Assistants	DDS has Nurses available at their Headquarters; and their Developmental Centers (DC) and DDS would assist in the coordination of providing Nurses. RC are non-profit corporations that contract with the state and do have positions appropriate for FAST, however any deployment is at the discretion of the RC. CDPH coordinates with CDSS to provide medical or public health requirements in shelters.
Physical Disabilities	DOR: Community Based Organizations; Non-governmental Agencies; Faith-Based Organizations	Volunteers; Personal Care Assistants; DME Coordinator	DOR maintains a list of contractors/vendors who can provide Durable Medical Equipment (DME),
* Indicates positions identified as necessary for early deployment to the PWD/E Shelter.			

Appendix G

Functional Assessment Flowchart

