



Assessment of Virginia's Disability Services System:

Inclusive Emergency Preparedness, Response and Recovery



2024 Assessment of Inclusive Emergency Preparedness, Response and Recovery in Virginia

First Edition

This report is also available in alternative formats by request and on the Virginia Board's website. For more information, please contact the Board at:

Virginia Board for People with Disabilities

Ratcliffe Building
1602 Rolling Hills Drive, Suite 100
Richmond, VA 23229

804-786-0016
800-846-4464 (Toll-free)
804-786-1118 (Fax)
email: info@vbpd.virginia.gov
www.vbpd.virginia.gov

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VBPD Chair
Niki Zimmerman

VBPD Executive Director
Teri Morgan

Author
Jamie Liban, Emergency Preparedness Development Coordinator

Editing
Linh Thi Nguyen, Manager of Special Projects and Priority Initiatives
Jennifer Krajewski, Deputy Director of Policy and Legislative Affairs
Anita Ayres, Communications & Information Manager

Design
Anita Ayres, Communications & Information Manager
Brittany Hughes, Communications Assistant

Special thanks to the members of the Virginia Board for People with Disabilities
Assessment Ad Hoc Committee

Allison Coles-Johnson • Samantha Hollins • Richard Kriner
Deanna Parker • Matthew Shapiro



COMMONWEALTH OF VIRGINIA
Virginia Board for People with Disabilities

Dennis Findley
Chair
Allison Coles-Johnson
Vice Chair
Mary Vought
Secretary
Teri Morgan
Executive Director

Ratcliffe Building
1602 Rolling Hills Drive, Suite 100
Richmond, Virginia 23229

Virginia Relay or Call 711
800-846-4464(Ph);
804-786-1118(Fax)
info@vbpd.virginia.gov
www.vbpd.virginia.gov

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The Virginians with Disabilities Act § 51.5-33 directs the Virginia Board for People with Disabilities (VBPD) to submit an annual report to the Governor, through the Secretary of Health and Human Resources, that provides an in-depth assessment of at least two service areas for people with disabilities in the Commonwealth. The Board, as part of its authority and responsibility as a Developmental Disabilities (DD) Council under the federal Developmental Disabilities and Bill of Rights Act (42 U.S.C. §15021-15029), is also required to complete a similar analysis as it develops and amends its federal State Plan goals and objectives.

The Board selected Inclusive Emergency Preparedness, Response and Recovery in Virginia as a topic area to be assessed in 2024. This assessment identifies key findings regarding emergency preparedness, response and recovery for people with disabilities and people with access and functional needs in Virginia. Based on these findings, the Board makes recommendations to support compliance with the Americans with Disabilities Act and facilitate full integration of access and functional needs before, during and after disasters.

We appreciate the assistance of the Virginia Department of Emergency Management, other state agencies and stakeholders that provided information and perspective on inclusive emergency management in Virginia. The policy recommendations included in this assessment were developed by an ad hoc committee of the Board and approved by the full Board at its June 4, 2024, meeting.

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Statement of Values

"Physical or mental disabilities in no way diminish a person's right to fully participate in all aspects of society, yet many people with physical or mental disabilities have been precluded from doing so because of discrimination ... [H]istorically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem ..."

— 42 U.S. Code § 12101 – Americans with Disabilities Act – Findings and Purpose

The Virginia Board for People with Disabilities serves as Virginia's Developmental Disability Council. In this capacity, the Board advises the Governor, the Secretary of Health and Human Resources, federal and state legislators and other constituent groups on issues important to people with disabilities in the Commonwealth. The following assessment of inclusive emergency preparedness, response and recovery in Virginia is intended to serve as a guide for policymakers who are interested in ensuring that people with disabilities live fully integrated lives in their communities, with the supports they need, based on their interests and lifestyle choices. The Board's work in this area is driven by its vision, values and the following core beliefs and principles:

Inherent Dignity: All people possess inherent dignity, regardless of gender, race, religion, national origin, sexual orientation or disability status.

Presumed Capacity: All people should be presumed capable of obtaining a level of independence and making informed decisions about their lives.

Self-Determination: People with disabilities and their families are experts in their own needs and desires. They must be included in the decision-making processes that affect their lives.

Integration: People with disabilities have a civil right to receive services and supports in the most integrated setting appropriate to their needs and desires, consistent with the Supreme Court's Olmstead decision.

Diversity: Diversity is a core value. All people, including people with disabilities, should be valued for contributing to the diversity of our neighborhoods and of the Commonwealth.

Freedom from Abuse and Neglect: People with disabilities must be protected from abuse, neglect and exploitation in all settings where services and supports are provided.

Fiscal Responsibility: Fiscally responsible policies are beneficial for the Commonwealth, and they are beneficial for people with disabilities.

Executive Summary

“Disasters are always inclusive. Response and recovery are not, unless we plan for it.”

— June Isaacson Kailes, Disability Consultant

People with disabilities and people with access and functional needs face greater risks during emergencies or disasters for several reasons, including:

- Physical and architectural barriers
- Communication barriers
- Programmatic barriers
- Social and economic barriers
- Use of life-sustaining medical equipment and assistive devices that require electricity
- Lack of inclusive emergency management planning

Addressing these issues through inclusive practices can significantly improve emergency preparedness, response and recovery to ensure the safety and well-being of all Virginians, especially those with disabilities and other access and functional needs.

While progress has been made, further action is needed to ensure emergency preparedness, response and recovery are fully inclusive of people with disabilities and people with access and functional needs. Without key protections in place, the Commonwealth of Virginia (the Commonwealth) and many localities are at risk of not meeting obligations under the Americans with Disabilities Act (ADA).

This report offers 14 recommendations that encompass broad objectives and strategic goals. The recommendations address critical ADA compliance issues and facilitate full integration of access and functional needs before, during and after disasters. Recommendations are organized into three topic areas:

1. Planning and Partnerships
2. Legislative, Budget and Compliance
3. Training and Outreach

When implemented in concert with one another, these recommendations provide a comprehensive strategy to increase capabilities at each level of the emergency management system and mitigate preventable harm to people with disabilities, people with access and functional needs and the Commonwealth as a whole.

Impact on People with Disabilities and People with Access and Functional Needs

26% of the United States population has a disability. This significant portion of our community faces remarkably higher risks during disasters.

Key Findings:

- People with disabilities and people with access and functional needs are disproportionately impacted by emergencies and disasters, facing higher risks of displacement, injury and even death.
- People with disabilities are at increased risk of unnecessary institutionalization during and after disasters.

Recommendations Related to Planning and Partnerships

1. **The Virginia Department of Emergency Management (VDEM) should collaborate with the Access and Functional Needs Advisory Committee, the proposed Disability Integration Task Force (see Recommendation 4) and subject matter experts to develop clear standards and guidance for inclusive planning, communications, evacuations and mass care—including sheltering.** In keeping with existing practice, this collaborative effort should extend across all levels of the Commonwealth’s emergency management system, including VDEM, the Virginia Emergency Support Team and local authorities, to foster a uniformly high standard of inclusive emergency management practices.

Guidance should address the following:

- Inclusive emergency planning
 - Inclusive alerts, warnings, notifications and communications
 - Inclusive evacuations and accessible transportation
 - Inclusive and accessible sheltering
 - Inclusive points of distribution
2. **The Commonwealth should fund a full-time, dedicated Access and Functional Needs Officer (AFNO) position at the Virginia Department of Emergency Management.** The AFNO will lead the full integration of access and functional needs across all phases of emergency management, ensuring inclusive strategies in preparedness, response and recovery.

This officer position will facilitate coordination among all state agencies, local governments and community stakeholders, and provide guidance to the State Coordinator and the Chief of the Virginia Emergency Support Team on the integration of access and functional needs into emergency planning and operations at the local, regional and state levels.

3. **The Access and Functional Needs Advisory Committee should amend its bylaws to include the following members:** Virginians with disabilities, Virginians with access and functional needs (AFN), the Virginia Statewide Independent Living Council, local Centers for Independent Living, local Community Services Boards, AFN community organizations, local and state ADA Coordinators, the American Red Cross of Virginia, the disAbility Law Center of Virginia and inclusive emergency management subject matter experts.

4. **The Access and Functional Needs Advisory Committee should establish a Disability Integration Task Force, co-chaired by the Virginia Department of Emergency Management Access and Functional Needs Officer and the Virginia Statewide Independent Living Council.** The Committee should develop a comprehensive, multi-year action plan to achieve full integration of people with disabilities throughout Virginia's emergency management system. The plan should proactively consider the Federal Emergency Management Agency Office of Disability Integration and Coordination's Points of Potential Inequity, physical and programmatic accessibility standards, local capabilities, civil rights protections, regional challenges and best practices in emergency management.
5. Using the Disability Integration Task Force plan (Recommendation 4) and the nationally recognized Communication, Maintaining Health, Independence, Safety/Support and Transportation (CMIST) Framework, **the Access and Functional Needs Advisory Committee should develop a comprehensive, multi-year action plan to achieve full integration of access and functional needs throughout Virginia's emergency management system.**
6. **The Virginia Department of Emergency Management, the Access and Functional Needs Advisory Committee and the proposed Disability Integration Task Force should collaborate and coordinate with local and regional stakeholders to identify and map key resources that support inclusive emergency management practices.** Resources may include, but are not limited to, local Centers for Independent Living, qualified American Sign Language interpreters, accessible restrooms and showers, personal care assistance providers, Communication Access Realtime Translation providers and accessible transportation providers.
7. **The Virginia Department of Emergency Management, in partnership with the Access and Functional Needs Advisory Committee, the proposed Disability Integration Task Force and the Virginia Emergency Management Association, should identify local capacity and capability targets vital in ADA compliance and excellence in inclusive emergency management.** These targets should be integrated into the Local Capabilities Assessment of Readiness and should address (1) inclusive planning, (2) accessible alerts/notifications, (3) evacuation and transportation plans and (4) accessible sheltering. Targets should be aligned with the objectives specified in the multi-year comprehensive plans described in Recommendations 4 and 5.
8. **The Virginia Department of Emergency Management and the Virginia Department of Health should develop an Extreme Heat Annex.** Similar to the recent Severe Winter Weather Annex, this new annex should provide a strategic roadmap for a responsible, well-coordinated response to extreme heat events in the Commonwealth. The Annex should include recommendations regarding the threshold for opening an accessible cooling center, the threshold for opening an accessible cooling shelter, standards for accessible cooling centers, best practices for communications/alerts, guidance on wellness checks and opportunities to facilitate access to Virginia energy assistance

programs. The Commonwealth should seek to coordinate these efforts with the development of sustainable infrastructure projects that can help protect people with disabilities and those with access and functional needs in extreme heat.

Recommendations Related to Legislative, Budget and Compliance

9. **Localities should partner with local Centers for Independent Living (CIL) and local ADA Coordinators to regularly and routinely assess compliance with the Americans with Disabilities Act (ADA).** In areas where there is not a local CIL, localities should consider partnerships with the disAbility Law Center of Virginia and other disability organizations qualified to assess ADA compliance.
10. **The General Assembly should amend the Shelter Upgrade Fund (§ 44-146.29:3) to allow the fund to be used to install, maintain or repair infrastructure to meet accessibility requirements for emergency shelters, including upgrades that improve compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and the Virginians with Disabilities Act.**
11. **The Commonwealth of Virginia should initiate regional pilot programs to integrate the nationally recognized Functional Assessment Support Team (FAST) model into the emergency management system.**
12. **The General Assembly should allocate state funds to support emergency management functions in localities lacking a full-time emergency manager, with a focus on supporting inclusive emergency plans, grant writing and increasing access and functional needs (AFN) related capabilities.**

Recommendations Related to Training and Outreach

13. **The Virginia Department of Emergency Management should partner with the Access and Functional Needs Advisory Committee to develop and integrate a multifaceted training program that supports local and state compliance with the Americans with Disabilities Act and promotes best practices in inclusive planning, communication, evacuation/transportation, mass care/sheltering and cultural competence.** To the maximum extent possible, training content should be integrated into existing emergency management training.
14. **The Virginia Department of Emergency Management should promote the development of inclusive Community Emergency Response Teams (CERTs) and provide training on access and functional needs for volunteers.**

Background

The COVID-19 pandemic highlighted the importance of inclusive emergency planning for people with disabilities and people with access and functional needs. The American Rescue Plan Act (ARPA) of 2021 provided funding to address this need by enabling the recruitment and training of public health workers focused on emergency preparedness for people with disabilities. In 2022, the Virginia Board for People with Disabilities (the Board) received a grant through the U.S. Administration on Community Living made possible through the ARPA of 2021. The grant allowed the Board to hire an Emergency Preparedness Development Coordinator to work in close collaboration with the Virginia Department of Emergency Management (VDEM) to strengthen inclusive emergency management practices. This assessment builds on the work of the Emergency Preparedness Development Coordinator, which includes findings from interviews, focus groups and a review of emergency management policies, planning documents, Americans with Disabilities Act (ADA) standards, best practices, inclusive emergency management literature and case studies.

Access and Functional Needs

*“[T]here are resources EVERYONE needs during emergencies regardless of who we are. This means that everyone needs **access** to resources in order to **function** during emergencies.”*

— Colorado Division of Homeland Security and Emergency Management, 2024

People with access and functional needs may require assistance and/or accommodations before, during and/or after a disaster in functional areas, including but not limited to communication, transportation, maintaining independence, support, safety and health care. An individual is not required to have a diagnosis or evaluation to have access and functional needs.

Examples of individuals with access and functional needs may include, but are not limited to:

- People with disabilities
- Older adults
- People with limited English proficiency
- People with limited access to financial resources to prepare for, respond to and recover from an emergency
- People who are pregnant
- People who are unhoused
- People with limited access to internet
- People with limited access to transportation

The Commonwealth has a considerable number of people with access and functional needs. The U.S. Centers for Disease Control and Prevention reports that 1,901,551 adults in Virginia have a disability (2024). This is equal to 28.7% or about 1 in 4 adults in Virginia. The U.S. Census Bureau’s American Community Survey revealed that in 2022, 17% of Virginians spoke a

language other than English at home, 16.8% were 65 years or older and 10.6% lived in poverty (2022). At the time of survey collection, more than 104,539 Virginians gave birth in the past 12 months and 9.1% of all Virginians did not have an internet subscription (American Community Survey, 2022). Additionally, the National Alliance to End Homelessness states that in 2023, 6,529 Virginians were homeless on a given night (2024).

Inclusive Emergency Management

Inclusive emergency management practices serve the entire community and ensure that individuals, particularly people with disabilities and people with access and functional needs, are comprehensively integrated into emergency planning, response, recovery and mitigation. These practices confirm adherence to legal standards such as the Americans with Disabilities Act (ADA) and other civil rights legislation, while fostering the adoption of best practices in accessibility and universal design in all phases of emergency management. In addition, inclusive emergency management practices systematically address the needs of the whole community, ensuring that emergency management practices are fair, equitable and reduce the risk of discrimination and marginalization during crises.

The following are examples of inclusive emergency management practices: inclusive emergency planning, accessible alerts and notifications, effective communication, affordable and accessible transportation, and physical and programmatic accessibility in shelters, cooling/warming centers, family assistance centers and points of distribution.

The Americans with Disabilities Act (ADA) and Emergency Management

The ADA is integral to all emergency management phases including planning, response, recovery and mitigation. The ADA prohibits discrimination based on disability in employment, public services, accommodations and telecommunications. Title II of the ADA requires state and local governments to ensure that all public programs and activities are accessible to people with disabilities. Title III of the ADA addresses accessibility and nondiscrimination in public accommodations and commercial facilities.

Based on these legal standards, emergency plans must be inclusive and provide equal access to people with disabilities. The U.S. Department of Justice emphasizes the necessity of making emergency preparedness and response programs accessible, with detailed guidelines on various aspects such as notification, evacuation and sheltering. This guidance stresses the importance of involving people with disabilities in the planning process to ensure ADA compliance. Non-compliant emergency plans can lead to increased hardship, injuries or fatalities among people with disabilities during emergencies. Compliance ensures equitable treatment and minimizes legal risks.

Several ADA-related lawsuits (e.g., *California Foundation for Independent Living Centers v. City of Oakland*, *Brooklyn Center for Independence v. Bloomberg*) have set precedents for required actions in emergency management, outlining specific roles and measures to integrate access and functional needs. Practical measures for compliance include ensuring:

1. Robust stakeholder engagement that includes people with disabilities and disability advocacy organizations in planning processes;
2. All communications are accessible and comply with the ADA and Section 508 of the Rehabilitation Act;
3. Evacuation and shelter plans include specific measures for transportation and standards for physical and programmatic accessibility; and
4. Emergency managers train contractors on ADA compliance and regularly review contract terms to ensure ongoing compliance.

Virginia's Emergency Management System

The Virginia Department of Emergency Management's (VDEM) mission is to save lives through effective emergency management by coordinating a whole of Commonwealth approach to any complex event or disaster. VDEM's goal is to build capacity and resiliency across Virginia by maintaining a statewide All-Hazard Emergency Operations Plan; coordinating statewide responses; supporting state agency continuity of operations, planning and preparedness; managing grant programs in support of localities and state agencies; delivering a comprehensive training and exercise program; coordinating with private and Department of Defense critical infrastructure; and supporting local 911 Public Safety Answering Points (VDEM, 2024).

VDEM has dedicated committees and work groups, firmly committed to integrating equity and inclusivity throughout every stage of emergency management planning. With a strong emphasis on understanding and addressing community-specific needs, VDEM is actively enhancing emergency preparedness, response and recovery efforts for individuals with disabilities and access requirements. While commendable progress has been made through various initiatives, further actions are essential to fully meet these diverse needs.

A summary of access and functional needs-related state-level entities follows:

Work Group	Details
Access and Functional Needs Advisory Committee (AFNAC)	<ul style="list-style-type: none"> • Includes state agency representatives and local emergency managers who provide insights on needs and services for vulnerable populations. • Enhances preparedness for individuals with access and functional needs during emergencies.
Emergency Management Equity Working Group	<ul style="list-style-type: none"> • Includes representatives from state agencies and the public and private sectors, focusing on at-risk populations disproportionately impacted by disasters. • Provides guidance to ensure that emergency management supports vulnerable groups, with recommendations influencing statewide emergency plans.

Work Group	Details
Office of Community Impact	<ul style="list-style-type: none"> • Focuses on inclusivity and accessibility in emergency management across all phases: prevention, preparedness, mitigation, response and recovery. • Works both within VDEM and with external partners (local, regional, tribal) to offer logistical support in emergencies.
Partners in Preparedness	<ul style="list-style-type: none"> • Enhances community outreach by collaborating with diverse groups (non-profits, faith-based organizations, businesses, etc.) to tailor emergency communication and preparedness. • Equips Virginians with the necessary tools and knowledge for disaster preparedness, addressing unique community needs.
Virginia Emergency Support Team (VEST)	<ul style="list-style-type: none"> • Comprised of more than 300 members from state agencies, non-governmental organizations and private sector companies. • Holds regular training sessions; staff participate in a rotation for emergency operations.

Importance of Personal Emergency and Disaster Planning

It is crucial for all individuals to have a well-thought-out emergency and disaster plan to ensure preparedness and safety during unforeseen events. Such planning not only enhances personal safety but also contributes to community resilience. By having a plan in place, individuals can mitigate risks, respond effectively to emergencies and protect themselves and their loved ones. Moreover, preparedness fosters a sense of empowerment and reduces the impact of disasters on health, property and overall well-being. It encourages proactive measures such as securing essential supplies, identifying evacuation routes and establishing communication strategies, all of which are vital in swiftly navigating and recovering from emergencies.

Findings and Recommendations

Impact on People with Disabilities and People with Access and Functional Needs

People with disabilities and access and functional needs are disproportionately impacted by emergencies and disasters, facing unsafe living conditions, injury and even death. 28% of adults have a disability (Centers for Disease Control and Prevention, 2024). This significant portion of our community faces remarkably higher risks during disasters. For instance, 2022 Census data revealed that evacuees with disabilities not only deal with the disaster, but “they often face dangerous levels of isolation, squalid living conditions, shortages of food, water and electricity and permanent dislocation” (Frank, 2023). These conditions are so severe that people with disabilities who evacuated were five to 10 times more likely to encounter such hardships than people without disabilities.

To put this in perspective, consider these findings: 70% of deaf evacuees reported living in unsanitary conditions one month after a disaster, a stark contrast to the 7% of evacuees without hearing difficulty (Frank, 2023). Similarly, 74% of evacuees who have difficulty walking faced food shortages, whereas only 9% of evacuees who do not have difficulty walking faced food shortages (Frank, 2023). Most severely, people with disabilities are two to four times more likely to suffer injury or death because of a disaster (Association of Programs for Rural Independent Living, 2023).

People with disabilities are at increased risk of displacement and unnecessary institutionalization during and after disasters. The U.S. Census Bureau found that nearly a third of people who report difficulty with self-care and 21% of people with difficulty seeing were forced to leave their homes during a disaster, compared to just over 1% of people without disabilities (2023). Once they evacuated, most people with disabilities never went back home. For example, 59% of evacuees with difficulty hearing were still displaced from their homes 30 days following a disaster, which is more than quadruple the displacement rate for people without hearing difficulty (Frank, 2023). These displacements often lead to unnecessary and harmful institutionalization of people with disabilities.

Many people with disabilities require access to community-based supports, such as personal care assistance, to maintain health, independence and the ability to live in their own home. During disasters, many children and adults are inappropriately routed to hospitals, nursing homes and other segregated facilities. Such placements are intended as temporary solutions but often lead to permanent institutionalization and a cascade of other issues, such as severed ties with their usual support systems, isolation and loss of community-based services.

The National Council on Disability (NCD) vehemently criticizes these "unnecessary institutionalizations" during and after disasters. In its 2019 report, NCD argues that such practices not only isolate individuals but also lead to a decline in their health. The report calls for a decisive end to this practice, highlighting the urgent need for better planning and support systems that keep people with disabilities integrated within their communities during crises.

Addressing these issues requires a concerted effort to foster stronger partnerships between emergency management professionals and disability leaders. This would ensure that emergency responses fully incorporate the needs of all community members, particularly those most vulnerable. This collaboration would strengthen the resilience of entire communities and prevent costly and unnecessary institutionalization.

Planning and Partnerships

Integration of Access and Functional Needs

While recent progress has been made, access and functional needs are not consistently and fully integrated into state and local emergency management policies, plans, standard operating procedures, training and exercises.

According to the Code of Virginia [§ 44-146.18.12](#), the Virginia Department of Emergency Management (VDEM) is required to “develop standards, provide guidance, and encourage the maintenance of local and state agency emergency operations plans.” According to [§44-146.19\(E\)](#) of the Code of Virginia, every local and inter-jurisdictional agency must conduct a comprehensive review and revision of its emergency operations plan (EOP) every four years to ensure the plan remains current. The revised plan must then be formally adopted by the locality's governing body. Each local emergency operations plan must include provisions guaranteeing “that the plan is applied equitably and that the needs of minority and vulnerable communities are met during emergencies.”

VDEM recently developed guidance to help localities comply with this code section. While this guidance is helpful and advances inclusive emergency management practices, it does not comprehensively address non-discrimination requirements related to the Americans with Disabilities Act (ADA) and other key civil rights protections in emergency management. The guidance also lacks the specificity needed to ensure people with disabilities and people with access and functional needs are fully included in emergency planning, response and recovery activities.

Several states have developed detailed guidance on the integration of access and functional needs in emergency management activities, including:

- Inclusive emergency planning
- Inclusive alerts, warnings, notifications and communications
- Inclusive evacuations and accessible transportation
- Inclusive and accessible sheltering
- Inclusive points of distribution

Virginia would benefit from incorporating similar guidance in planning and operations throughout the emergency management system. Given its unique role, VDEM should take the lead in developing and vetting the guidance documents with members of the disability community, access and functional needs community and inclusive emergency management experts, including local emergency managers with strong experience and expertise in this area. Guidance developed by states recognized for best practices in inclusive emergency management could also be adapted and incorporated to address this need.

Recommendation 1

The Virginia Department of Emergency Management (VDEM) should collaborate with the Access and Functional Needs Advisory Committee, the proposed Disability Integration Task Force (Recommendation 4) and subject matter experts to develop clear standards and guidance for inclusive planning, communications, evacuations and mass care—including sheltering. In keeping with existing practice, this collaborative effort should extend across all levels of the Commonwealth’s emergency management system, including VDEM, the Virginia

Recommendation 1 (Continued)

Emergency Support Team and local authorities, to foster a uniformly high standard of inclusive emergency management practices.

Guidance should address the following:

- Inclusive emergency planning
- Inclusive alerts, warnings, notifications and communications
- Inclusive evacuations and accessible transportation
- Inclusive and accessible sheltering
- Inclusive points of distribution

Access and Functional Needs Officer

Virginia currently does not have a dedicated, full-time position to lead the integration of access and functional needs (AFN) in emergency preparedness, response and recovery. An Access and Functional Needs Officer (AFNO) is essential at the state level for creating partnerships with government, community-based leaders and subject matter experts (SMEs) and to provide input and resources. The presence of an AFNO sustains and builds core capabilities within a state emergency management agency and its stakeholders and partners, while also promoting effective emergency planning with the AFN community. A state-level AFNO can provide the expertise needed to inform policy, operational, planning and preparedness activities, and ensure civil rights and ADA legal requirements are met in all emergency response activities (Washington State Independent Living Council, 2021).

Several years ago, the Commonwealth created an AFNO position within the Virginia Emergency Support Team (VEST) structure. The AFNO serves on the VEST Command Staff and typically reports directly to the Chief of the VEST during partial or full response operations. Virginia's AFNO has played a crucial role during past emergencies and disasters, most notably the COVID-19 pandemic, closely collaborating with the AFN community.

The Emergency Preparedness Development Coordinator conducted informational interviews with AFN experts and emergency management professionals from both public and private sectors to seek their perspectives on inclusive emergency management in Virginia. Interviewees reported that the AFNO's leadership position and decision-making structure empowered the AFNO to eliminate unnecessary barriers and protect Virginians with access and functional needs during emergencies and disasters.

At the time of this report, the VEST calls upon members of the Access and Functional Needs Advisory Committee (AFNAC) to fill the AFNO position during partial and full response operations. While this is commendable, interviewees and focus groups report that the absence of a full-time AFNO is a significant barrier to the integration of access and functional needs in emergency planning, response and recovery. Based on these findings and best practices from other states, the Board recommends that the Virginia Department of Emergency Management

create a full-time AFNO position to lead and facilitate the integration of access and functional needs in emergency planning and operations.

Recommendation 2

The Commonwealth should fund a full-time, dedicated Access and Functional Needs Officer (AFNO) position at the Virginia Department of Emergency Management. The AFNO will lead the full integration of access and functional needs across all phases of emergency management, ensuring inclusive strategies in preparedness, response and recovery.

This officer position will facilitate coordination among all state agencies, local governments and community stakeholders and provide guidance to the State Coordinator and the Chief of the Virginia Emergency Support Team on the integration of access and functional needs into emergency planning and operations at the local, regional and state levels.

Stakeholder Engagement

Virginia needs broader stakeholder engagement to inform inclusive planning and ensure access and functional needs are fully integrated into all emergency management activities at the local and state levels. In guidance on ADA compliance for state and local governments, the U.S. Department of Justice outlines that agencies must seek the direct input of people with disabilities and disability advocacy organizations to inform planning documents and processes. Thus, robust stakeholder engagement is an essential element of an ADA-compliant emergency management system.

Given the unique role of the Virginia Emergency Support Team (VEST) in coordinating state and local emergency operations, full inclusion of people with disabilities and access and functional needs is critical. The VEST has an Access and Functional Needs Advisory Committee (AFNAC), but few AFNAC members have disabilities, access and functional needs or come from a disability or advocacy organization. While substantial progress has been made in solidifying partnerships with such organizations, the Commonwealth needs to integrate these critical voices into the AFNAC. By doing so, state-level agencies can serve as a model for localities, promoting robust stakeholder engagement and adequate inclusive planning processes at the local level as well.

Recommendation 3

The Access and Functional Needs Advisory Committee should amend its bylaws to include the following members: Virginians with disabilities, Virginians with access and functional needs (AFN), the Virginia Statewide Independent Living Council, local Centers for Independent Living, local Community Services Boards, AFN community organizations, local and state ADA Coordinators, the American Red Cross of Virginia, the disAbility Law Center of Virginia and inclusive emergency management subject matter experts.

Multi-Year Action Plans

The Commonwealth and localities must ensure Virginia's emergency management system complies with the ADA. Following U.S. Department of Justice guidance, the Virginia Department of Emergency Management (VDEM) should work closely with the disability community and

inclusive emergency management experts, such as the Partnership for Inclusive Disaster Strategies, to develop a detailed plan to ensure people with disabilities are fully integrated throughout the emergency management system. The plan should proactively consider the *14 Points of Potential Inequity in the Disaster Cycle* (see Appendix B) identified by the Federal Emergency Management Agency’s Office of Disability Integration and Coordination (U.S. Department of Homeland Security, 2023). The plan should also address physical and programmatic accessibility standards, local capabilities, civil rights protections, regional challenges and best practices in emergency management.

The VDEM State Coordinator should provide annual updates on this action plan in reports to the Governor and General Assembly, ensuring transparency and accountability in the progress toward these goals. The plan should be shared with local emergency managers, local ADA Coordinators, state agency ADA Coordinators and disability advocates to facilitate system-wide integration.

Recommendation 4

The Access and Functional Needs Advisory Committee should establish a Disability Integration Task Force, co-chaired by the Virginia Department of Emergency Management Access and Functional Needs Officer and the Virginia Statewide Independent Living Council.

The Committee should develop a comprehensive, multi-year action plan to achieve full integration of people with disabilities throughout Virginia’s emergency management system. The plan should proactively consider the Federal Emergency Management Agency Office of Disability Integration and Coordination's 14 Points of Potential Inequity, physical and programmatic accessibility standards, local capabilities, civil rights protections, regional challenges and best practices in emergency management.

The CMIST Framework is a nationally embraced memory tool for facilitating inclusive emergency management policies and operations. CMIST stands for the five functional resource needs individuals may have in an emergency or disaster:

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

While a significant portion of people with access and functional needs have disabilities, there are many Virginians with access and functional needs who do not have disabilities, including people with limited English proficiency, people living in poverty and people with limited access to transportation. CMIST helps identify the actual resources needed during an emergency rather than labeling people as “special needs” or “vulnerable populations.” The framework reinforces and exemplifies planning with the whole community, not just planning for it. The CMIST Framework commits to making programs, benefits, services, facilities, information and

communications technology accessible to everyone (Colorado Division of Homeland Security and Emergency Management, 2024).

Since the CMIST approach is focused on access and functional needs rather than individual characteristics, the Commonwealth should use the CMIST Framework and the Disability Integration Task Force's plan (Recommendation 4) as a base to develop a comprehensive multi-year action plan focused on achieving the full integration of all access and functional needs throughout the emergency management system. Robust stakeholder engagement with directly affected communities through the Access and Functional Needs Advisory Committee, Emergency Management Equity Working Group, Partners in Preparedness and other means, will ensure that emergency management plans address the needs and priorities of Virginians with access and functional needs before, during and after disasters and emergencies.

Recommendation 5

Using the Disability Integration Task Force (Recommendation 4) plan and the nationally recognized Communication, Maintaining Health, Independence, Safety/Support and Transportation (CMIST) Framework, **the Access and Functional Needs Advisory Committee should develop a comprehensive, multi-year action plan to achieve full integration of access and functional needs throughout Virginia's emergency management system.**

Resource Mapping

Comprehensive guidance and inclusive strategic planning can support the Commonwealth and localities in operationalizing principles of inclusive emergency management. To achieve the full integration of access and functional needs in emergency management activities, required resources must be identified, mapped and mobilized. This will aid local emergency managers in identifying and deploying needed resources to Virginians with access and functional needs (AFN) before, during and after disasters without unnecessary delay.

In California, for example, the Office of Access and Functional Needs developed an AFN Web Map that emergency managers can use to identify and connect with critical partners to successfully integrate access and functional needs, such as interpreter services, Centers for Independent Living and vendors for accessible restrooms and showers. The Commonwealth and many localities may benefit from using a similar geographic information system solution. Information could be populated and maintained by the Virginia Department of Emergency Management (VDEM), in partnership with the Virginia Emergency Support Team (VEST) and localities.

Recommendation 6

The Virginia Department of Emergency Management, the Access and Functional Needs Advisory Committee and the proposed Disability Integration Task Force should collaborate and coordinate with local and regional stakeholders to identify and map key resources that support inclusive emergency management practices. Resources may include, but are not limited to, local Centers for Independent Living, qualified American Sign Language

Recommendation 6 (Continued)

interpreters, accessible restrooms and showers, personal care assistance providers, Communication Access Realtime Translation providers and accessible transportation providers.

Local Capabilities Readiness Assessments

Per [§44-146.19\(F\)](#) of the Code of Virginia, all political subdivisions are required to submit to the VDEM State Coordinator of Emergency Management by August 1 each year:

1. An annually updated emergency management assessment.
2. Data related to emergency sheltering capabilities, including locations, evacuation zones, capacity (by person and medical needs), current wind rating, standards compliance, backup power and lead agency for staffing.

The Virginia Department of Emergency Management (VDEM) facilitates this process through a standardized Local Capabilities Assessment for Readiness (LCAR) survey. The Virginia 2023 Hazard Mitigation Plan states that the final survey tool focuses on vulnerable populations. “Data captured with this tool helps local and state partners identify strengths and gaps in prevention, protection, mitigation, response and recovery” (Commonwealth of Virginia 2023 Hazard Mitigation Plan).

While this tool provides important information to the Commonwealth, the information does not provide enough insight regarding local capacity and capabilities necessary for the full integration of access and functional needs and compliance with the ADA. The Board recommends VDEM work with an expanded Access and Functional Needs Advisory Committee, the proposed Disability Integration Task Force and the Virginia Emergency Management Association to develop local capacity and capability targets vital in measuring ADA compliance and excellence in inclusive emergency management.

Recommendation 7

The Virginia Department of Emergency Management, in partnership with the Access and Functional Needs Advisory Committee, the proposed Disability Integration Task Force and the Virginia Emergency Management Association, should identify local capacity and capability targets vital in ADA compliance and excellence in inclusive emergency management. These targets should be integrated into the Local Capabilities Assessment of Readiness and should address (1) inclusive planning, (2) accessible alerts/notifications, (3) evacuation and transportation plans and (4) accessible sheltering. Targets should be aligned with the objectives specified in the multi-year comprehensive plans described in Recommendations 4 and 5.

Extreme Heat

Extreme heat is the deadliest of all climate-related hazards. Extreme heat emergencies are becoming more frequent and extended due to the impacts of climate change. People with disabilities and people with access and functional needs face disproportionate impacts, which

may be exacerbated by a reported lack of available, accessible cooling centers in the Commonwealth (Allen et al., 2022).

Annexes are often used to add information and direction to an emergency operations plan (EOP) and provide a level of detail beyond the base plan (FEMA, 2021). The most common EOP annexes address specific response functions (i.e. sheltering, debris management) or specific threats and hazards. Examples of Commonwealth of Virginia Emergency Operations Plan (COVEOP) hazard-specific annexes include the Hurricane Annex and the Severe Winter Weather Annex. An extreme heat annex could improve coordination and response to the increasing number of extreme heat events that place the health and wellbeing of Virginians with access and functional needs in jeopardy.

Recommendation 8

The Virginia Department of Emergency Management and the Virginia Department of Health should develop an Extreme Heat Annex. Similar to the recent Severe Winter Weather Annex, this new annex should provide a strategic roadmap for a responsible, well-coordinated response to extreme heat events in the Commonwealth. The Annex should include recommendations regarding the threshold for opening an accessible cooling center, the threshold for opening an accessible cooling shelter, standards for accessible cooling centers, best practices for communications/alerts, guidance on wellness checks, and opportunities to facilitate access to Virginia energy assistance programs. The Commonwealth should seek to coordinate these efforts with the development of sustainable infrastructure projects that can help protect people with disabilities and those with access and functional needs in extreme heat.

Legislative, Budget and Compliance

There is a significant risk that both the Commonwealth and its localities may fail to meet the ADA requirements for emergency and disaster preparedness. This non-compliance could expose them to legal challenges, reduce the effectiveness of emergency responses and compromise the safety and well-being of individuals with disabilities during crises.

Despite legal frameworks like the Rehabilitation Act of 1973, the ADA and the Virginians with Disabilities Act, which promise equal access to disaster services for people with disabilities, the reality remains grim. The Partnership for Inclusive Disaster Strategies, in its 2017-2018 After-Action Report, paints a bleak picture: from alerts and notifications to evacuation, sheltering and even access to food and water, children and adults with disabilities continue to face significant barriers. This lack of access starkly contradicts decades of legal protection and “lessons learned” from past disasters, such as Hurricane Katrina.

Shelters

The Commonwealth of Virginia has significant gaps in programmatic and physical accessibility at local and state shelters. The Stafford Act, Post-Katrina Emergency Management Reform Act (PKEMRA) and federal civil rights laws mandate integration and equal opportunity for people with disabilities in general population shelters. To comply with federal law, those involved in

emergency management and shelter planning should understand the concepts of accessibility and nondiscrimination and how they apply in emergencies.

Interviewees, focus group participants and various state work groups identified multiple, recurring gaps in accessibility at local and state shelters. Examples include physically inaccessible buildings, lack of transportation, lack of personal care assistance, lack of a certified interpreter and unnecessary segregation of people with disabilities.

“Shelters need to be physically and programmatically accessible and equipped with the assets and resources necessary to ensure the needs of individuals with access and functional needs are met in a timely, inclusive, and dignified manner. This does not happen unless sheltering plans are developed in close partnership with the whole community.”

— California Office on Access and Functional Needs, 2024

The Virginia Department of Emergency Management (VDEM) and the Virginia Department of Social Services (VDSS) recently concluded work on a state sheltering strategy plan developed in partnership with local and regional emergency management personnel. Board staff participated in this work group and offered recommendations to facilitate ADA compliance in shelter settings. VDSS and VDEM are partnering to address compliance issues identified in state shelters, but ADA compliance at the local level remains a critical issue.

Based on the work group meetings and the feedback the Board received, localities would benefit from professional assessments of ADA compliance in local shelters. These assessments could be performed by local Centers for Independent Living (CILs), ADA Coordinators, the disAbility Law Center of Virginia or other disability organizations qualified to assess ADA compliance in emergency management settings. Assessors should be trained in both physical and programmatic accessibility requirements in emergency shelters. These independent, professional assessments can help many localities identify compliance issues and resources required to meet the needs of Virginians with disabilities.

Recommendation 9

Localities should partner with local Centers for Independent Living (CIL) and local ADA Coordinators to regularly and routinely assess compliance with the Americans with Disabilities Act (ADA). In areas where there is not a local CIL, localities should consider partnerships with the disAbility Law Center of Virginia and other disability organizations qualified to assess ADA compliance.

In 2020, the Virginia General Assembly established the Emergency Shelters Upgrade Assistance Fund. According to the Code of Virginia [§ 44-146.29](#), this fund is designated exclusively to “provide matching funds to localities or entities previously outlined in a local shelter plan to **install, maintain or repair infrastructure for backup energy generation** for emergency shelters, including solar energy generators, and improve the hazard-specific structural integrity of shelter facilities owned by the locality or identified in the shelter plan of the locality.” As a result,

projects aimed at updating facilities to ensure full accessibility are not eligible for the Shelter Upgrade Fund.

A more comprehensive approach to funding and policy changes is necessary to address gaps in physical accessibility. One way to do this is to include accessibility upgrades in the scope of the Emergency Shelters Upgrade Assistance Fund. This would ensure that all shelters are not only structurally sound and energy resilient, but also fully accessible to all Virginians, including those with disabilities.

Recommendation 10

The General Assembly should amend the Shelter Upgrade Fund (§44-146.29:3) to allow the fund to be used to install, maintain or repair infrastructure to meet accessibility requirements for emergency shelters, including upgrades that improve compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act and the Virginians with Disabilities Act.

Functional Assessment Support Teams (FAST)

Several states have implemented the nationally recognized Functional Assessment Support Team (FAST) model (sometimes called CMIST Response Teams) to plan for and support access and functional needs throughout the emergency management lifecycle. This includes physical and programmatic accessibility in shelters. FASTs are often staffed with members with experience and expertise in access and functional needs, and who are prepared to assist with:

- Onsite environmental accessibility assessments
- Functional needs assessments
- Information and technical support
- Community outreach and planning
- Emergency response language interpreters

See Appendix C for additional information on Functional Assessment Support Teams.

Recommendation 11

The Commonwealth of Virginia should initiate regional pilot programs to integrate the nationally recognized Functional Assessment Support Team (FAST) model into the emergency management system.

Emergency Managers in Localities

In many areas of Virginia, the role of a local emergency manager is often not a dedicated full-time position. Instead, the role is often held by individuals with primary responsibilities elsewhere, such as Fire Chiefs, City Councilpersons or County Board Members. According to Emergency Management Equity Working Group members, a significant barrier to achieving equitable and fully inclusive emergency management is the insufficient funding dedicated to local emergency management functions.

Emergency Management Equity Working Group members suggested that one potential intervention could be funding grant writing activities at the Planning District Commission level, allowing localities to leverage existing grant funds to expand capacity and respond to local needs.

Recommendation 12

The General Assembly should allocate state funds to support emergency management functions in localities lacking a full-time emergency manager, with a focus on supporting inclusive emergency plans, grant writing and increasing access and functional needs (AFN) related capabilities.

Training and Outreach

Training Courses

Virginia would benefit from enhanced training on inclusive emergency preparedness, response and recovery. Interviewees and focus groups often raised the need for adequate training on disabilities, the Americans with Disabilities Act (ADA) and integration of access and functional needs in emergency preparedness, response and recovery. While some system trainings have touched on these topics, messaging is not always consistent and often depends on the trainer’s background in disability integration. To facilitate compliance with the ADA, the Commonwealth will need to develop a multifaceted training program on the integration of access and functional needs throughout the emergency management system. Training for emergency preparedness personnel and others involved, including planners, volunteers and emergency responders, would help mitigate gaps in knowledge and understanding. There are developed courses and curricula that could be considered a model to adopt or adapt.

“IS-368A: Including People with Disabilities in Disaster Operations”

The Federal Emergency Management Agency (FEMA) recently developed a new course titled “IS-368A: Including People with Disabilities in Disaster Operations.” The purpose of this course is to increase awareness and understanding of the need for full inclusion of disaster survivors and FEMA staff who are people with disabilities. The course is designed for all personnel involved in disaster operations. It provides an introductory overview of information and strategies to include people with disabilities during mitigation, preparedness, response and recovery efforts. It also explains the importance of disability equity and inclusion, and provides guidance to ensure physical, program and communication access to the whole community.

“Emergency Preparedness G197: Emergency Planning and Special Needs Populations”

The course “Emergency Preparedness G197: Emergency Planning and Special Needs Populations” focuses on the specific needs and challenges faced by individuals with disabilities and other access and functional needs (AFN) during emergencies and disasters. The training program is designed to enhance the preparedness and response capabilities of emergency management personnel, public health officials and other stakeholders. It also provides a discussion of key laws and regulations, such as the ADA, that impact emergency planning and

response. The G197 course is typically offered through FEMA and its Emergency Management Institute (EMI) and state and local emergency management agencies.

The Virginia Department of Emergency Management (VDEM) could partner with FEMA to host the G197 course in Virginia. VDEM should also develop supplemental training that corresponds with VDEM standards for the integration of AFN. Specifically, the Access and Functional Needs Officer (AFNO) should work with the VDEM Director of Training, the VEST Director of Training and Disaster Operations and local emergency managers to integrate the following training topics into existing training:

- Inclusive Planning
- Inclusive Alerts/Notifications and Effective Communication
- Inclusive Evacuation/Transportation
- Inclusive Mass Care/Sheltering
- Cultural Competency

Recommendation 13

The Virginia Department of Emergency Management should partner with the Access and Functional Needs Advisory Committee to develop and integrate a multifaceted training program that supports local and state compliance with the Americans with Disabilities Act and promotes best practices in inclusive planning, communication, evacuation/transportation, mass care/sheltering and cultural competence. To the maximum extent possible, training content should be integrated into existing emergency management training.

Community Emergency Response Teams

VDEM and localities can also further promote the development of inclusive Community Emergency Response Teams (CERTs). CERTs are volunteer programs designed to educate and train citizens to prepare for, respond to and recover from emergency situations in their communities. Many counties and cities in Virginia already have their own CERT programs. Examples include Fairfax County, Arlington County and Virginia Beach, among others. These local teams conduct regular training sessions, exercises and community outreach activities. These teams are organized and managed at the local level, typically by county or city emergency management agencies, fire departments or police departments. By investing more resources in inclusive community outreach at the local level, emergency management efforts can more easily identify and meet the needs of the whole community.

Recommendation 14

The Virginia Department of Emergency Management should promote the further development of inclusive Community Emergency Response Teams (CERTs) and provide training on access and functional needs for volunteers.

As demonstrated throughout this assessment, the Commonwealth of Virginia must fully integrate access and functional needs in emergency preparedness, response and mitigation plans. This is only possible with partnerships at the state and local level, as well as with stakeholder engagement. Stakeholders, especially people with disabilities and people with access and functional needs, are at the heart of emergency preparedness. With that in mind, our stakeholders can also prepare for emergencies at an individual level.

Appendix A: Acknowledgements

The Board’s Emergency Preparedness Development Coordinator conducted a series of informational interviews from 2022 to 2024. Interviews were unstructured and were used to explore the experiences and perspectives of people with disabilities, people with access and functional needs, state and local staff involved in the Commonwealth’s emergency management system and national experts. The Emergency Preparedness Development Coordinator also participated in various committees and working groups, which provided additional insights regarding inclusive emergency management in Virginia.

Category	Participants
State Agencies	<ul style="list-style-type: none"> • Virginia Department of Aging and Rehabilitative Services (DARS) • Virginia Department for the Deaf and Hard of Hearing (VDDHH) • Virginia Department of Emergency Management (VDEM) • Virginia Department of Health (VDH) • Virginia Department of Social Services (VDSS)
Committees and Work Groups	<ul style="list-style-type: none"> • Virginia Access and Functional Needs Advisory Committee • Virginia Emergency Management Equity Working Group • Virginia Shelter Strategy Working Group • Family Assistance Annex Working Group • Winter Weather Preparedness Working Group
Advocacy Groups	<ul style="list-style-type: none"> • Virginia Statewide Independent Living Council (VA SILC) • Local Centers for Independent Living
Other	<ul style="list-style-type: none"> • Massachusetts Emergency Management Agency (MEMA) • Virginia Emergency Management Association (VEMA)

The Board wishes to express special thanks to the people with disabilities, people with access and functional needs and family members who shared their experience and recommendations to inform and formulate this assessment. Your input was invaluable and will continue to guide the Commonwealth’s work in this important area.

Appendix B: 14 Potential Points of Inequity in the Disaster Cycle

14 Potential Points of Inequity in the Disaster Cycle

Inclusive planning
Inclusion in emergency planning that directly affects people with access and functional needs

Alerts and warnings
Pre-disaster alerts, warnings, and notifications

Information
Culturally informed actionable information and instructions post once a disaster has occurred

Evacuation/transportation
Evacuation and accessible transportation

Emergency contact/S&R
Emergency contact before the disaster, search, and rescue

Sheltering
Sheltering in the most integrated, accessible setting (emergency, intermediate, and long-term)

Communication aids and assistive services
ASL interpreters, screen readers, 508-compliant web-based content

Recovery/mitigation
Disaster recovery and mitigation investments for people and community facilities

Medical care/health
Acute medical care, mental health services, health maintenance, and access to prescriptions support





Power dependency
Power dependency (dialysis, oxygen, and prosthetic devices), personal care services, and service animals

Special diets/drinking water
Dietary/culturally appropriate food needs, and potable water access

Register for disaster services
Registration for disaster services, including FEMA and state/local/tribal/territorial emergency programs

Housing
Temporary and permanent accessible housing

Pre-disaster home/work/school life
Return to pre-disaster home, school, work, and community life

(U.S. Department of Homeland Security, 2023)

Appendix C: Functional Assessment Support Team (FAST)

Overview

The FAST program was started in 2007, and its purpose is to train and deploy people who have a background in working with or caring for people with a disability and other access and functional needs. During disasters or emergencies, trained FAST members can be deployed to emergency shelters or other areas, such as mass feeding operations or assistance centers to assist those in need (California Department of Social Services, 2023).

This model has since spread across the country and is currently being implemented in eight states. In Colorado, FASTs are called CMIST Response Teams, and their areas of concentration are:

- On-Site Environmental Accessibility Assessments
- Functional Needs Assessments
- Information and Technical Assistance Support
- Community Outreach
- Emergency Response Interpreter (Languages)

Draft National Functional Assessment Support Team (FAST) Whitepaper

In 2022, a work group was formed to develop a national whitepaper on National Functional Assessment Support Teams. This paper is still in draft form, but excerpts from the most recent version follow.

Mission

The FAST Program bridges a gap, providing support to individuals with disabilities and/or access and functional needs (AFN), so they can maintain their safety and independence in a shelter environment. FAST services allow these individuals to remain with their friends and loved ones when they are temporarily evacuated from their homes during a fire or other disaster.

The mission of FAST is to:

- Strengthen community disaster resilience, by reducing the impact on medical support resources.
- Help disaster survivors maintain their health, safety, and independence.
- Promote equity by allowing all individuals to access needed services at disaster service centers (DSC).

Recommended Roles and Responsibilities

2-8 trained members that deploy to general population shelters to conduct functional assessments of people with a disability and/or access and functional need (AFN). FAST members determine the resources the clients need to live as independently as possible at the shelter. FAST will deploy as requested to shelters and remain until it is determined FAST

services are no longer needed. FAST may transfer to other shelters and will return to shelters as needed or requested.

FAST members work closely with shelter managers, mental health services, and disaster health services in a shelter environment to ensure the needs of individuals with disabilities and/or AFN are met.

A FAST member will conduct assessments of shelter clients and facilitate the process of getting essential resources needed by individuals who have disabilities and/or access and functional needs (AFN).

The FAST members are assigned to the following roles:

- **FAST Coordinator** (In-person, on-call, or virtual) to be available 24/7 365 days a year to process resource requests, provide technical support, and partner with logistics and finance administrative personnel. Track resources, document hours and maintain records. The FAST Coordinator must designate at least one back-up.
- **FAST Lead** (On-site) serves as the link between the FAST Coordinator, shelter manager, and the FAST members working onsite, including the leadership of the operation, health and mental health services and human service providers.
- **FAST Member** (On-site) to support the objectives of the mission as defined by the FAST Lead, FAST Coordinator, incident command and FAST concept of operations standards, as well as coordinate with logistics to deploy equipment and procure resources.
- **FAST Subject Matter Expert** (Virtual) Support on-site and virtual team members upon request to trouble shoot identified barriers in the built environment, disability law, including AT resource requests and other support services.

Best practice is to have a minimum of five FAST trained responders (a minimum of 2 on-site and 3 or more virtual), to represent the following specialties according to the CMIST framework:

- **Communications** (on-site/virtual) – Language interpretation & translation services, AAC, signage, notifications, and messaging. Optional, HAM radio tech certification. Best practice is to have the following team members assigned to this role: FAST Lead and 1 on-site team member. Recruitment options: Local deaf and Hard of Hearing communications agencies, and other Limited English Proficiency (LEP) and multi-cultural agencies that are trusted members of the community.
- **Maintaining Health** (on-site/virtual) – DME/AT, including physical and mental health services and resource coordination. Best practice is to have the following team members assigned to this role: FAST Coordinator, FAST Lead and/or one on-site team member. Recruitment options: County and municipal public health agencies/coalitions, Mental Health (MH), and human services agencies.

- **Independence** (on-site/virtual) – Personal care SME and person-centered self-sufficiency goal planning, referrals, and service coordination. Best practice is to have the following team members assigned to this role: FAST lead, and/or on-site/virtual team member. Recruitment options: State Independent Living agencies and federal Centers for Independent Living (CIL), disability advocacy organizations and in-home care service providers.
- **Support & Self Determination** (virtual) – advocacy and support services; training, education and familiar with the whole community framework. Best practice is to have the following team members assigned to this role: FAST Coordinator, and/or 1 on-site team member. Recruitment options: State and federal Independent Living agencies/CILs, disability advocacy organizations, housing and homeless coalitions, self-advocates, community leaders, and in-home care service providers.
- **Transportation** (on-site/virtual) – Encourage planning and preparedness as well as assisting with the coordination of accessible transportation to support persons with disabilities and access and functional needs in maintaining health (physical/mental health appointments, attending school and participation in support programs/services) and sources of income for the household (employment, childcare). Best practice is to have the following team members assigned to this role: FAST coordinator, FAST lead and/or 1 on-site team member. Recruitment options: State, local, and private paratransit, non-emergency and medical transportation providers and transportation coalitions/alliances.

FAST Technical Assistance & Staff Support

The FAST will connect with national, state, and local inclusive emergency planning coalitions, ADA centers, and AFN committees to stay current on policy and regulation changes, innovative new technologies/IT, best and promising practices, and new guidance. FAST offers AFN and other DI specific training to support inclusive county and municipal Emergency Management Agency mass care operations, by providing trained staff, AT devices and other equipment to fill formal resource requests to support current operations. FAST Coordinators maintain connections with disability led coalitions and AT programs statewide and nationally.

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**Ratcliffe Building
1602 Rolling Hills Drive, Suite 100
Henrico, VA 23229
804-786-0016
info@vbpd.virginia.gov
www.vbpd.virginia.gov**