

Planning for At-Risk Individuals

A Team Effort Integrating Public Health,
Medical Reserve Corps and Red Cross

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Overview

- Whole Community Planning
- Functional Needs Support Services Guidance
- Lessons Learned from Past Disasters
- Integrated Planning: Partnerships between Public Health, Red Cross and Medical Reserve Corps
- Strategies for Developing and Implementing Functional Assessment Service Teams

Whole Community Planning

- Integrating and coordinating emergency preparedness, response and recovery for children and adults with disabilities, access and functional needs before, during and after a disaster



Historically

Children and adults with disabilities, access and functional needs have been:

- Turned away from general population shelters
- Inappropriately placed in other environments
- Treated inadequately
- Denied full and equal services

FEMA Functional Needs Support Services Guidance

Services that enable children and adults with disabilities and functional access needs to maintain their health, safety and independence in a general population shelter

- FNSS includes:
 - ✓ reasonable modification to policies, practices and procedures
 - ✓ durable medical equipment (DME)
 - ✓ consumable medical supplies (CMS)
 - ✓ personal assistance services (PAS)
 - ✓ other goods and services as needed

Legal Foundation

The law mandates integration and equal opportunity for people with disabilities.

- Stafford Act
- Post-Katrina Emergency Management Reform Act
- Federal Civil Rights Laws
 - ✓ Americans with Disabilities Act
 - ✓ Rehabilitation Act of 1973
 - ✓ Fair Housing Act

Rhode Island Planning



- Statewide Commitment & Primary Partners
 - Past Experiences & Current Reality
 - Shelter Accessibility Survey
 - Universal Access Shelter Planning





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Barriers to Individuals

- Maintaining Independence
- Communication
- Transportation
- Supervision
- Medical Care

Solution: Unique Partnerships

- Partners
 - ✓ Rhode Island Department of Health (HEALTH)
 - ✓ Rhode Island Chapter of the American Red Cross (RI ARC)
 - ✓ Rhode Island Medical Reserve Corps (RI MRC)
- Launch of Functional Assessment Service Teams (FAST)
 - The purpose of the FAST program is to conduct assessments of people with these needs as they arrive at the general population shelters.
 - The assessment evaluates the functional needs a person has and determines resources necessary to support these needs in the general population shelter.

RI MRC FAST

A STATE BASED APPROACH TO GENERAL
SHELTERING USING MRC VOLUNTEERS AS
FAST MEMBERS

Overview of RI MRC

- RI MRC began in 2003
 - Sponsored by RI DMAT, Inc; a 501 (c) 3 organization in Rhode Island
- ONE MRC Unit in Rhode Island = RI MRC
- RI MRC is completely integrated within the State's ESAR-VHP system and the RI MRC coordinator is the principal administrator of the ESAR-VHP system known as **RI Responds**
- HEALTH contracted with RI MRC, via RI DMAT, Inc, to create and manage RI Responds to meet the ESAR-VHP requirements and credential and activate volunteers affiliated with RI MRC, SERV-RI and RI DMAT when necessary

RI MRC OVERVIEW CONTINUED

- RI MRC is committed to covering all of Rhode Island
- With one State Department of Health, RI does not have a large public health work force; therefore, RI MRC meets many of HEALTH's deliverables
- 1166 RI MRC Members:
 - 73 MDs/DOs
 - 22 NPs
 - 387 RNs
 - 184 EMTs/Paramedics
 - 145 Non-Medical

RI MRC/DMAT Capabilities

- Robust in-state response capability
- Well-equipped medical cache housed in tractor trailer and team warehouse
- 2 Light Field Aid Station (LFAS) trailers
- Several rapidly deployable tents
- Communications trailer and satellite system
- Administrative trailer
- Logistics Support Unit trailers (LSU 1 & 2)
- Deployable emergency pharmacy cache
- Team pick-up truck
- Medical gators

Previous MRC/DMAT Activations

- *Mycoplasma* outbreak, Warwick, RI
 - Medication POD for students and families
 - Door-to-door home visits for blood draws
- Hep A exposure of restaurant employee
 - Provided IgG prophylaxis to 300+ employees of 2 restaurants at the Department of Health
- Tuberculosis outbreak, Central Falls High School
 - Three distinct screening sessions reaching 951 students
- H1N1 statewide school-based vaccination campaign
 - 84.7% vaccination rate among school-aged children in RI
 - Highest vaccination rate in the nation; **RI used ALL volunteers**

A Picture of Rhode Island



Rhode Island : The Ocean State

Total Population in People: 1,052,567.00
Total Land in Square Miles: 1,033.81
Total RI MRC Volunteers: 1,166.00

- ❖ No County Government
- ❖ One State Department of Health
- ❖ 39 Municipalities

MRC and FAST = A Perfect Fit

- FAST = Functional Assessment Service Team
 - “FAST consists of a **corps** of trained government employees and community-based organization (CBO) and non-governmental organizations (NGO) personnel ready to respond and deploy to disaster areas to work in shelters. FAST members must have in-depth knowledge of the populations they serve, their needs, services and resources including housing, benefit programs and disaster aid programs.”
- RI MRC = Rhode Island Medical Reserve Corps
 - “The Rhode Island Medical Reserve Corps allows residents to participate in addressing and solving the public health concerns within their community. Rhode Island, like other states and areas, has its own needs,

RI MRC's Approach to FAST

- Memorandum of Understanding with RI ARC
- Identification of “PREMIERE” FAST members based on:
 - ✓ Core Competencies exhibited at training events
 - ✓ Interpersonal skills
 - ✓ ACLS vs BLS
 - ✓ Work Experience
- Initial RI FAST teams consist of 2 members (RN/EMT Mix)
- Teams of 2 pre-identified based on location (North, South, East, West) then each region runs 6 teams deep

RI MRC's Approach to Fast

- Pre-activation: Regional FAST teams are notified and queried for possible activation
- If shelters are opened, RI MRC/DMAT EOC opens and awaits request from RI ARC FAST Liaison that a person with access or functional needs has entered a shelter
- FAST arrives at shelter with pre-determined cache of medical equipment, assesses the needs of the shelter tenant(s) and notifies the Shelter Manager and RI MRC EOC of additional staffing or medical equipment needs
- MRC coordinator begins to identify additional volunteers to staff the shelter at the recommendations of the MRC FAST and notifies RI ARC Liaison of whom to expect and when.

FAST Assessments

An assessment evaluates the functional needs a person has and determines resources necessary to support these needs in the general population shelter to include:

- Mobility impairments/self-ambulating, with or without durable medical equipment
- Wheelchair user
- Blind/low vision, with or without service animal
- Deaf/hard of hearing
- Developmentally disabled
- Medically stable requiring minimal monitoring (i.e., blood pressure monitoring)
- Oxygen dependent; has own supplies (if facility is capable of supporting)
- Feeding occurs through a tube
- Chronic condition controlled by self-administered medications
- Has own supply of medications/supplies
- Bedridden but stable and able to swallow
- Alzheimer's/Dementia
- Incontinent; requires regular catheterization or bowel care

Group Activity

- Appoint a spokesperson
- Review case of individual with access and functional needs
- Identify how FAST services can address the needs
- Report findings in 10 minutes

Your State's Approach to FAST

- How can a state with multiple MRC units mirror this approach?
- Is it possible to use Rhode Island as a “County” model?
- Next steps for development and implementation

Questions?

Thank you!

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