Disaster Mental Health Sheltering:
Including People With Mental Illness
Disabilities in Disaster Shelter Operations
Conflicts of Interest

None
Overview

- Introduction
- Special Needs Population
- Move to Community Based Care
  - Everyone is Welcome - Red Cross Shelters
  - C-MIST Framework for Identifying Needs
- Disasters and Domestic Violence
  - Service Animals
Brenden Moses, a researcher at the National Hurricane Center, found that of all Category 5 landfalls on record in the Atlantic since 1851, one-quarter have occurred this season.

Category 5 hurricanes are the most destructive storms on Earth, bearing peak winds of at least 157 mph.

A high percentage of framed homes will be destroyed, with total roof failure and wall collapse. Fallen trees and power poles will isolate residential areas. Power outages will last for weeks to possibly months. Most of the area will be uninhabitable for weeks or months.
George R. Brown Convention Center, Red Cross Mega Shelter, Houston, Texas

Hurricane Harvey 2017
Photo by Daniel Cima for the American Red Cross
Corpus Christi, Texas
Diane Market with her dog

Hurricane Harvey 2017
Photo by Chuck Haupt for the American Red Cross
Red Cross shelter, Miami-Dade County Fairgrounds, Miami, Florida.

Photo by Marko Kokic for The American Red Cross
The feeding line at the George R. Brown Convention Center Mega Shelter

Photo by Daniel Cima for The American Red Cross
Role of DMH/DHS

- Case Management
- Advocacy
- Psychological Support
Promote Resilience and Coping

Enhanced Psychological First Aid

- Make a connection
- Help people be safe
- Be kind, calm and compassionate
- Meet basic needs
- Listen
- Give realistic reassurance
- Individual psycho-education

- Encourage good coping
- Help people connect
- Give accurate and timely information
- Make a referral to a Disaster Mental Health worker
- End the conversation
- Take care of yourself
Special Needs Populations

Providing shelter for vulnerable and special needs populations during and after an emergency is one of the most difficult challenges emergency planners face when preparing for a disaster. Certain people, such as the elderly, children, the disabled, and those with cognitive or sensory impairments or other special medical needs, may need special attention when staying in shelters.
An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities that an average person can perform with little or no difficulty, or has a record of such impairment, or is regarded as having such impairment. The law defines specific terms as follows:

Mental impairment: Includes most psychological disorders and disorders such as organic brain syndrome, learning disabilities, and emotional or mental illness.
- It specifically excludes various sexual behavior disorders, compulsive gambling, pyromania, and disorders due to current use of illegal drugs.

FEMA: IS-0368 - Including People With Disabilities and Others With Access and Functional Needs in Disaster Operations
Demographics

According to the National Institute of Mental Health, 26.2% of the US adult population will experience a mental disorder within a given year.

22.3% of those (5.8% of the US adult population) diagnosed as severely mentally ill.

Available regional statistics suggest prevalence rates are slightly higher in the Southeastern US, especially in areas of poverty, rural areas and among those with comorbid physical health conditions.

EMERGENCY MANAGEMENT AND DISASTER CONSIDERATIONS FOR THE MENTALLY ILL,
Patricia A. Garvie, Ph.D, The CUSEC Journal, VOLUME. 15, NO. 1, WINTER 2011
Move to Community Based Care

- With the de-institutionalization of mental illness in the 1960s, the intent has been for those with severe mental illness to reside in the least restrictive environment, become integrated into society and live as independently as possible with community-based outpatient mental health support.

- As a result, individuals with mental illness are dependent upon community-based resources, not only for their routine mental health care, medication and monitoring, but also for information about public health concerns and awareness.

- The State of North Carolina entered into a settlement agreement with the United States Department of Justice in 2012.
Addressing the Needs of the Seriously Mentally Ill in Disaster

- Persons with serious mental illness are vulnerable to disasters.
  - Less prepared
  - Onset of new and recurrent symptoms

- Disasters disrupt mental health care and services
  - Loss of caretakers
  - Mental health services are disrupted
  - Loss of hospitals and care facilities
  - Increased demand for mental health services

The Center for the Study of Traumatic Stress (CSTS) is part of the Department of Psychiatry, Uniformed Services University of the Health Sciences
Impact of Mental Illness on Families

Given the strain mental illness commonly places on familial relationships, those with severe mental illness are less likely to have an appropriate functional family member closely involved in their day-to-day care who is aware of their mental health diagnosis, current functioning, prescribed medications, and medication adherence let alone have discussed or have in place a disaster plan for the individual.
Isolation from Care

- Positive social interaction is even less likely for the individual in the community whose mental illness remains undiagnosed or is otherwise untreated, and thus is not engaged in “the system.”

- While rural settings provide low cost of living and low population density, providing those with mental illness privacy and anonymity, it comes with reduced access to daily interaction with others, increased isolation, and limited access to mental health care, if available at all.
Comorbid limited cognitive abilities and/or substance use/abuse problems frequently further compound the presence of mental illness, interfering with one’s ability to adhere to psychotropic medications as prescribed, if prescribed, which exacerbates symptoms of mental illness, and decreases the likelihood of maintaining independent functioning.

Due to prescribing restrictions and/or medication costs, those with mental illness are not likely to have a reserve of medications available beyond that needed for the month in which the prescription is filled.

Medications often are self-discontinued by those with mental illness because of failure to refill or renew a prescription (typically due to missed follow up with routine mental health clinic visits) or adverse medication side effects associated with prolonged use.
Psychotropic Medications

Not uncommon for an individual with mental illness to self-discontinue medications due to “feeling better” believing the medications are no longer needed without the ability to rationally consider the consequences of symptom recurrence and resumed decline in functioning.

Thus, at any given time, it may not be known whether those with mental illness in the community are engaged in treatment and if so, whether medications are taken as prescribed to sustain therapeutic symptom control.
Impact of Stress

- The associated increased stress can exacerbate pre-existing symptoms in those with mental illness.

- Some individuals may refuse to leave their homes despite being unsafe, may be unable to be around unfamiliar people, or cannot be in crowded environments.

- Attempts to evacuate them to safety or to a designated shelter may result in increased agitation and distress, and ultimately be futile.
Exacerbation of Acute Stress Reactions

1. Should the individual become displaced without access to medication, not only may their mental health worsen, other serious medical complications can arise with unplanned and unmonitored medication withdrawal.

2. If significantly distressed by a disaster and prolonged subsequent events, individuals with mental illness may become confused or disoriented, unable to recall their names, their diagnoses, what medications they need or in what dose, or who to call on their behalf, even if in an otherwise ordinary circumstance they readily knew that information.
In addition to planning for and coordinating necessary emergency mental health accommodations during the crisis, it is equally important to prioritize ongoing round-the-clock access to qualified mental health resources throughout the duration of the disaster’s aftermath to its resolution.

Disaster/emergency preparedness materials made available and discussed in schools, at community events, and in medical care settings, also need to be available in community mental health centers and distributed throughout rural communities (including churches) for those who otherwise may not be captured in more common venues.
Everyone is Welcome in Red Cross Shelters

- Individuals with access and functional needs, including those with disabilities, are accepted in Red Cross shelters. No one shall be turned away or referred to a “special medical needs” shelter solely due to their disability and/or access or functional needs.

- This includes, but is not limited to, clients using wheelchairs or other medical equipment, clients who are deaf or hard of hearing, clients who are blind, and clients with autism or other developmental, intellectual, or cognitive disabilities. Self-determination is a critical principle of the American Red Cross disability integration program. Accordingly, we will support our clients’ decisions with regard to placement for emergency sheltering.
Welcome to Your Red Cross Shelter

We hope your stay here will be as pleasant as possible, considering the circumstances. American Red Cross disaster assistance is provided at no cost. Please take a few minutes to read the important information below. As additional information becomes available, we will inform you as soon as possible. Please reach out to a shelter worker if you have any questions or concerns.

<table>
<thead>
<tr>
<th>Everyone is Welcome</th>
<th>Everyone is welcome at a Red Cross shelter. The Red Cross does not discriminate based on nationality, race, religious beliefs, class, disability, political opinions, sexual orientation, or gender identity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Animals</td>
<td>Service animals are welcome in Red Cross shelters. Service animals are trained to do work or perform tasks for an individual with access and functional needs, including those with disabilities. Service and assistance animals are not pets. Please speak with a shelter worker if your service animal is in need of food or supplies.</td>
</tr>
<tr>
<td>Pets</td>
<td>We understand that your pets are very important to you. To maintain a safe and healthy environment for all residents, however, pets are not allowed in this shelter. Please make arrangements for your pet before entering the shelter, and ask a shelter worker if you need assistance finding shelter for your pet.</td>
</tr>
<tr>
<td>Specific Needs</td>
<td>Please tell a shelter worker as soon as possible if you have any specific needs or requests for equipment, supplies, food, or cultural or religious requirements. Every effort will be made to accommodate your needs.</td>
</tr>
<tr>
<td>Reunification with Family and Friends</td>
<td>Let your family and friends know you are Safe and Well by registering on <a href="http://www.redcross.org/safeandwell">www.redcross.org/safeandwell</a>. You can also re-register when you leave the shelter to let your family and friends know that you have moved on. Ask a shelter worker if you need assistance.</td>
</tr>
<tr>
<td>Food</td>
<td>Snacks and refreshments are available in the feeding area throughout the day. Meals will be served in the feeding area at the times posted on the schedule. If you have specific dietary needs, please let a shelter worker know as soon as possible. To avoid spills or attracting bugs, please keep all food and drinks out of the sleeping area. Water and baby bottles are permitted.</td>
</tr>
<tr>
<td>Medical Problems and Injuries</td>
<td>Please notify a shelter worker if you or a family member are taking medication or have a medical condition with which you need assistance or if you are not feeling well. Please notify a shelter worker if you observe anyone needing medical attention. Workers from Disaster Health Services are available to assist everyone in the shelter.</td>
</tr>
<tr>
<td>Emotional Support</td>
<td>Staying in a shelter following a disaster can be stressful. If you, your children, or any other family members are feeling stress, anxiety or the need to talk to someone, trained professional counselors are available to assist you 24 hours a day. Please ask a shelter worker to put you in touch with a Disaster Mental Health counselor.</td>
</tr>
<tr>
<td>Schedules</td>
<td>There will be a schedule posted to make sure you are aware of meal times, shower times, quiet hours, etc. Ask a shelter worker if you are unsure where the schedule is posted.</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Children</td>
<td>Parents are responsible for supervising their children while in and around the shelter. Children should not be left unattended. In some cases, supervised areas for children may be provided. Ask a shelter worker if this service is available.</td>
</tr>
<tr>
<td>Check In/Out</td>
<td>We appreciate you checking in and out of the shelter every time you enter or leave the shelter. This helps us maintain a safe and secure shelter environment.</td>
</tr>
<tr>
<td>Dormitory Registration</td>
<td>Please register at the dormitory if you will be sleeping at the shelter. Registration allows us to gather the information we need to help you. All registration information is kept confidential.</td>
</tr>
<tr>
<td>Photographs</td>
<td>Your privacy and the privacy of all shelter clients are very important to us. Therefore, we do not allow photos to be taken of shelter clients without their written permission—including with cell phones or personal cameras. If you feel that your privacy has been violated, please inform a shelter worker immediately.</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>Thank you for helping us to keep the shelter as clean as possible. We appreciate you picking up after yourself and following the bathroom courtesy guidelines that are posted in the restrooms. Please let a shelter worker know immediately if the restroom is in need of cleaning or supplies.</td>
</tr>
<tr>
<td>Quiet Hours</td>
<td>To ensure all residents can get the rest they need, quiet hours will be in effect each night during specified hours (usually 10:00 p.m. – 7:00 a.m.). Please see the posted schedule or ask a shelter worker to confirm these times. Please keep the sleeping areas as quiet as possible during the day, as well, for residents who may want to sleep or rest.</td>
</tr>
<tr>
<td>Be Respectful</td>
<td>Be respectful to fellow clients and workers. Negative behavior, including foul language, abusive behavior, stealing, destruction of property, or other behavior that is disruptive to others, will not be tolerated.</td>
</tr>
<tr>
<td>Personal Belongings</td>
<td>Unfortunately, we cannot assume responsibility for your personal belongings. We recommend you lock your personal belongings in your car and out of sight. If that is not possible, keep valuable items with you.</td>
</tr>
<tr>
<td>Smoking</td>
<td>Smoking of any kind, including e-cigarettes and other smoking devices, is permitted outside the building in designated smoking areas only. For safety purposes, matches and lighters may only be used outside the building as well. Please dispose of cigarette butts and matches properly. Note: schools and some public buildings do not allow smoking on their campus. Please ask a shelter worker where smoking is allowed.</td>
</tr>
<tr>
<td>Alcohol, Illegal Drugs, and Weapons</td>
<td>To maintain a safe and welcoming environment for everyone, alcoholic beverages, illegal drugs, and weapons (including concealed weapons) are not allowed in the shelter or on the shelter grounds.</td>
</tr>
</tbody>
</table>

We appreciate any help you can provide while you are staying in the shelter. **If you would like to help, please tell a shelter worker.** Thank you for helping us to take care of your temporary home!
Integration, Inclusion – What’s It Mean?

Integration:

- Incorporating access and functional needs support into all disaster services, with an end goal of...

Inclusion:

- Being a part of the whole community by being welcomed, and feeling that you belong
C-MIST Framework for Identifying Needs

- C-MIST is the acronym for Communication, Maintaining Health, Independence, Safety, Support Services, Self-Determination, and Transportation.

- The CMIST model provides a functional needs framework which assists workers with gathering and organizing information about a client’s self-identified access and functional needs. This framework supports the independence and self-determination of all clients and, for individuals with disabilities, discourages the medical model approach which tends to view them as patients.
**C-MIST Worksheet**

Total Number of Family Included on This Form: ____

<table>
<thead>
<tr>
<th>Date:</th>
<th>Client/Family Name:</th>
<th>County/State:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location in Shelter:</th>
<th>Interviewer:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This document covers possible considerations for access and functional needs. It is not all-inclusive, but serves as a guideline for referral purposes.

### COMMUNICATION

<table>
<thead>
<tr>
<th>NEED:</th>
<th>ACTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- □ Access to auxiliary communication service
- □ Provide written materials in alternative format (Braille, large and high contrast print, audio recording, or readers)
- □ Provide visual public announcements
- □ Provide qualified sign language or oral interpreter
- □ Provide qualified foreign language interpreter

- □ Access to auxiliary communication device
- □ Provide access to teletypewriter (TTY, TDD, or CapTel) or cell phone with texting capabilities; pen and paper.

- □ Replacement of auxiliary communication equipment
- □ Provide replacement eyeglasses
- □ Provide replacement hearing aid and/or batteries

### MAINTAINING HEALTH

<table>
<thead>
<tr>
<th>NEED:</th>
<th>ACTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- □ Special diet
- □ Food Allergies ______ (type)
- □ Provide alternative (low sugar, low sodium, pureed, gluten-free, dairy-free, peanut-free) food and beverages; ______ (diet type)

- □ Medical supplies and/or equipment for every day care (including medications) not related to mobility
- □ For replacement eyeglasses or hearing aid, see Communication
- □ For assistive mobility equipment (e.g., wheelchair), see Independence

- Refer to Disaster Health Services to provide or procure one or more of the following:
  - Replacement medication
  - Wound management/dressing supplies
  - Diabetes management supplies (e.g., test strips, lancets, syringes)
  - Bowel or bladder management supplies (e.g., colostomy supplies, catheters)
  - Oxygen supplies and/or equipment

- □ Assistance with medical care normally provided in the home
- □ Allergies (environmental or other high risk) ______ (type)

- For medical treatments that are not normally provided in the home (e.g., dialysis), see Transportation

- □ Support for pregnant women
- □ Support for nursing mothers;
- □ Infant care availability
- □ Access to a quiet area

- □ Provide support by ongoing observation
- □ Provide support and/or room for breastfeeding women
- □ Assure diaper changing area is available

- □ Provide access to a quiet room or space within the shelter (e.g., for elderly persons, people with psychiatric disabilities, parents with very young children, children and adults with autism)
- □ Provide access to an air-conditioned and/or heated environment (e.g., for those who cannot regulate body temperature)

- □ Access to a temperature-controlled area
- □ Mental health care (e.g., anxiety and stress management)

- Refer to Disaster Mental Health Services
<table>
<thead>
<tr>
<th>INDEPENDENCE</th>
<th>ACTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEED:</td>
<td>ACTION:</td>
</tr>
<tr>
<td>Durable medical equipment for individuals</td>
<td>Provide assistive mobility equipment (e.g., wheelchair, walker, cane,</td>
</tr>
<tr>
<td>with conditions that affect mobility</td>
<td>crutches)</td>
</tr>
<tr>
<td></td>
<td>Provide assistive equipment for bathing and/or toileting (e.g.,</td>
</tr>
<tr>
<td></td>
<td>raised toilet seat with grab bars, handled shower, bath bench)</td>
</tr>
<tr>
<td></td>
<td>Provide accessible cot (may be a crib, inclined head or other bed</td>
</tr>
<tr>
<td></td>
<td>type)</td>
</tr>
<tr>
<td>Power source to charge battery-powered assistive</td>
<td>Provide power source to charge battery-powered assistive devices</td>
</tr>
<tr>
<td>devices</td>
<td></td>
</tr>
<tr>
<td>Bariatric accommodations</td>
<td>Provide bariatric cot or bed</td>
</tr>
<tr>
<td>Service animal accommodations</td>
<td>Provide area where service animal can be housed, exercised, and, and</td>
</tr>
<tr>
<td></td>
<td>toileted</td>
</tr>
<tr>
<td></td>
<td>Provide food and supplies for service animal</td>
</tr>
<tr>
<td></td>
<td>Provide infant supplies (e.g., formula, baby food, diapers, crib)</td>
</tr>
<tr>
<td>Infant supplies and/or equipment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SERVICES, SUPPORT AND SELF-DETERMINATION</th>
<th>ACTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEED:</td>
<td>ACTION:</td>
</tr>
<tr>
<td>Adult personal assistance services</td>
<td>Identify family member or friend caregiver</td>
</tr>
<tr>
<td>Child personal assistance services</td>
<td>Assign qualified shelter volunteer to provide personal assistance</td>
</tr>
<tr>
<td>*incl. general observation and/or assistance</td>
<td>services</td>
</tr>
<tr>
<td>with non-medical activities of daily living,</td>
<td>Contact local agency to provide personal assistance services</td>
</tr>
<tr>
<td>such as grooming, eating, bathing, toileting,</td>
<td>Coordinate childcare support such as play areas, age-appropriate</td>
</tr>
<tr>
<td>dressing and undressing, walking, etc.</td>
<td>activities, equal access to resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
<th>ACTION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEED:</td>
<td>ACTION:</td>
</tr>
<tr>
<td>Transportation to designated facility for</td>
<td>Coordinate provision of accessible shelter vehicle and driver for</td>
</tr>
<tr>
<td>medical care / treatment</td>
<td>transportation</td>
</tr>
<tr>
<td>Transportation for non-medical appointment</td>
<td>Contact local transit service to provide accessible transportation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing Challenges</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-disaster homeless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Disaster Precariously housed</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pre-Disaster HUD housing occupant</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Actions:
- No needs identified
- Contact Shelter Manager
- Contact Disaster Mental Health Services
- Agency, please provide agency name:
- Pre-disaster Address:
- Other:

Followup/Resolution/Date:

Disaster Health Services (name/signature/date):
Communication:

Unable to communicate their circumstances to emergency responders, or understand how to get assistance due to hearing, vision, cognitive, behavioral, mental health, or intellectual disabilities, and/or limited English proficiency. In addition to auxiliary aids and services, the use of plain language benefits most people.
*Autism*

Basic tips for interaction with individuals with autism

1. Use concrete terms
2. Speak slowly and allow time for responses
3. Do not attempt to physically block self-stimulatory behavior
4. Understand the basics of autism (see below)
5. Use visual communication tools / picture based instructions and alerts
   a. If you anticipate dealing with individuals with autism, plan ahead and prepare a visual communication tool to help communication.
6. Have “Autism Emergency Contact Forms” completed
Maintaining Health

1. Many will require assistance to maintain health and minimize preventable medical conditions. Access to equipment, medication, supplies, bathroom facilities, nutrition, hydration, adequate rest, personal assistance, etc. can make the difference between maintaining health and decompensation, requiring medical care.

2. Minority and low-income communities may have severely limited access to health and medical services. Ensuring these communities’ access and functional needs are met is critical.
*Medication*

The fact that a person has or requires medications is not a basis for excluding him/her from a general population shelter. Plans should include procedures for obtaining, storing, dispensing, documenting, and disposing of medications in a general population shelter.
*Managing Medication in a Shelter*

**American Red Cross**

1. **Client medication is the property of the client.** The client must have access to his or her medication at all times.

2. **Clients who receive methadone medication**
   - If there is a state plan, Disaster Health Services workers work with the local public health department to identify a private area for dispensing this medication.
*Medical Marijuana in a ARC Shelter*

- The need for medical marijuana must be reported to Disaster Health Services disaster relief operation leadership.
- If the Disaster Relief Operation is in a state that has legalized medical marijuana, then Disaster Health Services workers can provide assistance for the replacement of a medical marijuana prescription.
- All shelter rules, including rules regarding smoking, continue to apply to residents with prescriptions for medical marijuana.
Independence

- Individuals requiring assistance to maintain independence in their daily activities i.e. service animals, and/or personal assistance service providers or caregivers.

- Supplying needed support to these individuals will enable them to maintain or quickly restore their pre-disaster level of independence.

**FEMA**: IS-0368 - Including People With Disabilities and Others With Access and Functional Needs in Disaster Operations
Individuals may lose the support of personal assistant services, family, or friends; may find it difficult to cope in a new environment (particularly if they have autism, dementia, Alzheimer’s, behavioral, or mental health conditions such as schizophrenia or intense anxiety) or may have challenges accessing programs and services.

If separated from their caregivers, young children may be unable to identify themselves; and when in danger, they may lack the cognitive ability to assess the situation and react appropriately.
*Quiet Area*

- Plans should include a strategy for providing a quiet area within each general population shelter. The stress that is created during and after an emergency or disaster is increased as a result of the noise and crowded conditions of a shelter. Without access to a quiet room or space, some people (e.g., elderly persons, people with psychiatric disabilities and parents with very young children, children and adults with autism) will be unable to function in a shelter environment.

http://www.ada.gov/pcatoolkit/chap7shelterprog.pdf
Blue Room for Autistic Children

Allan K. Chrisman, M.D.- Blue Room set up in Baton Rouge 2016
Domestic violence may increase in communities that experience disaster. This increase may be related to stressors experienced after a disaster, such as housing or employment losses. Such occurrences may result in a perpetrator feeling a loss of control, which may then be followed by the perpetrator using abusive behavior to try and gain back control in personal relationships. Domestic violence that is ongoing before a disaster may be exacerbated or may increase following a disaster.
Disasters and Domestic Violence

After Hurricane Andrew in Miami, domestic violence calls to the community helpline increased by 50%.

Following the 1993 floods in Missouri, the average state rate of turning away persons seeking services at domestic violence shelters increased 111% compared to the preceding year.

Following Hurricane Katrina, domestic violence increased by 45%.
DISASTERS AND DOMESTIC VIOLENCE

- Identify safe and secure shelter options for families experiencing disaster and domestic violence.
- A physical shelter facility operated by a domestic violence program that serves victims of domestic violence.
- A safe home provided by a victim’s family member or friend.
- Other accommodations, such as time-limited motel or hotel placement, or other direct placement programs providing safe housing. These accommodations should have a telephone and bathroom facilities and all doors to the accommodations should have locks.
The Americans with Disabilities Act defines a service animal as “any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability”
Service Animals in Shelters

It’s important to remember that:

• Service animals are not pets

• The Red Cross assists the owner with providing food and supplies, when needed

• Your region has the discretion to allow assistance animals in shelters

• Service animals help people with disabilities and others with access and functional needs maintain independence

https://www.ada.gov/service_animals_2010.htm
Service Animal Behavior

A service animal’s owner/handler is responsible for the animal’s care and feeding, as well as cleaning up behind it in the event the animal has an “accident.”

A person with a disability cannot be asked to remove their service animal from the premises unless:

- The animal is out of control and the animal’s owner does not take effective action to control it
- The animal poses a direct threat to the health or safety of others

https://www.ada.gov/service_animals_2010.htm
Access to transportation assistance needs to be available to those who rely heavily on public transit, including but not limited to low-income and minority communities.

This support may include accessible vehicles (e.g., lift-equipped or vehicles suitable for transporting individuals who use oxygen) or information in alternate formats or other languages about how and where to access mass transportation during an evacuation.
Identify Resources, Build Relationships

- Work with local partners to provide a framework for cooperation between the organizations in rendering services to the communities.
- Establish relationships with providers and organizations to identify how they can support client needs in a general population shelter.
- Train and exercise with organizations to learn how each operates and establish best practices for serving the whole community.
- Learn more about Disability Integration in your chapter or region by emailing your questions to accessibility@redcross.org.