



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Supporting Individuals with Access and Functional Needs in Sheltering

September 24, 2025

# **Access and Functional Needs Background Information**

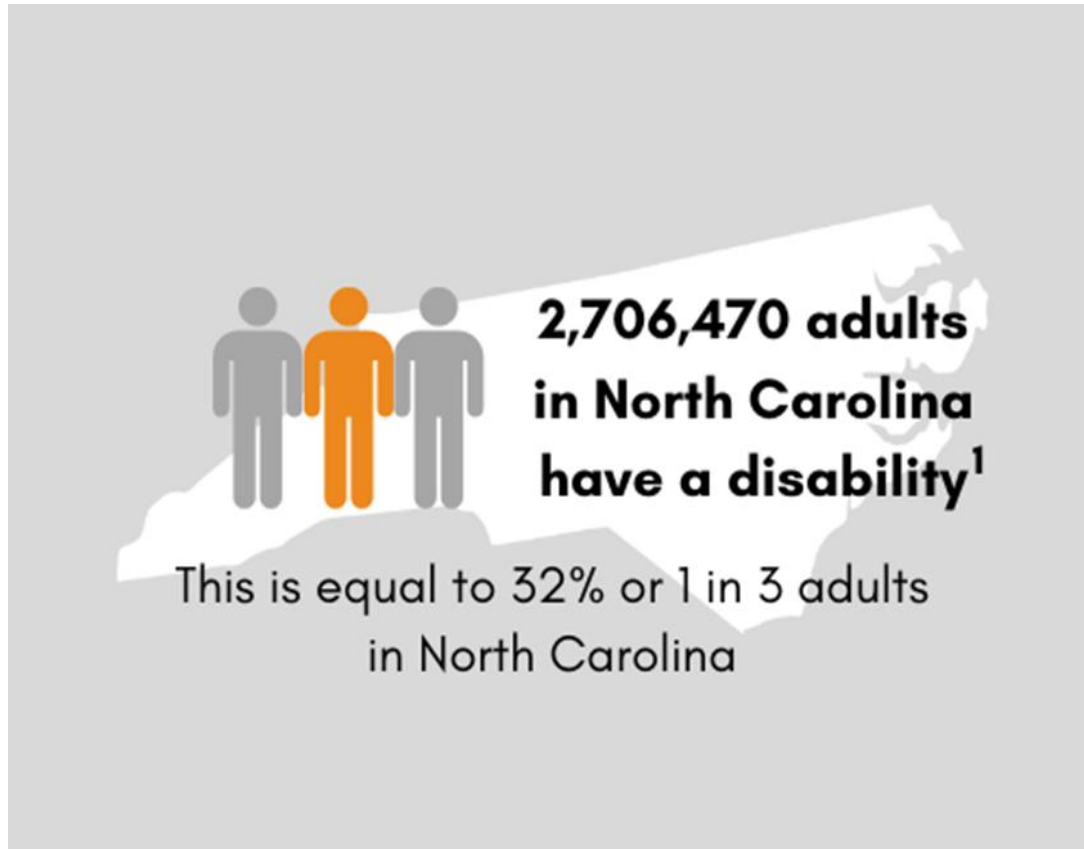
**Lauren Howard, MS**

North Carolina Office on Disability and Health  
Division of Child and Family Well-Being

[Lauren.Howard@dhhs.nc.gov](mailto:Lauren.Howard@dhhs.nc.gov)

**Why we use  
“Access and Functional  
Needs”**

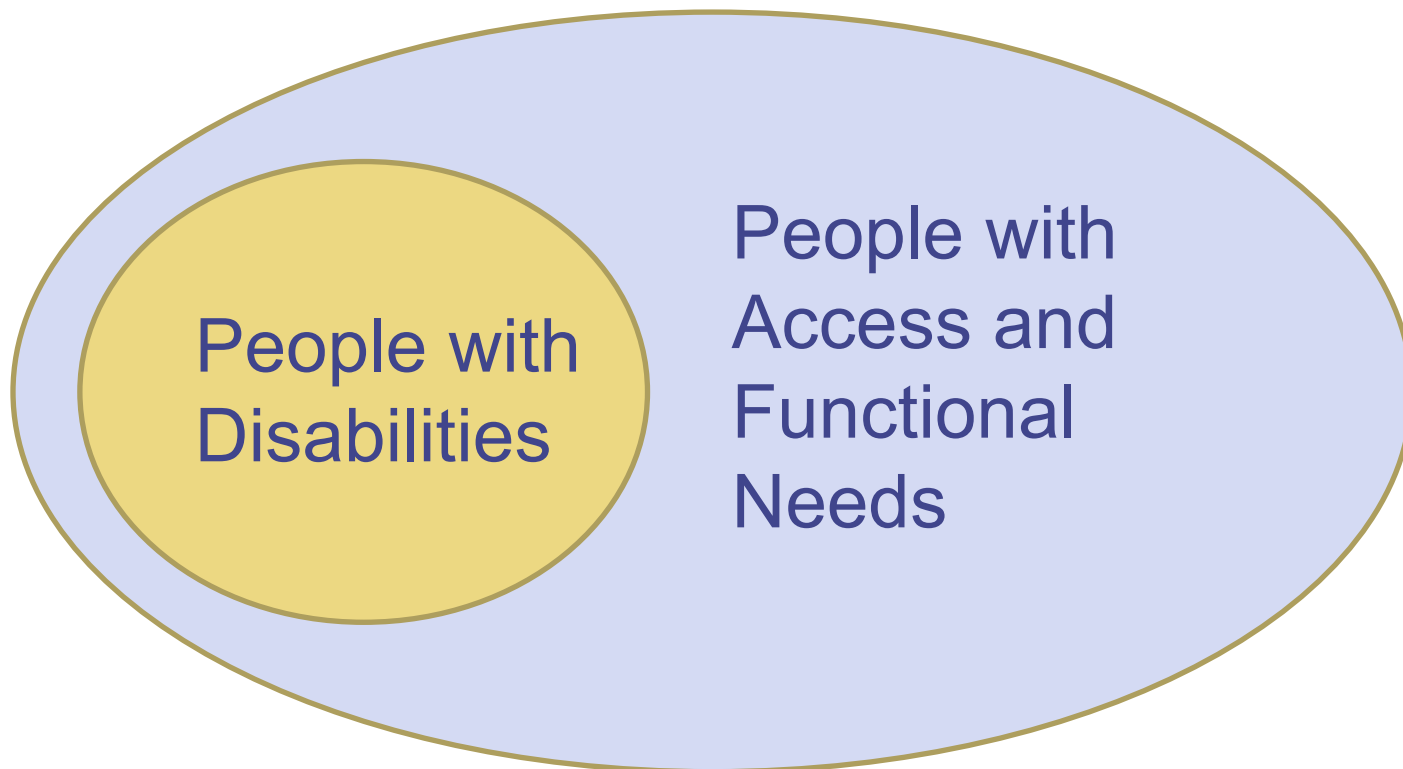
# Disability Data



Data source: 2022 Behavioral Risk Factors Surveillance System (BRFSS)  
<https://www.cdc.gov/dhds/impacts/index.html>

# Access and Functional Needs

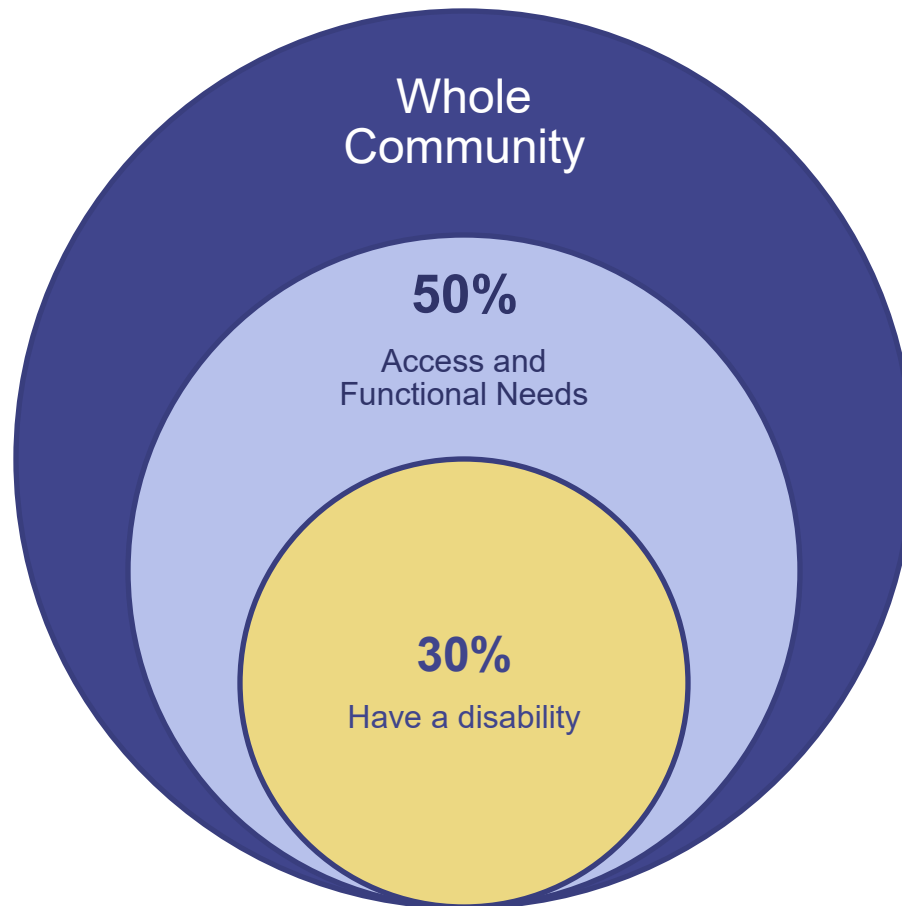
Includes individuals who need assistance due to a temporary or permanent condition that limits their ability to act in an emergency.



# Access and Functional Needs Includes Individuals...

- Disability
- Chronic condition
- Temporary injury
- Limited English proficiency
- Older adults
- Children
- Late-stage pregnancy
- Unhoused
- Transportation difficulties
- Substance Use Disorder
- Mental Health condition
- Limited resources

# Access and Functional Needs Data



# C-MIST Framework

Communication

Independence

Transportation



Maintaining  
Health

Support &  
Safety



# Communication

**Includes those who may have trouble receiving or understanding information**

- Not able to hear verbal announcements
- Use American Sign Language (ASL)
- Don't speak English well or speak it as a second language
- Difficulty seeing signs or forms
- Need accommodations to understand or process information

# **Maintaining Health**

**Includes those who may need additional medical help or support.**

- Use mobility equipment
- Manage chronic health conditions and/or multiple medications
- Require medical supplies
- Power dependent equipment
- Use oxygen

# **Independence**

**Includes those who have accessibility needs or may need help with daily activities**

- Use mobility equipment
- Have service animal
- Use visual or communication aid
- Require personal care assistance or support
- Depend on facility accessibility

# **Safety, Support, and Self-Determination**

**Includes those who may need extra support to stay safe and healthy**

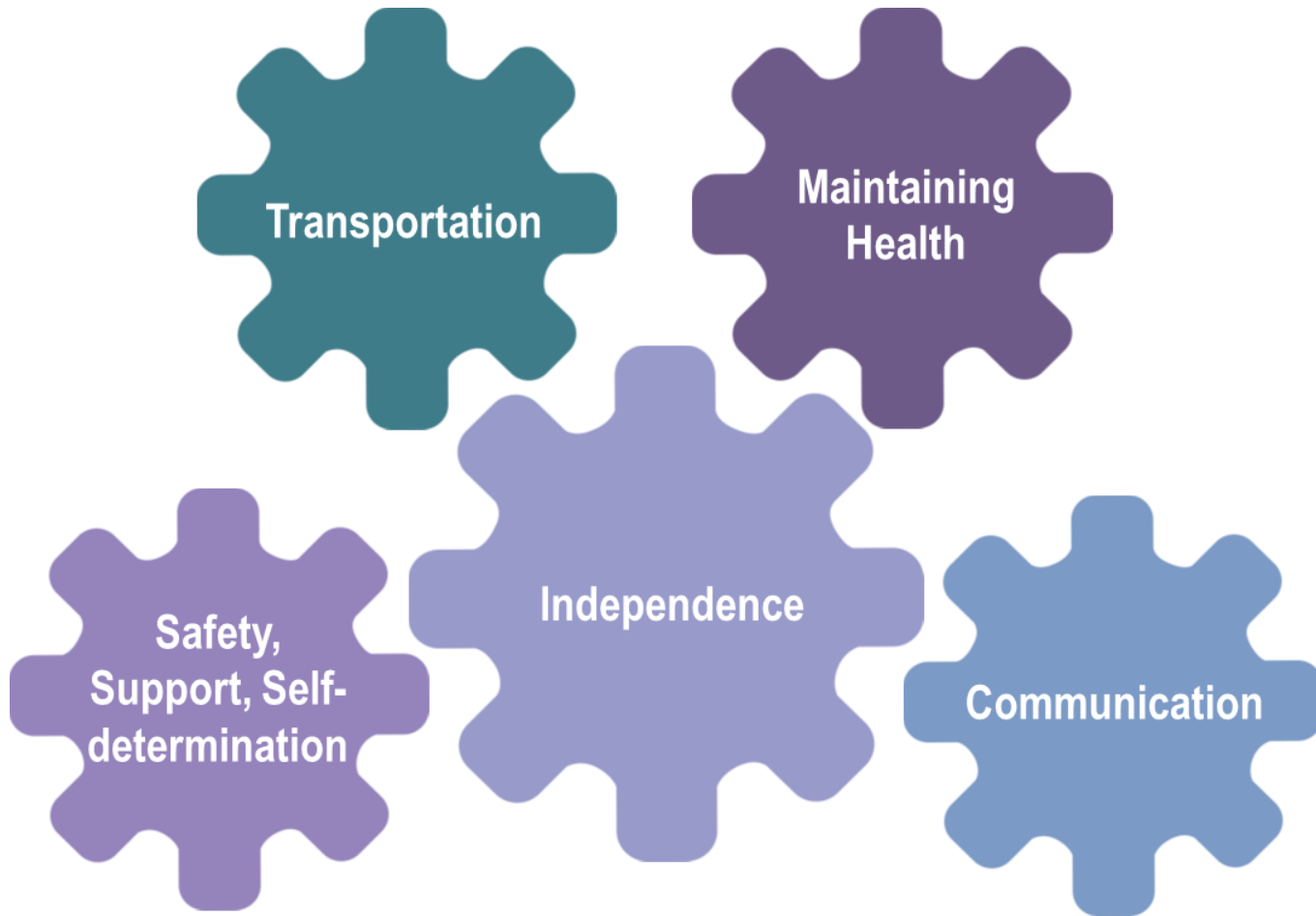
- Become separated from caregiver
- Need support in unfamiliar environment
- Have mental or behavioral health needs
- Require trauma-informed approach
- Children who need supervision
- Pregnant women, nursing mothers, and infants

# Transportation

**Includes those who may need help with transportation during an emergency**

- Don't have a vehicle
- Require accessible transportation
- Are unable to afford gas
- Are older adults, or others who no longer drive
- Use public transportation

# Independence is the Goal



# **Emergency Planning and The Americans with Disabilities Act**

# Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is a civil rights law that prohibits discrimination on the basis of disability in employment, state and local government programs, public accommodations, commercial facilities, transportation and telecommunications

The ADA protects people of all ages who:

- Have a physical or mental impairment that substantially limits one or more major life activities or bodily functions
- Have a record of such impairment
- Are regarded as having an impairment



# What ADA Covers

Title 1 – Employment

Title II – Public services: state and local government

Title III – Public accommodations and services operated by private entities

Title IV – Telecommunications

Title V – Miscellaneous provisions

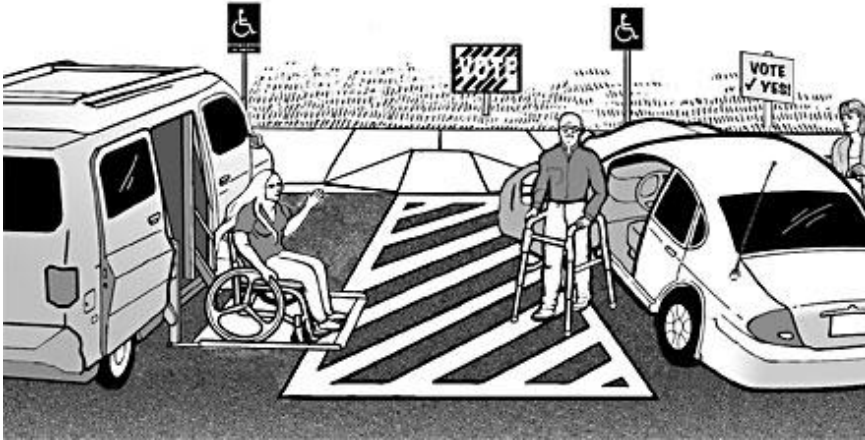
# ADA and Emergency Planning

- ❑ Emergency shelters
- ❑ Emergency alerts and communication
- ❑ Evacuation and transportation
- ❑ Food and supply distribution sites
- ❑ Community restroom, shower, or laundry facilities
- ❑ Disaster recovery sites

# ADA Requirements in Shelters

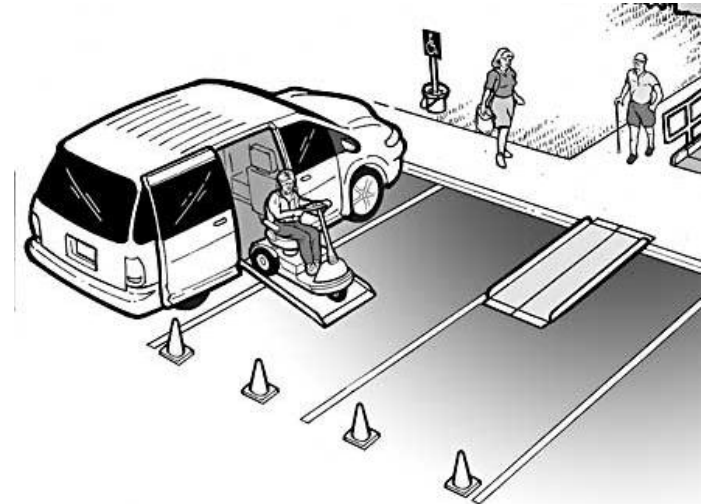
- ✓ Accessible parking
- ✓ Accessible entrance
- ✓ Accessible path of travel to all areas of the shelter including feeding and sleeping
- ✓ Accessible restrooms
- ✓ Accessible signage
- ✓ Accessible communication

# Accessible Parking



Standard parking spaces are converted into a van accessible parking space with an access aisle. Cones mark and block off the access aisle and a temporary curb ramp.

- ✓ Accessible spaces have access aisle that are at least 5 feet wide
- ✓ Van accessible spaces have access aisle that are 8 feet wide
- ✓ Signs indicating accessible spaces
- ✓ Curb cuts to access sidewalk

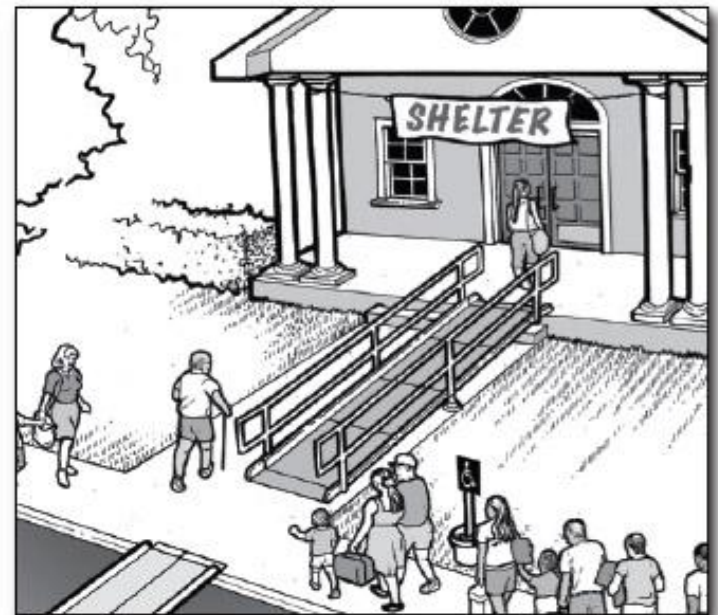


# Accessible Entrance

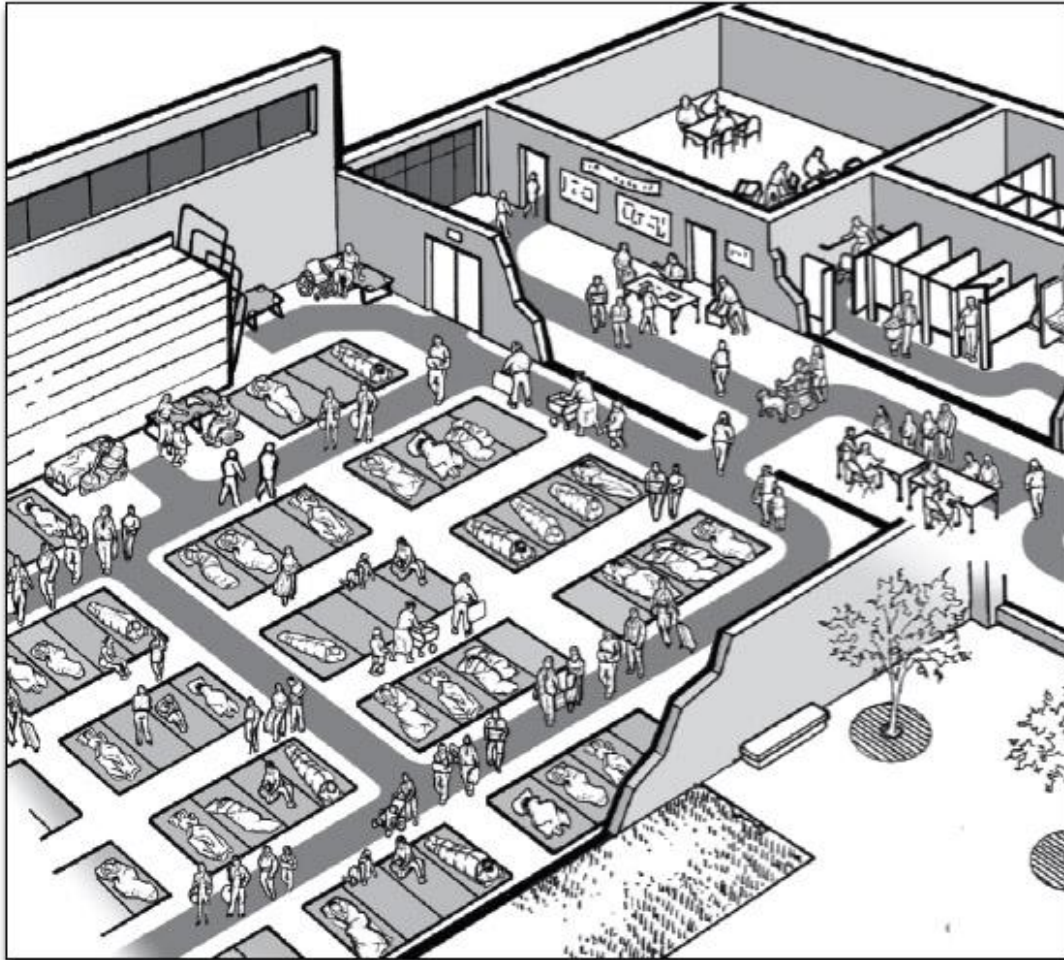


Portable ramp with railing is installed over two steps to create accessible entrance

- ✓ Accessible entrance to the shelter without stairs
- ✓ Accessible route



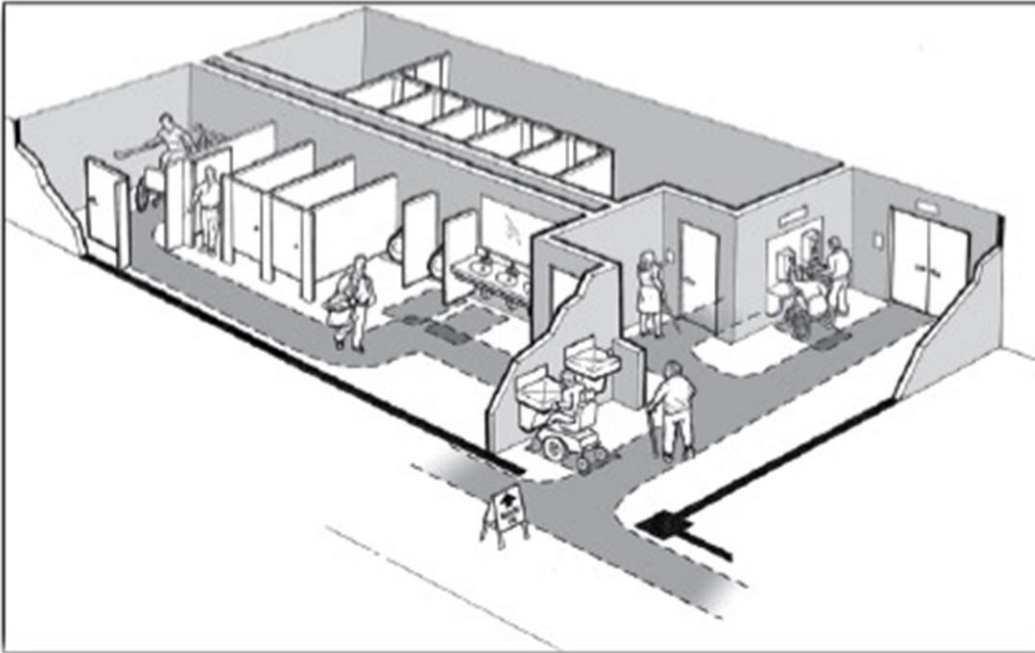
# Accessible Path of Travel



- ✓ 36-inch path of travel
- ✓ 60-inch turning radius

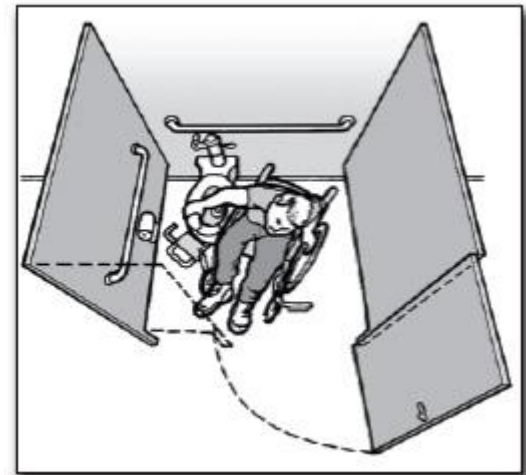


# Accessible Restrooms



- ✓ 36-inch path of travel
- ✓ Door less than 5 lbs. of force
- ✓ Accessible sink

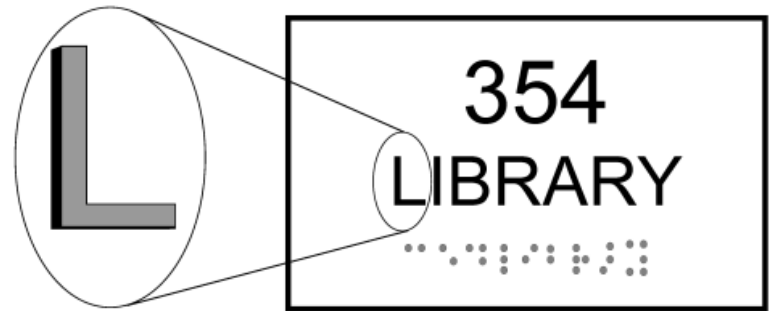
- ✓ Accessible stall 60 inches wide
- ✓ Grab bars on side and back wall
- ✓ Accessible toilet height



# Accessible Signage

## Permanent Signs

- ✓ Raised characters
- ✓ Braille
- ✓ Mounted between 48 and 60 inches

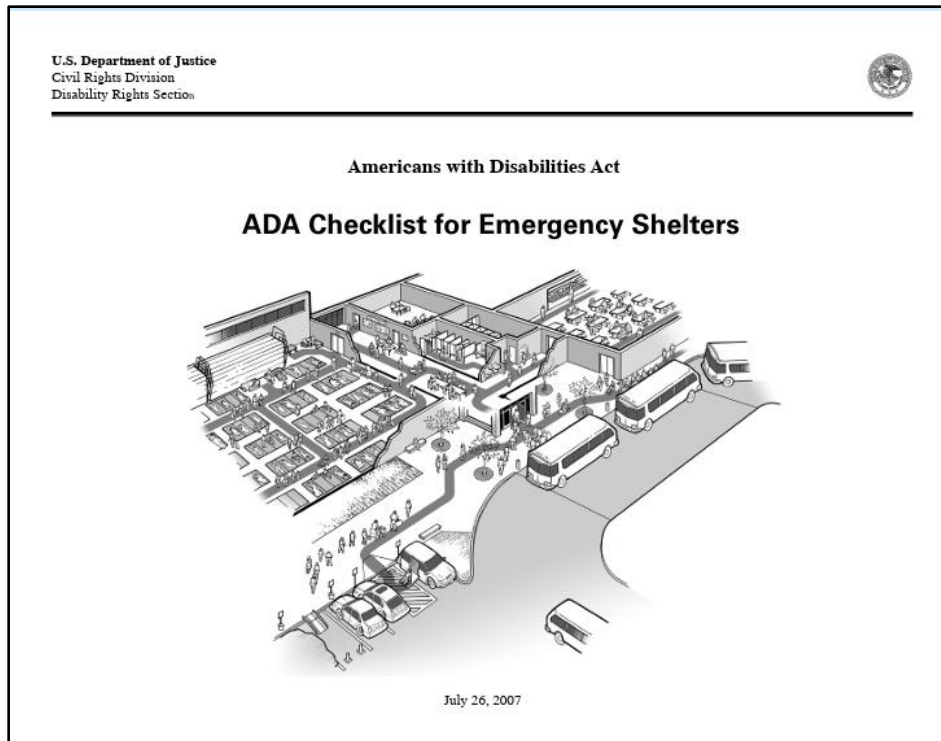


## All Signs

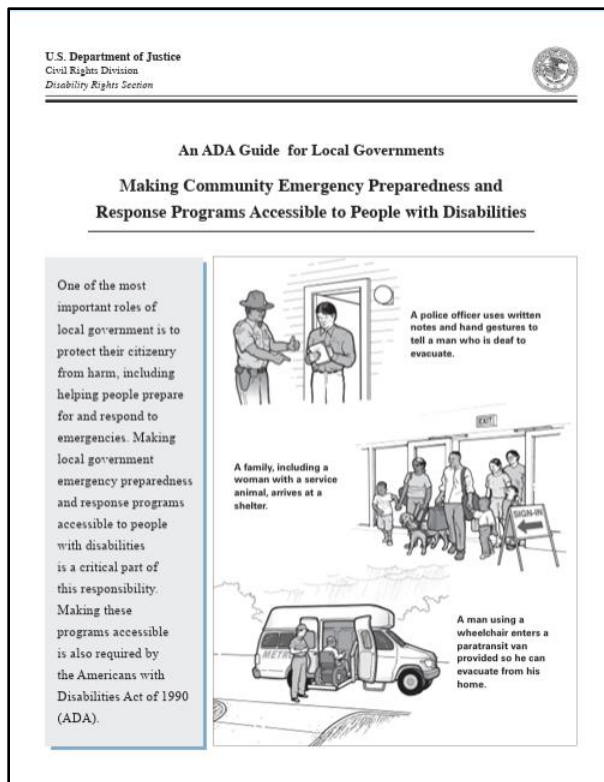
- ✓ Text should be large enough to see from a distance
- ✓ Contrast with background
- ✓ Use pictograms where possible



# ADA Checklist for Emergency Shelters



# An ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities



# Service Animals, Assistance Animals, and Companion Animals

- ▶ Service animals fall under ADA
- ▶ Assistance or emotional animals support fall under Fair Housing Act



Getty Images



Getty Images

# Service Animals (ADA)

Service animals:

- ▶ Can be in all areas open to the public
- ▶ Are not pets
- ▶ Must be housebroken and under control

To determine if an animal is a service animal, you **may ask**:




1. Is this animal required because of a disability?
2. What task has this animal been trained to perform?

You **may not ask** about a person's disability or require documentation

# Assistance Animals (FHA)

- ▶ Also called “emotional support” animals
- ▶ It is not a pet and provides emotional support or comfort
- ▶ Person must have a disability
- ▶ It is permissible to ask for a letter from a doctor or therapist

# Assistance Animals in Emergency Shelter Settings



DISASTER RECOVERY PROJECT

## Assistance Animals in Emergency Shelter Settings

### Introduction

In the event of a disaster, you might need to go to an emergency shelter. But what about your assistance animal? Can you bring your animal with you?

The answer to that question depends on the type of assistance animal you have. There are several different laws that protect the rights of people with disability-related assistance animals: the Americans with Disabilities Act (ADA), the Fair Housing Act (FHA), Section 504 of the Rehabilitation Act, and the Pet Evacuation and Transportation Standards Act (PETS).

### What is an Assistance Animal?

There are two kinds of "assistance animals": service animals and emotional support animals (or ESA). Let's look at some of the differences between the two.<sup>1</sup>

### Service Animals:

A service animal is trained to do a specific job. The job must relate to your disability.

**Types of animals:** either a dog or a miniature horse

**Examples of specific jobs:** pulling a wheelchair, picking up dropped items, opening a door, reminding a person to take medication, detecting seizures, providing protection, and many other things.

**The laws that apply:** ADA and FHA

### Emotional Support Animal (ESA):

An "emotional support animal," is also called a comfort or therapy animal. An ESA is trained to work in situations of high stress for an individual with a disability.

**Types of animals:** any type of animal (dogs, miniature horses, cats, birds, monkeys, etc.)

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1. Assistance animals provide a service or comfort to someone with a disability. They are not pets. The U.S. Department of Housing and Urban Development and Department of Justice have explained that if an individual in a shelter asks to be accompanied by an assistance animal, the shelter must first apply the ADA definition of a service animal. If the ADA does not protect the animal, then the shelter must next look to the FHA.



# **Interacting and Communication with Individuals with Access and Functional Needs**

# Promoting Independence

- ▶ Allow individual to direct what is needed and how needs are addressed
- ▶ Offer support without making assumptions
- ▶ Be aware of personal bias and stereotypes





# Words are Powerful

- ▶ Words can perpetuate stereotypes and misconceptions about disability
- ▶ In general, refer to the person first and disability second
- ▶ Always ask for individual preferences
- ▶ Use neutral language, avoid words like “victim”
- ▶ Use words that emphasize need for accessibility
- ▶ Avoid condescending euphemisms

# Person First Language

Avoid	Better Choice
Handicapped, Unfortunate, Victim, Challenged	Person with a Disability
Retarded, Slow, Difficult	Person with an Intellectual Disability
Wheelchair bound, Crippled	Person who uses a Wheelchair
Brain damaged	Person with a brain injury
Hearing impaired, deaf, mute	Person who is hard of hearing, Deaf*
Birth defect	Person with congenital disability
Insane, maniac, crazy	Person with a psychiatric disability
Slow learner	Person with a learning disability
Autistic*	Person with autism, on the autism spectrum
Normal, healthy, able-bodied	Person without a disability

\* Identity first language may be preferred

# **Deaf and Hard of Hearing**

# **Effective Communication with Individuals who are Deaf, Hard of Hearing and DeafBlind**

**Donna Platt  
Emergency Preparedness Coordinator  
Division of Services for the Deaf and  
Hard of Hearing**

# Demographics

North Carolinians with hearing loss:

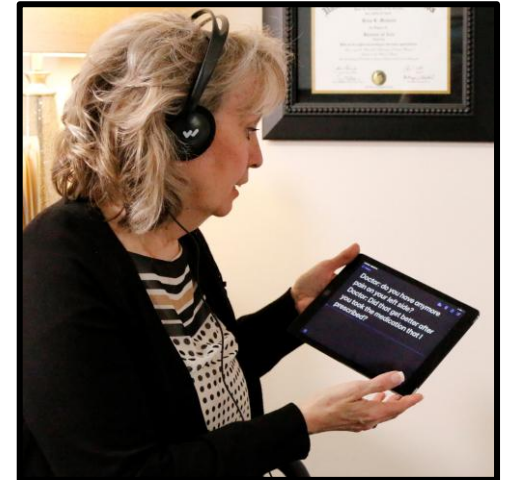
## Statewide:

- 1.35 million people (16%)
- Expected to increase by 27% percent by 2040 to 1.7 million

SOURCE: N.C. Office of State Budget and Management (2024 county population by age) and National Health Interview Survey (average of U.S. population age-adjusted percentages of population with hearing loss) and NC Division of Services for the Deaf and the Hard of Hearing -- Services for Hard of Hearing Individuals (2024)

# Communication Inclusion

People with hearing loss have the right to receive services the same way as offered to other people who do not have hearing loss.



SOURCE: Americans with Disabilities Act (ADA Requirements: Effective Communication)  
<https://www.ada.gov/resources/effective-communication/>

# Categories of Hearing Loss

- Deaf
- Late Deafened
- Hard of Hearing
- DeafBlind

# Basic Communication Tips

**\*\*Ask the individual what is the best way to effectively communicate\*\***

- Face the person directly. Avoid having your back to bright light and minimize background noise if possible.
- Speak at normal pace and clearly, but do not exaggerate.
- Do not shout.
- Repeat or rephrase the word, sentence or question.



# **Tips for Communicating Effectively**

- Give visual cues, gestures, or mime.
- Check for understanding
- Use communication tools (communication board, assistive listening device).
- Hire an ASL interpreter (on-site or video-remote)
- Use paper or dry-erase board
- Type on mobile device or computer
- Speech to Text Apps (mobile/tablet)

# Tips for Communicating Effectively with a Person with Low Vision and Hearing Loss

- Use paper or dry-erase board with thick black marker
- Print on palm (use CAPITAL letters)
- Hire a Tactile Sign Language Interpreter



# What to include in Shelter Set-Up Kit?

- Paper and black markers
- Small dry erase boards
- Communication boards (e.g., Show Me booklet)
- Assistive Listening Devices
- Magnifying devices
- Flashlight or small lamp
- List of resources
  - Sign language interpreters
  - Language translation services
  - Mobile communication apps
  - Contact information
- Signage on Communication Tools
- List of languages spoken

# Factors for Consideration

- I know some sign language and fingerspelling. Is it okay for me to communicate with them?
- How will the evacuees be informed when...
  - Meals are ready?
  - Transportation has arrived?
  - Community resources are available?
- How will shelter intake and meetings be conducted?

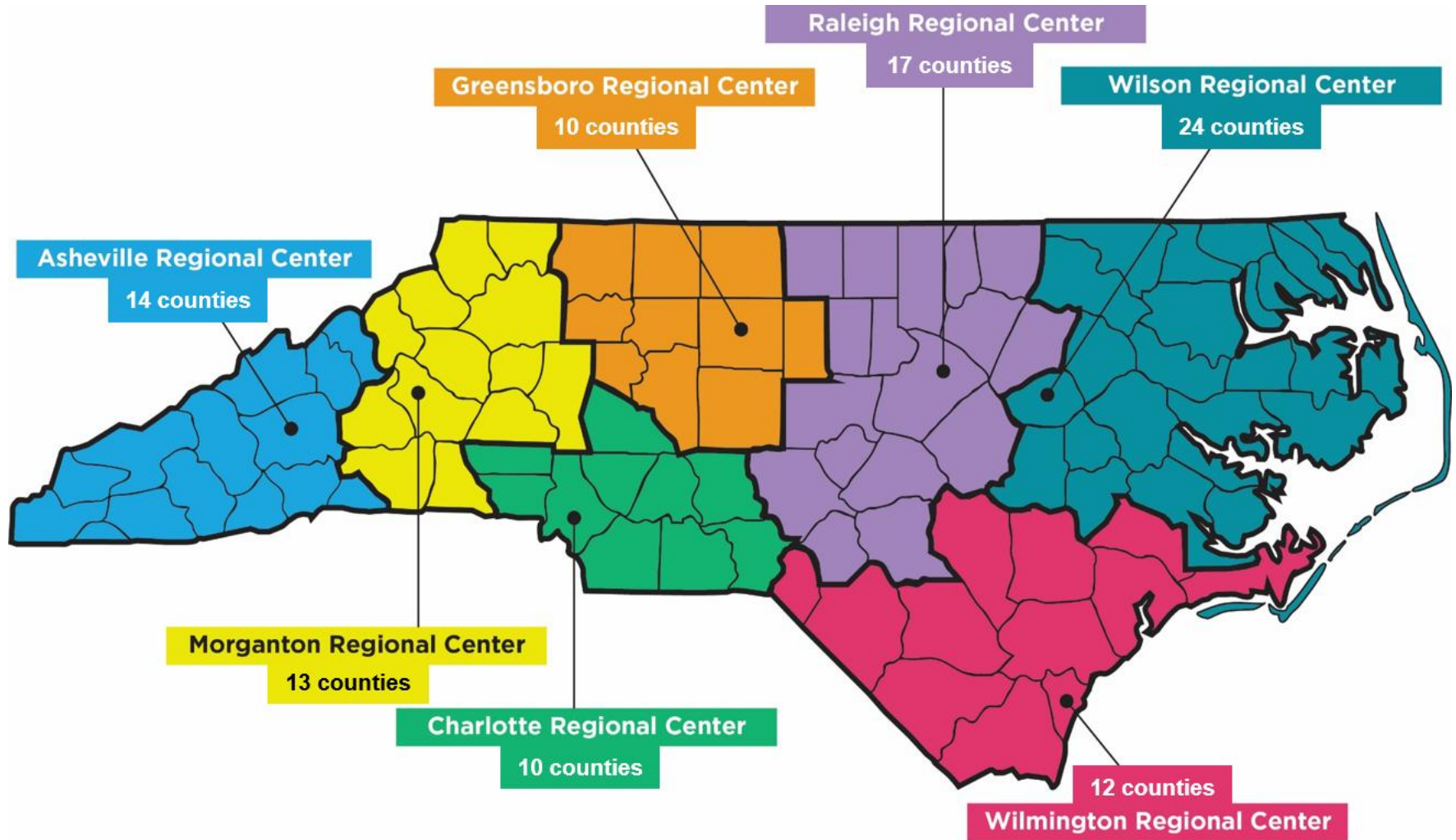
# Factors for Consideration

- If you refer a shelter resident to disaster care services or a community partner, who will explain the need for communication access?
- Which shelter staff is responsible for making communication accommodation arrangements?

# **DSDHH Role in Disaster Preparedness, Response & Recovery**

- Ensure all disaster related services are accessible to people with hearing loss by providing training and consultation to emergency entities.

# DSDHH Regional Centers



SOURCE: [www.ncdhhs.gov/assistance/hearing-loss/regional-centers-for-the-deaf-hard-of-hearing](http://www.ncdhhs.gov/assistance/hearing-loss/regional-centers-for-the-deaf-hard-of-hearing)

# **Communication Resources for Emergency Responders can be found at**

<https://www.ncdhhs.gov/dsdhh/emergencyresponders>



Scan with your smartphone  
to access the webpage.



# Contact Information

**Donna Platt**

**Emergency Preparedness Coordinator**

**NCDHHS Division of Services for the Deaf  
and Hard of Hearing**

**(919) 578-1262**

**[Donna.Platt@dhhs.nc.gov](mailto:Donna.Platt@dhhs.nc.gov)**



**[www.ncdhhs.gov/dsdhh](http://www.ncdhhs.gov/dsdhh)**



**Like us on  
Facebook**

# Visual Impairment

**DHHS- NC Division of Services for the Blind**

# Stereotypes



# **Common Eye Conditions**

A solid yellow triangle is positioned in the bottom right corner of the slide, partially overlapping the white rectangular area and extending towards the right edge.

# Macular Degeneration



# Glaucoma



Normal Vision



Early Glaucoma



Advanced Glaucoma

# Cataracts



NORMAL VISION



Dull or yellow vision  
from cataracts.



Blurry or dim vision is a  
symptom of cataracts.

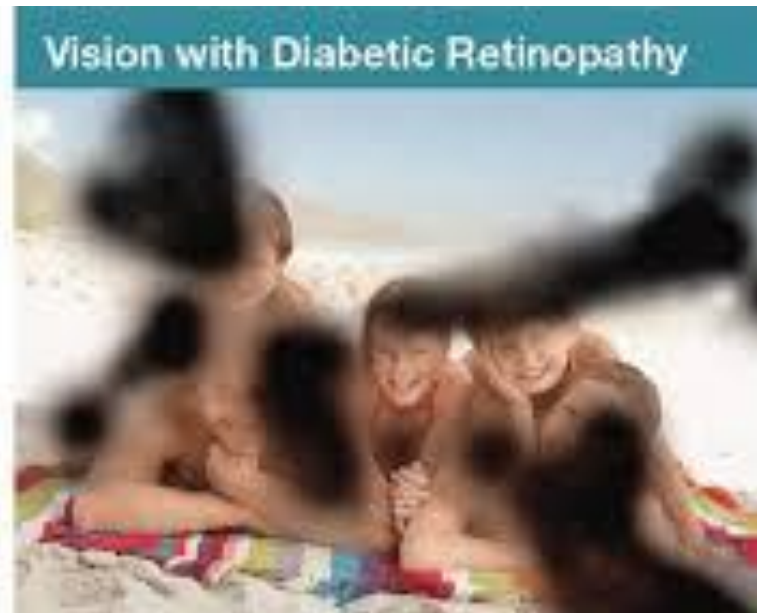


Distortion or ghost  
images from cataracts.

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# Diabetic Retinopathy





**Best way to  
approach someone  
with vision-related  
issues**



In thinking about **Age-Related Macular Degeneration (AMD)** , **Glaucoma**, **Cataracts** and **Diabetic Retinopathy** think about how you might need to alter the way you approach them:

**AMD** – individuals with this diagnosis are known to have central vision loss, so how might you approach them?

- Be mindful that when you are approaching the individual they may not be able to see facial features to identify you or your facial expressions. They may appear to be looking beside, above or below your face when looking at you. **Please identify yourself!**

**Glaucoma** – individuals with this diagnosis are known to have peripheral vision loss, so how might you approach them?

- If you are approaching someone with glaucoma from the side who still has useable vision, they may not be able to see you. This can cause startled reactions. **Please identify yourself!**

**Cataracts** – individuals with this diagnosis may have clouding of their vision with increased light sensitivity, so how might you approach them?

- Be mindful the individual may not be able to see to identify you and may be sensitive to glare. You may have to **identify yourself**, so the individual is aware of who you are.

**Diabetic Retinopathy** - individuals with this diagnosis are known to have multiple blind spots and blurry vision, so how might you approach them?

- Be mindful their vision makes it difficult for them to be able to identify you as well. Depending on the time of day they may not have any usable vision, especially at night or in dim lighting. **Please identify yourself!**

# Helpful Tips

- **Speak directly to the person and identify who you are.**
- **Ask permission to touch, assist, or guide the person and let them know when you're reaching out to them and handing them something.**
- **Provide an orientation to the facility (layout/common areas and location of fire alarms, emergency exits, evacuation/rescue plans, restrooms, water fountains, etc.).**
- **Verbalize directions in a descriptive manner utilizing directional words (for example: don't say over there; instead, take three steps forward, turn right and the room is the first door on the right).**
- **Communicate written information in accessible formats (large print, electronic, reader assistance or braille).**
- **Obtain knowledge of basic sighted guide techniques to provide assistance as needed.**

# Human/Sighted Guide Technique Video



<https://youtu.be/AuGb4yge-ys>

# More Helpful Tips

- **Communicate contents of menus and provide food service assistance as needed**
- **Do not move a mobility device or move their personal belongings without asking for permission**
- **Set up a charging station for devices so accessible communication and distance communication is met**
- **Provide adequate, dimmable, directional lighting for all items that require close-up reading.**
- **Have aids/devices available to assist individuals (signature guides, bold-line paper/markers)**

# Tips for Service Animals

- Review policy concerning admission of service animals and identify and orient person to the dog guide relief area.
- Allow service animals to accompany individuals and do not touch or distract service animals.

# Contact Us

**Telephone:** 919-527-6700

**Toll-Free:** 1-866-222-1546

**Website:**

<https://www.ncdhhs.gov/divisions/services-blind>

**Mailing Address:**

2601 Mail Service Center  
Raleigh, NC 27699 - 2601

# **Intellectual and Developmental Disabilities**



# Intellectual and Developmental Disabilities

- Impact varies from person to person
- May process emotions, memory, environments, and people differently
- Includes:
  - Autism
  - Intellectual Disability
  - Down Syndrome
  - Fragile X
  - Cerebral Palsy
  - And others



# Communication Differences

## Receptive Language

- Following directions
- Answering questions
- Understanding other people's use of gestures, facial expressions, and body language
- Knowing what words and ideas mean

## Expressive Language

- Being able to communicate to others
- Communicating using gestures, pointing, sign language or sounds
- Being able to let others know what you want or need



# Communicating in Crisis

- Find a quieter place
- Explain who you are and what you are doing
- Use slow, clear, concrete language
- Use pictures or written words
- Reassure the person that they are safe
- Allow time to respond
- Pay attention to body language

# Possible Accommodations

---

Breaks

---

Timing and scheduling modifications

---

Provide information in alternative formats to ensure it is understood

---

Allow individual to assist

---

Allow use of service or comfort animal

---

When appropriate, ask the person or his/her loved ones (if appropriate) for accommodations that worked in other settings

---

Assist with required paperwork

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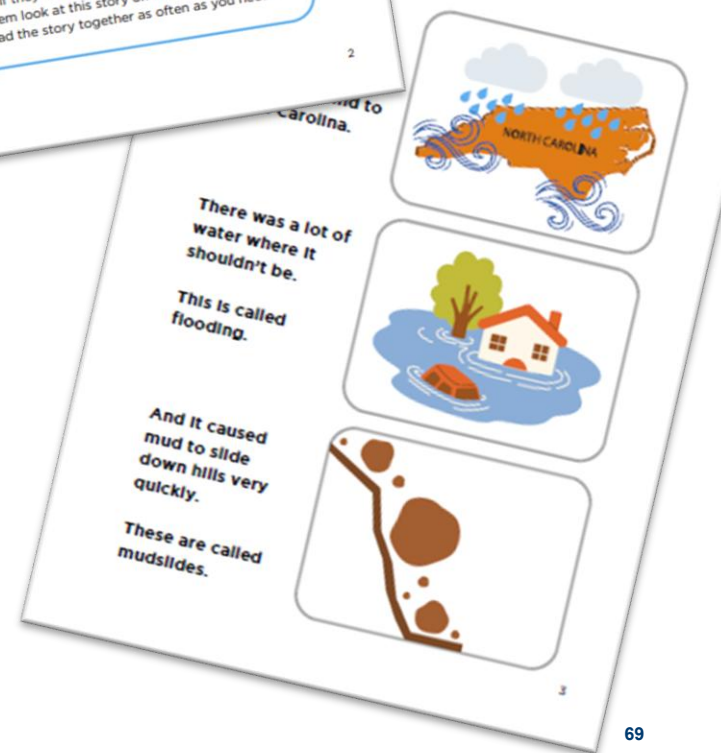
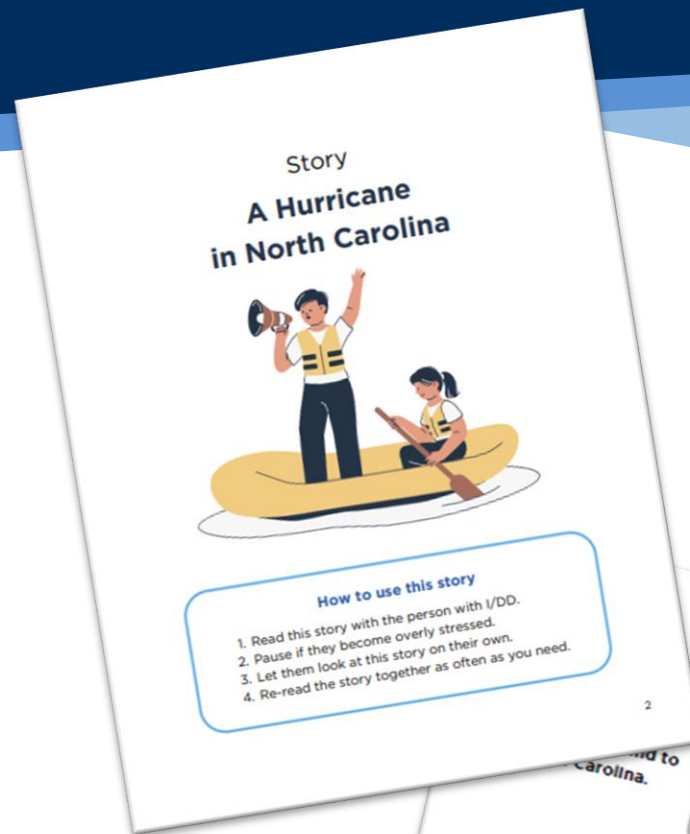
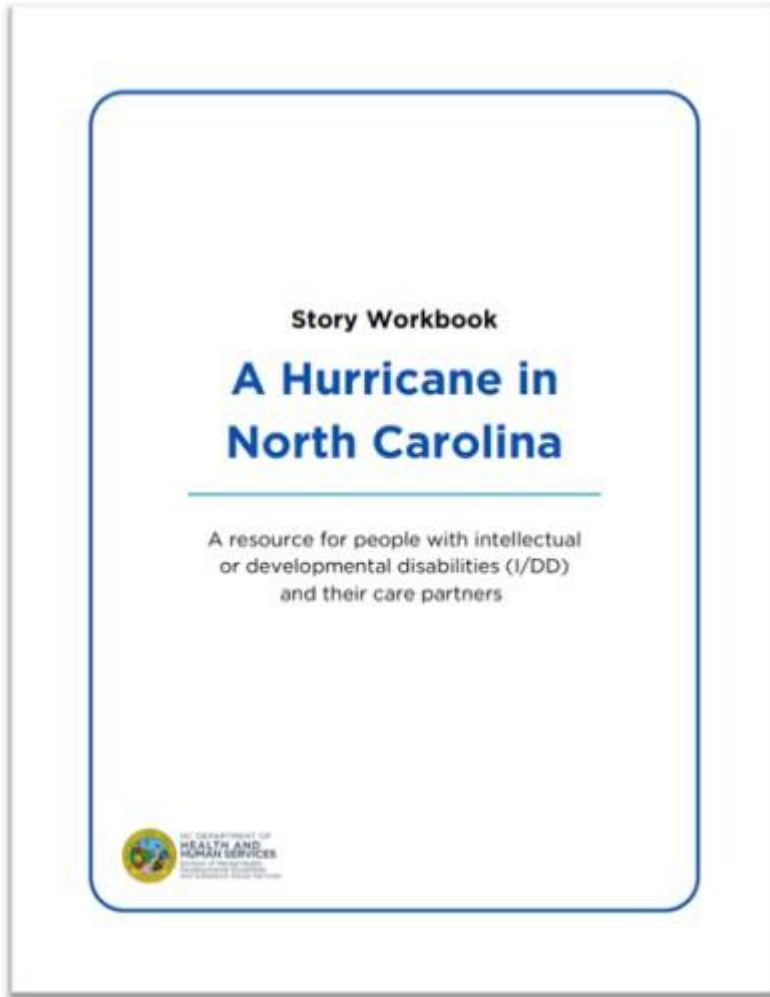
Provide forms in accessible language and large font if appropriate



Photo by [Oladimeji Ajegbile](#) on [Unsplash](#)




# Examples



# BREATHE & BE PRESENT

5 THINGS YOU CAN SEE 

4 THINGS YOU CAN FEEL OR TOUCH 

3 THINGS YOU CAN HEAR 

2 THINGS YOU CAN SMELL 



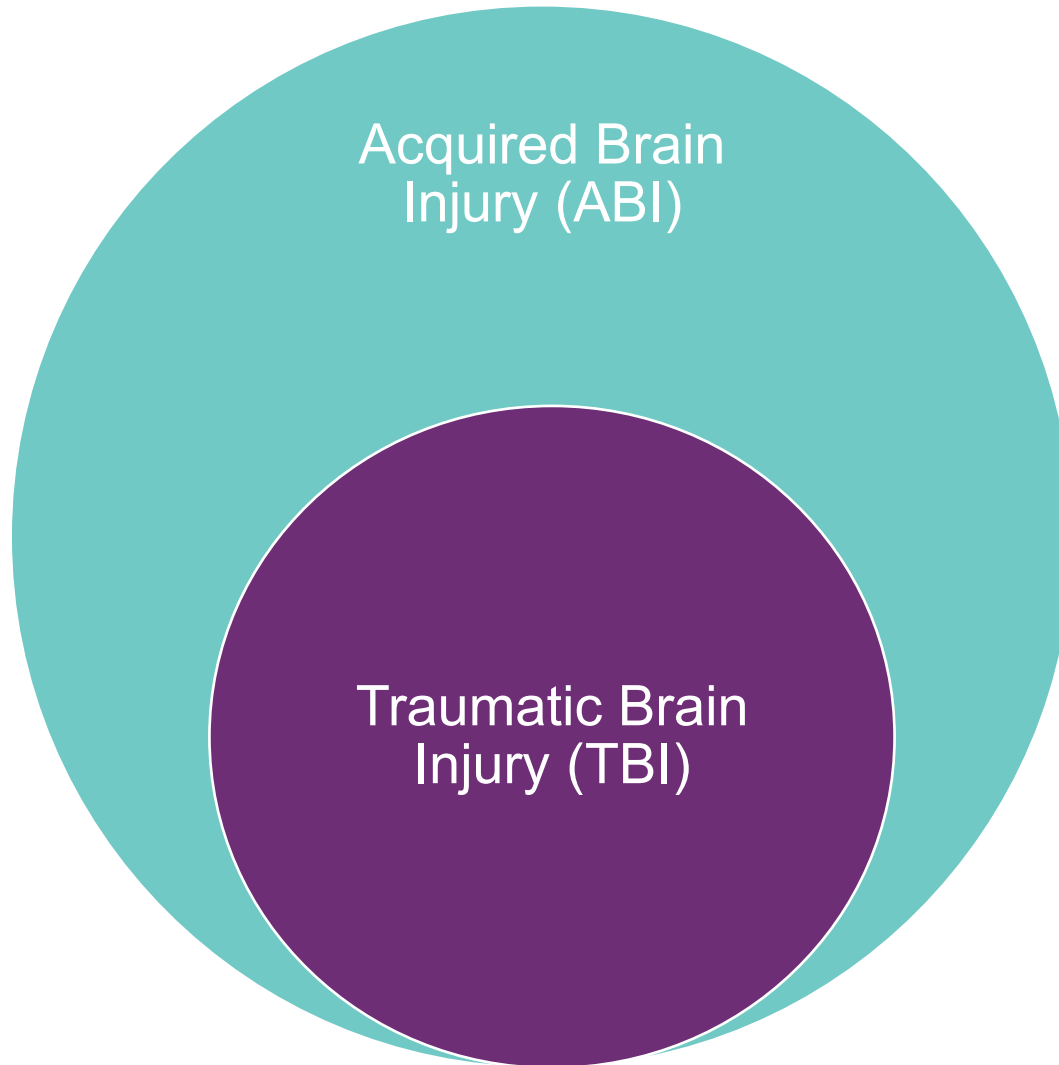
1 NAME ONE GOOD THING  
ABOUT YOURSELF



# Resources

- [NC Division of Mental Health, Developmental Disabilities and Substance Use Services - Crisis Services](#)
- [Inclusion Works | NCDHHS](#)
- [NC Tailored Plans – Also referred to as Local Management Entities \(LME\) or Managed Care Organizations \(MCO\)](#)
- [Center for START Services - Disaster Resources](#)
- [North Carolina Centers for Independent Living \(CIL\)](#)
- [Hope4NC Helpline](#)
- [North Carolina Council on Developmental Disabilities \(NCCDD\)](#)
- [Disability Rights of North Carolina](#)
- [NC 211](#)

# Brain Injury







## **Why are we talking about TBI?**

**According to the CDC, 2% of the population is affected by a Traumatic Brain Injury**



# Symptoms of TBI

## Physical

- Coordination
- Hearing/Vision
- Sensory changes
- Mobility
- Headaches

## Cognitive

- Memory
- Attention
- Organization
- Planning
- Judgement
- Decision-making

## Personality

- Emotions
- Depression
- Understanding social cues
- Relating to others
- Forming relationships
- Anxiety

## Other changes

- Communication
- Social Skills
- Emotional
- Lifestyle

# Possible Accommodations

---

Breaks

---

Timing and scheduling modifications

---

Provide information in alternative formats to ensure it is understood

---

Allow person to assist

---

Allow use of service or comfort animal

---

When appropriate, ask the person or his/her loved ones (if appropriate) for accommodations that worked in other settings

---

Assist with required paperwork

---

Provide forms in accessible language and large font if appropriate



Photo by [Oladimeji Ajegbile](#) on [Unsplash](#)

# Resources

- [NC Division of Mental Health, Developmental Disabilities and Substance Use Services - Crisis Services](#)
- [Brain Injury Association of North Carolina](#)
- [NC Tailored Plans – Also referred to as Local Management Entities \(LME\) or Managed Care Organizations \(MCO\)](#)
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- [North Carolina Centers for Independent Living \(CIL\)](#)
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- [NC 211](#)

# **Mental Health and Substance Use Disorder**

# Enhancing Mental Health Care in Shelters: Best Practices

## Trauma-Informed Care

- Train all shelter staff (including volunteers) in trauma-informed approaches: recognizing triggers, avoiding re-traumatization.
- Use screening tools to identify trauma history on intake.
- Provide safe spaces (quiet rooms, privacy options).

## On-site Mental Health Services & Partnerships

- Partner with NC community mental health centers and Federally Qualified Health Centers (FQHCs) to provide periodic on-site counseling or psychiatric services.
- Telepsychiatry options for remote/rural shelters.
- Regular mental health check-ins for residents.

*\*Why It Matters in NC Context: Many people in shelters have experienced trauma (e.g., domestic violence, displacement). NC has rural areas with limited access; early identification improves outcomes. Many shelters in NC are in counties with health service deserts; telehealth helps bridge gap. Medicaid expansion and state funding may permit reimbursement.*

# Enhancing Mental Health Care in Shelters: Best Practices cont.

## Cultural Competence, Including Language Access

- Staff training in cultural humility; awareness of local communities (rural, Native American, Hispanic/Latinx populations).
- Translation or interpretation services.
- Include staff or volunteers from similar backgrounds as residents.

## Peer Support & Peer Mentoring

- Recruit and train peer supporters with lived experience.
- Establish peer support groups within shelters.
- Mentoring programs to build trust and reduce stigma.

*\*Why It Matters in NC Context: NC has diverse populations; lack of cultural sensitivity can discourage help-seeking. Peer support helps reduce isolation, improves engagement; NC has nonprofit networks that may assist.*

# Supporting Recovery & Reducing Substance Abuse in Shelter Settings

## Screening, Assessment & Integrated Treatment

- Implement routine screening for substance use disorders (SUDs) at intake and periodically thereafter.
- Use validated tools (e.g. AUDIT-C, DAST, SBIRT).
- Co-locate or link substance abuse treatment with mental health services (“dual diagnosis” capable care).

## Access to Evidence-Based Treatment (including Medication-Assisted Treatment, MAT)

- Facilitate referrals or on-site provision of MAT (e.g., buprenorphine, naltrexone) in coordination with licensed providers.
- Ensure no barriers to participation: transportation, stigma, cost.
- Support harm reduction (e.g. safe needle programs if legal, overdose prevention education, naloxone access).

*\*NC-Specific Opportunities & Considerations: Many NC counties have gaps in treatment; integrating helps when external resources are scarce. SBIRT is supported in many state programs. NC has heroin/fentanyl challenges; state policies allow certain harm reduction and MAT expansion: shelters can act as points of contact.*



# Supporting Recovery & Reducing Substance Abuse in Shelter Settings cont.

## Aftercare Support & Relapse Prevention

- Develop individualized relapse prevention plans (including triggers, coping strategies).
- Link residents with peer recovery coaches.
- Provide continuity when leaving shelter: outpatient services, support groups, sober housing if available.

## Staff Training & Safe Policies

- Train shelter staff on SUDs: signs, stigma reduction, overdose recognition.
- Have clear policies for substance use within shelter (balancing safety with compassion).
- Make naloxone available and train staff in its use.

*NC-Specific Opportunities & Considerations: Many people exit shelters without stable housing; without aftercare relapse risk is high. NC's recovery ecosystems may offer transitional housing. NC supports naloxone access laws; staff knowledge can save lives. Clear policies reduce conflict and legal risk.*

# Implementation: Steps & Resource Connections

**Needs Assessment:** Survey local shelter residents to identify prevalence of mental health and substance use issues; map existing local service providers.

**Community Partnerships:**

- NC Department of Health and Human Services (DHHS) – behavioral health division (Division of Mental Health, Developmental Disabilities & Substance Use Services DMH/DD/SUS).
- Local County Mental Health Authorities / LME/MCOs.
- Nonprofits: e.g., NAMI North Carolina; NC Harm Reduction Coalition.

**Funding & Sustainability:**

- Seek grants: e.g., SAMHSA, NC state grants for behavioral health.
- Medicaid reimbursement for services where applicable.
- Partner with universities for intern placements.

**Monitoring & Evaluation:**

- Track metrics such as number of residents screened, number entering treatment, relapse rates, resident satisfaction.
- Use continuous quality improvement.

**Cultural & Local Adaptation:** Tailor programs to rural vs urban shelters; respect local norms; include community input.

# **Physical Disabilities**

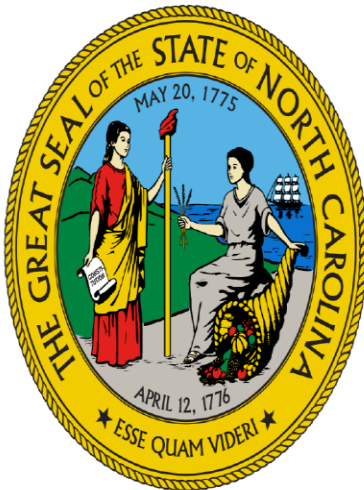


NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Supporting Individuals with Access and Functional Needs in Sheltering

September 24, 2025

NC Department of Health and Human Services



## **Division of Employment and Independence for People with Disabilities (EIPD)**

**Kenneth Bausell, Senior Director of Employment &  
Community Access Portfolio**

**September 24, 2025**

# Who is EIPD?

EIPD is a federally and state funded agency that assists individuals with disabilities in every county of NC in achieving their goals of competitive integrated employment and independence.

We work with people with disabilities that include:

- Physical disabilities
- Deafness or Hearing Loss
- Neurodiversity
- Intellectual and Developmental Disabilities
- Substance Use
- Mental Health and Behavioral Disabilities

Division of Employment and Independence for People with Disabilities  
*Formerly the Division of Vocational Rehabilitation Services*  
[EIPD Public Web Site](#)

## **Important Things to Remember**

- **Many people have disabilities that are not apparent when you first meet them.**
  - **Therefore, it is important to offer assistance to everyone, if needed.**
  - **Allow them to tell you what type of accommodation or assistance they need.**
  - **If they request an accommodation that you cannot provide, please request assistance from others.**
-

# Wheelchair Accessibility Reminders

- 1. If someone is using a wheelchair, they will require additional space to use any restrooms, enter doorways to navigate safety routes.**
  - 2. As everyone is different, some people may be able to get out of their chair periodically and even walk short distances. They should be allowed to do what works for them.**
  - 3. Be aware that items at higher levels may present a risk of injury should they fall and heavy doors that are not automated may present a risk of injury as well.**
  - 4. Also be aware that even just one step up or down can make a space inaccessible to a wheelchair user.**
  - 5. Lastly, be aware of the dangers of sitting for long periods in a wheelchair- especially a loaner. No one should have to sleep in their chair or be restricted to it longer than is comfortable to them.**
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## **Wheelchair Accessibility Reminders Continued**

- 1. Powerchairs must be charged. Many of them are extremely heavy immovable if the battery is allowed to run out.**
- 2. Do not push someone in a wheelchair or move their wheelchair (or cane) without their permission.**
- 3. Be mindful that if someone is pushing themselves in a wheelchair, they may require assistance carrying things like plates of food, drink, etc. Always ask before assisting.**
- 4. There is no harm in asking if the person needs assistance. If they don't need help, they will likely just say "No, thank you" but it means a lot that you offered to help.**
- 5. Others should not be allowed to play in/with a wheelchair or use it for storage, etc. Wheelchairs are medical equipment that are valuable and must be maintained for effective use when needed.**

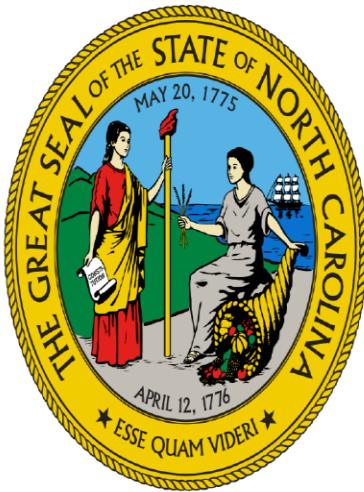
## What if the person is exhibiting behaviors or speech patterns that I don't understand?

1. First, you want to remember that everyone deserves the opportunity to be in a safe and welcoming space during an emergency.
2. If you need information and are unable to understand the person's answers, you want to tell them that you are having trouble understanding and ask them *"What can I do to help you?"*
3. They may ask you to use written forms of communication, to read necessary paperwork aloud or they may request an interpreter or that you allow a familiar person to assist.
4. If they have a family member, friend or caregiver with them, they may be helpful in suggesting effective communication methods.
5. You always want to ask the person with a disability questions directly and only use others to gather information when needed and allowed to do so. This is respectful communication that allows the person with a disability to be the owner of their own information.

# When to Ask For Help

- We always want to be patient with anyone that may need more time to communicate their needs or to carry out various tasks.
  - However, should you ever see someone who appears to be:
    - Visibly distressed
    - Loud and hostile
    - Threatening to harm themselves or others
- \*Please notify security for assistance.**

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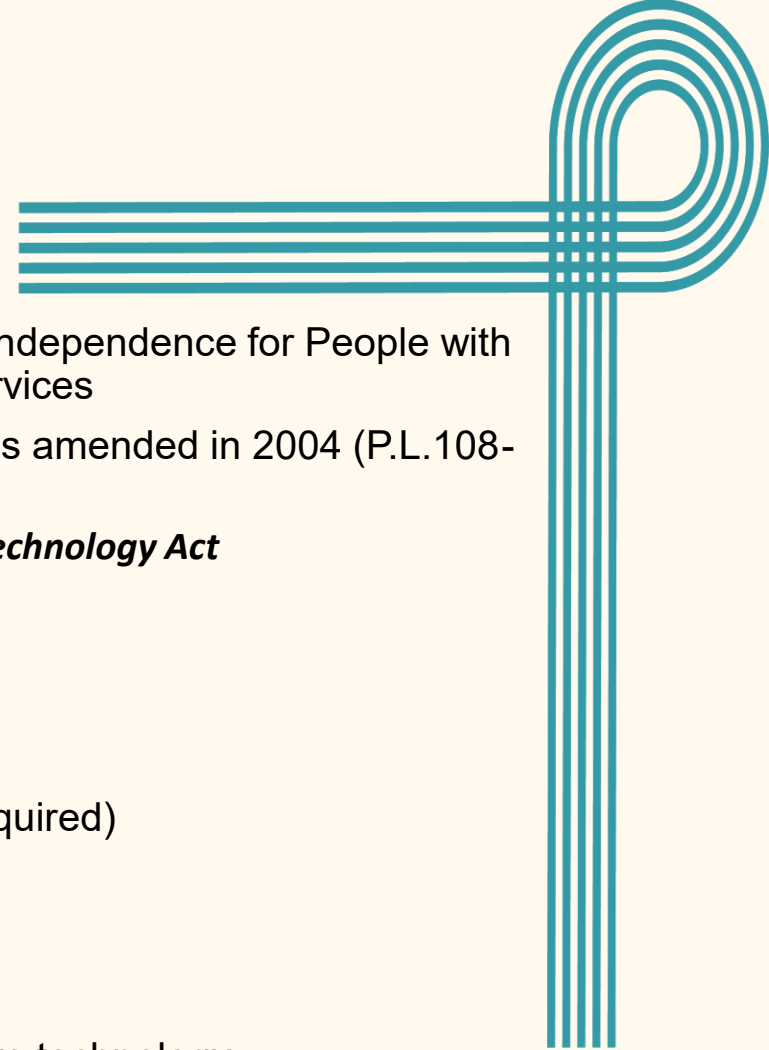
## **The North Carolina Assistive Technology Program(NCATP)**

# Who is NCATP?

- State agency under the Division of Employment and Independence for People with Disabilities and Department of Health and Human Services
- Funded under the Assistive Technology Act of 1998, as amended in 2004 (P.L.108-364)

• ***June 2023: 21<sup>st</sup> Century Assistive Technology Act***

- NCATP Serves:
  - All 100 Counties
  - Individuals of all ages and abilities (no eligibility required)
  - Professionals in disability related fields
  - Employers/employees in private/public settings
  - Anyone with a need or want to know about assistive technology





# What are our services?

- **No Cost Services:**
- Hands-on demonstrations/recorded demos/live (online) demos
- Virtual demos:
  - Accessibility for All Events:
    - [North Carolina Assistive Technology Program | NCDHHS](#)
      - For 2025-2026: Accessibility for All: Grow Your Toolbox (4 sessions)
- Device demonstration and loans
- Information and referral
- Awareness activities
- Information on funding resources
- AT reuse
- Alternative financing: [Assistive Technology Loans | Self-Help Credit Union](#)
- AT Pop Up events (Spring of the year)
- AT Expo – October 2<sup>nd</sup> and 3<sup>rd</sup> (pre-conference on 2<sup>nd</sup>)
- Check out NCATP Events at: [NCATP Calendar of Events.pptx - Google Slides](#)





# What is Assistive Technology?

- ***“...any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.”***
- **Categories of AT addressed by NCATP**
  - Vision
  - Hearing
  - Mobility, Seating, and Positioning
  - Recreation, Sports, and Leisure
  - Daily Living
  - Speech Communication
  - Computer Access
  - Learning, Cognition, & Development
  - Vehicle Modification and Transportation
  - Environmental Adaptations

# What are some other emerging technologies?

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- Smart Home Technologies/remote monitoring
- Virtual Reality
- Subscription based products/services
- Assistive robots
- Wearables (Smart Glasses, GPS Shoes)
- Mobility aids (GPS navigation in public spaces, charging stations, autonomous wheelchairs)
- Bluetooth and mainstream technologies (ear buds/hearing aids)
- 3D Printing
- Artificial Intelligence





# Examples of Assistive Technology Requested with Past Emergency:

- Manual Wheelchair – 16" Width
- Manual Bariatric Wheelchair – 26" Width
- Two-Button Folding Walker w/Front Wheels– Bariatric
- Bariatric Rollator Walker w/Brakes and Seat
- Quad Cane – Bariatric
- Walking Cane with Offset Handle
- Bariatric Bath Chair
- 3-in-1 Commode
- Bariatric Steel Commode
- Transfer Board
- Gait Belt
- Boogie Board
- Communication Photo Book
- Magnifying Glass Set – 5x and 10x Lens
- Ramps
- Hoyer Lifts



# Examples of Activities of Daily Living (ADL)



Weighted Spoon



OBI



Sock Aid



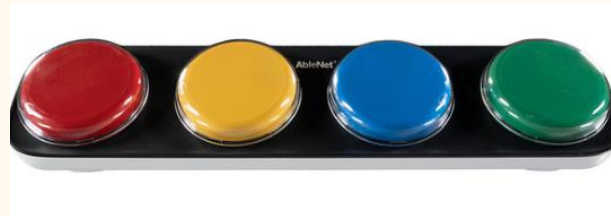
Medication Organizer



# Examples of Augmentative and Alternative Communication (AAC)



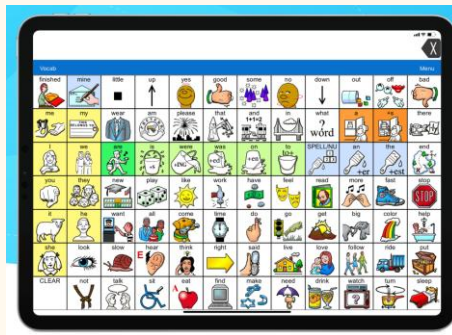
**LITTLEmack**



**iTalk4**



**GoTalk 20+**



**LAMP Words for Life**



**Dialogue AAC**





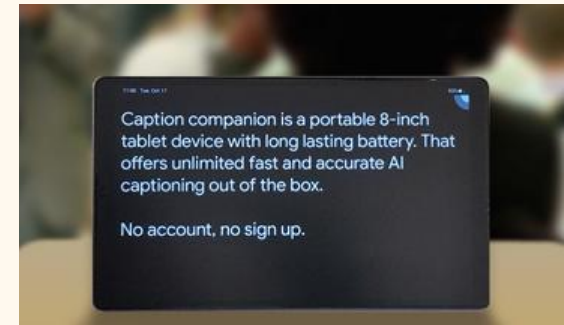
# Examples of Assistive Technology and Artificial Intelligence (AI)



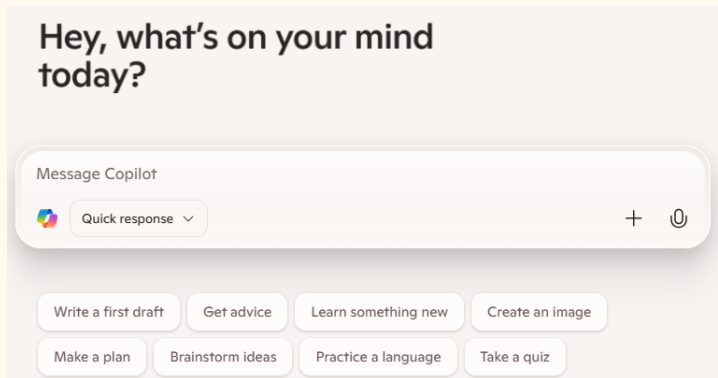
**Ray-Ban Meta Glasses**



**Gemini (Google)**



**Caption Companion**





**Copilot (Microsoft)**



**Hearview AI Captioning Glasses**





**For More Information:**  
**North Carolina Assistive**  
**Technology Program |**  
**NCDHHS**

# **Language Access and Cultural Competency**

# Language Access in Action

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# Communication Autonomy

**The capacity of each party in an encounter to be responsible for and in control of their own communication.**



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## Language Access Rights: A legal basis

Language access rights laws ensure that people with limited English proficiency (LEP)\* have the same access to services as English-speaking people.

- **Title VI of the Civil Rights Act of 1964**
- **The American with Disabilities Act (ADA)**
- **The Affordable Care Act (ACA) Section 1557**



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# WHEN WORKING WITH AN INTERPRETER

- Brief the interpreter on the content that will be relayed.
- Speak directly to the individual, make eye contact.
- Use regular volume unless it's needed.
- Speak in the first person.
- Keep phrases short and pause in between sentences. Pace yourself. Interpreted interactions typically take longer so plan for more time.



## WHEN WORKING WITH AN INTERPRETER

- Avoid complex language, jargon, and acronyms.  
(NCDHHS, FPL, etc.)
- Inform the individual first when you need to ask the interpreter a question
- Clarifications: Individuals might agree out of respect
- All individuals must be provided an interpreter; avoid having children and family as interpreters.\*



## Considerations: Communicating in Emergency Multilingual Settings

- **Language Access:** Difference between life/death
- Allow individuals to **self identify their preferred language**.
- Remember that **country of origin** does not necessarily reflect the **language predominantly spoken** in that region.
- Use resources such as “**I speak**” cards or language lists.
- **Indigenous language speakers** need indigenous language interpreters.



## Considerations: Communicating in Emergency Multilingual Settings

- Consider the **individual needs** of each person when connecting them to services **to ensure** they can **access** those services.
- **Emergency Literacy:** People may be unfamiliar with how natural disasters are handled in a new country or who to contact in case of emergency.
- **Bilingual Staff** and “Bilingual Helpers”



# Cultural Considerations

## Awareness

- My Story
- The Story of Others

## Knowledge

- Knowledge of different cultural practices

## Attitude

- Accepting that there are differences

## Skills

- Communicating across cultures
- Engaging meaningfully



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## Outreach during Emergencies: Strategies

- **The role of community-based organizations**
- **Building Trust: Choosing Messengers and Nurturing Relationships**
- **Multilingual forms, documents and signage**
- **Quality Assurance**
- **Compliance versus meaningful access**



# WebEOC



WHAT IS IT?



HOW DOES IT  
FUNCTION?



WHO CAN  
SUBMIT  
REQUESTS?



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# Language Access Resources Cheat Sheet

- What resources does my office already have for language access?
- Are the resources we already have available during an emergency?
- Who is in charge of making requests or managing language access needs?
- Who in my office has access to WebEOC?
- How do we communicate those resources and processes to shelter staff? Is that process different for DSS staff than for Red Cross or other contract shelter management?



# Contact Us!

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# **Maternal and Child Health**

**Gerri Mattson, MD**

**Early Intervention Medical Director  
Division of Child and Family Well-Being**

# Reproductive Health Related Needs

- Needs for menstrual product needs and privacy
- Birth control/contraceptive access
- STI testing and treatment
- Concerns for sexual harassment, abuse and violence

# Pregnancy

- Awareness of warning signs and symptoms if complications
- Plan for response and transport to appropriate place for delivery
- Hydration needs
- Prenatal vitamins and medications
- Immunizations and other ways to reduce health exposure risk in shelter (i.e., CMV, use of PPE)
- Access to space for private self-care and other accommodations
  - Offer social support
  - Changes in how deliver first aid, CPR/AED

# Postpartum (after delivery)

- Increased awareness that person just delivered and is at increased risk of complications
- Awareness of warning signs (i.e., high blood pressure, bleeding, mental health)
- Immunizations and other ways to reduce health exposure risks in shelter (i.e, CMV, use of PPE)
- Support for breastfeeding and expressing milk
  - Space, privacy, cleaning, supplies, storage (separate refrigerator)
- Assess need for accommodations
  - Offer social support, change in how deliver first aid, CPR/AED

# Infants (under 12 months of age)

- Dependence on and supervision by caregiver
  - Identify need for support/respite for caregiver
- Developing language, cognitive, gross and fine motor limitations, and social-emotional skills; smaller size, immature immune systems, and different risks for dehydration and injury
- Feeding and hydration: access to specific food and fluid requirements, needs for specific space and supplies
  - Separate spaces for handwashing and cleaning for feeding
  - Formula, bottled water, and additional feeding related supplies
  - Breastfeeding supplies and space
  - Age and developmentally appropriate foods and supplies

# Infants (cont.)

- Temperature regulation
- Diapering, bathing, and handwashing spaces, supplies, equipment
- Safe sleep and play environments and other safety needs
- Immunizations and other ways to reduce health exposure risks (i.e., allergies)
- Infant warning signs
- First aid, CPR and AED changes
- Safe transport needs within and when leaving shelter (i.e., car seat)



# Children and Adolescents

*Children  
are not  
just little  
adults!*

- Varying developmental abilities and capacities to understand, prepare, respond and recover from disasters
- Experience of being in shelter depends on size, age, development and biology
  - Impact on routines, safety, injury prevention and other needs related to environment, caregiving/supervision needs and supports, and learning/education
- Immunizations and other ways to reduce health exposure risks
- Accommodations and needs for meds, equipment, feeding/diet, and other care related to children and adolescents with and without special health care conditions
  - Glasses (i.e., may need straps), liquid meds, safety caps, allergies, special thermometers, first aid, CPR, AED

# Children and Youth With Special Health Care Needs

- Includes children with intellectual and developmental disabilities but includes much more
- Accommodate children who rely on electricity for medical devices for feeding breathing treatments, caregiver respite, other needs such as low light or noise
- Special formulas and foods
- Augmentative communication or assistive technology devices
- Additional special equipment

# Children and Adults Living With Sickle Cell Disease

## **Unique Basic Needs To Prevent a Sickle Cell**

**Crisis:** Need for access to enough blankets, heated blankets or heating pads or fans to **manage body temperature**. **Hydration** needs are increased.

**Medical Needs:** Ensure antibiotics are kept refrigerated, especially for children under 5, and recognize fever as an emergency. Access to pain meds which need to be available but secured from others who could misuse.

# Designated Space and Signage in Shelters

- Handwashing areas "kid friendly"
- Feeding areas
- Breastfeeding privacy/space
- Designated appropriate space for storage of breastmilk
- Diapering stations
- Play areas
- Low sensory areas/mental health respite
- First aid

# Resources for Staff

- Child development: <https://www.cdc.gov/act-early/milestones/index.html>
- Child health and safety in emergency shelters: <https://www.dph.ncdhhs.gov/environmental-health/emergency-childcare-one-pager/open>
- Newborn warning signs: <https://newmomhealth.com/resources/new-baby-health-information-one-pager/>
- Safe sleep for infants and children: <https://safesleepnc.org/healthcare-providers/trainings/>
- Diapering and feeding: <https://www.dph.ncdhhs.gov/environmental-health/emergency-childcare-one-pager/open>

# Resources for Staff (cont.)

- Breastfeeding and human milk feeding during emergencies: <https://www.usbreastfeeding.org/breastfeeding-in-emergencies.html>
- Pregnancy and postpartum (perinatal) warning signs: <https://newmomhealth.com/resources/postpartum-health-information-one-pager/>
- Perinatal mental health: [https://www.med.unc.edu/ncmatters/wp-content/uploads/sites/1000/2023/05/NCMatters\\_PartnerSupportGuide\\_Final.pdf](https://www.med.unc.edu/ncmatters/wp-content/uploads/sites/1000/2023/05/NCMatters_PartnerSupportGuide_Final.pdf) and [https://www.med.unc.edu/ncmatters/wp-content/uploads/sites/1000/2023/12/22-6996-MED-MentalHealth\\_Package\\_final\\_v4\\_digital.pdf](https://www.med.unc.edu/ncmatters/wp-content/uploads/sites/1000/2023/12/22-6996-MED-MentalHealth_Package_final_v4_digital.pdf)

# **Additional Resources**

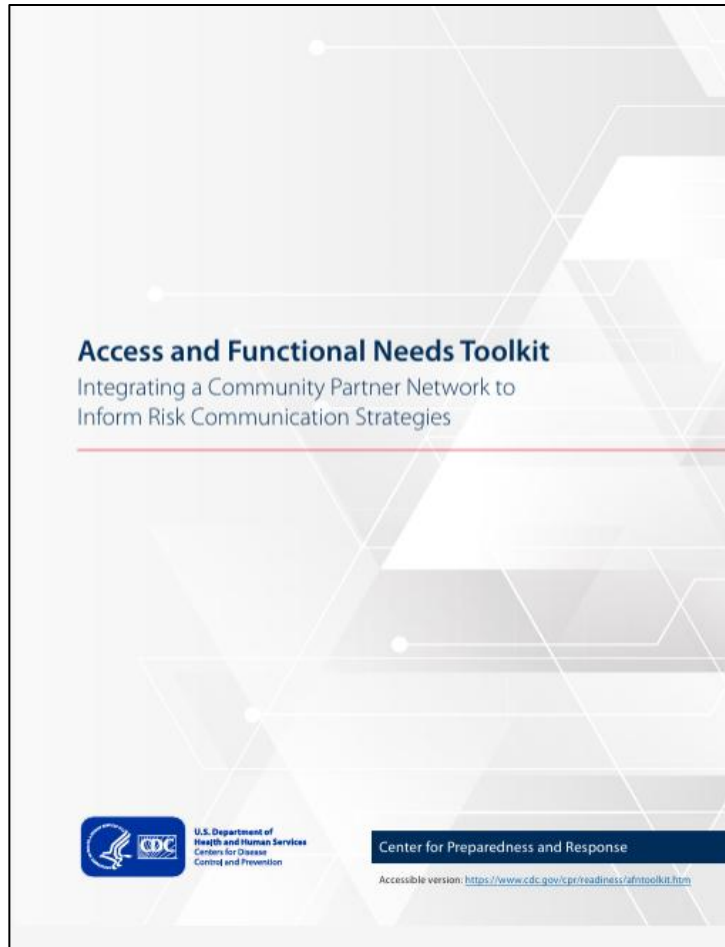
# Show Me for Emergencies

A free mobile app for  
Apple and Android phones  
and tablets

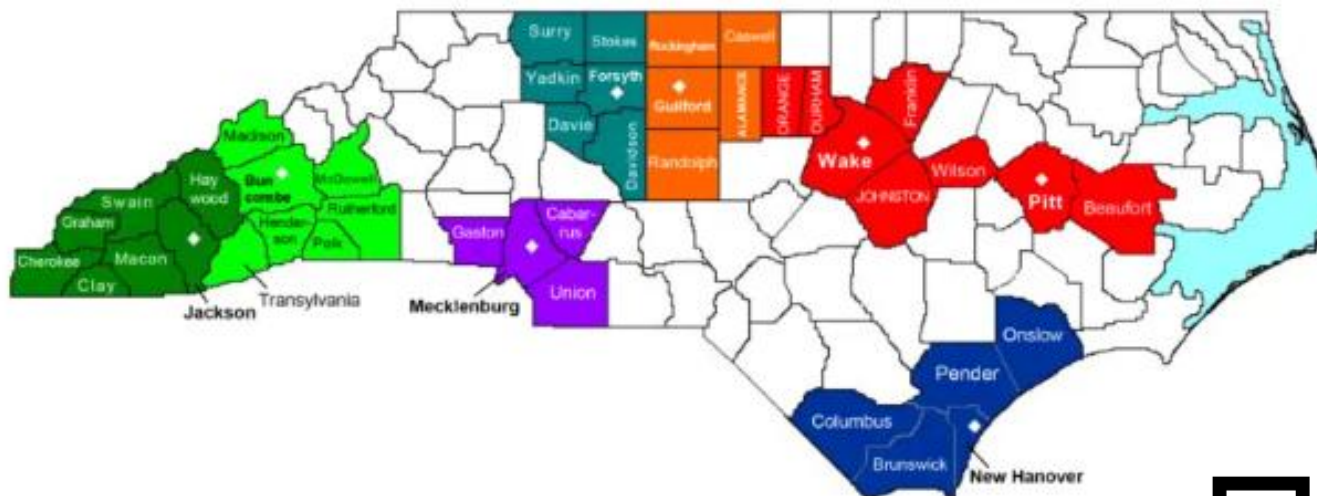




# CDC Access and Functional Needs Toolkit



# NC Centers for Independent Living



# Questions

