



After Action Report
Hurricane Florence Response
October 2018

Preface

This report discusses the experiences of the staff of the Alliance of Disability Advocates (ADANC), the federally recognized Center for Independent Living (CIL) in Raleigh, North Carolina during and after Hurricane Florence. Our mission is “to serve all North Carolinians with significant disabilities to ensure that they live independently in a barrier-free community of their choice through consumer-controlled, self-directed services”. Throughout this report, we discuss complex issues including why people with disabilities must be included in planning for and responding to a crisis impacting the ability of people living with a disability to live in any community. We also recognize that it is important to use language that focuses first on the people we serve and limit the use of any descriptor supporting negative stereotypes. This report highlights how involving people with disabilities in the future will improve the North Carolina’s disaster response. Our point of view is consistent with the Independent Living (IL) philosophy which asserts that people with disabilities are the best experts on their needs and therefore they must take the initiative, individually and collectively, in designing and promoting better solutions and must organized themselves for political power. These concepts are contextually important to the understanding recommendations in this report and to all survivors of disaster who also experience any disability.

How people are labeled makes a critical difference in how they are perceived by others since labels reinforce stereotypes. Determining the best way to refer to those historically identified as the disabled, the mentally ill, or the disabled is critically important in shaping how first responders and others who are not familiar with them in a crisis. It is generally accepted to focus on the person first, so “individuals with a mental illness” or people with disabilities or people experiencing a disability or people living with mental illness is considered acceptable. Alternative suggestions varied and include: individuals with psychiatric disabilities; consumers of disability or mental health services; those with the lived experience of mental illnesses or disability; and individuals living with mental illnesses or a disability – and more. Each of these terms reflect different perspectives on people with disabilities and their relevant services and supports. Because there is no widespread agreement on the universally accepted language to be used, throughout this document we may use different terms, while recognizing the variety of impassioned objections and reasoned alternatives to each. That said, the terms we use all seek to communicate that the individuals we refer to are first and foremost people, and that most have found their way into public service systems because their disability has caused significant needs in their day to day lives. Our language choices are meant to remind responders and other practitioners that respect for each person’s basic humanity and their holistic needs, as well as the importance of compassion about the circumstances of their lives, is essential to supporting a return of well-being.

The IL philosophy is also varied in how it is expressed but the basic idea behind independent living is that the ones who know best what services people with disabilities need in order to live independently are people with disabilities themselves. This philosophy is built on the principles of independence, inclusion and self-determination.

Purpose

This After Action Report is to review ADANC's response to Hurricane Florence as well as provide recommendations to local, state and federal entities to better serve the needs of those who experience a disability in the next disaster.

Alliance of Disability Advocates

ADANC is the federally recognized CIL serving Raleigh, Durham and the surrounding area. ADANC is a small non-profit with an annual budget just under \$1,000,000 with eleven employees. Eight (8) of those individuals are Community Inclusion Specialists The remaining three (3) are Managers including the Executive Director.

Background

On September 14, 2018, Hurricane Florence made landfall just south of Wrightsville Beach, North Carolina as a Category 1 hurricane, with sustained winds of 90 mph. People with special medical needs including individuals who would need assistance with medical or personal care during evacuations and sheltering because of physical or mental impairments were transported to one of three special medical shelters established by North Carolina's Department of Health and Human Services. On September 15th, Dave Wickstrom, ADANC Executive Director, reached out to Emergency Operations Center staff at the Clayton Medical Center located at C3 Church to offer assistance to North Carolina Emergency Management and US Public Health Service after receiving their information from North Carolina's Disability Integration staff. ADANC staff worked over 140 hours over 12 days to work alongside United States Public Health Service Officers transition survivors at the Clayton Medical Shelter back to a home and not an institution.¹ Out of the 55 survivors that came through the Clayton Medical Shelter, only 4 were transitioned to a institution from the shelter and that was their choice.

¹ The definition of "institution" continues to evolve. For purposes of supporting people with disabilities who have been evacuate because of a natural disaster, we go beyond the traditional definition of an institution as a large, usually state-run, hospital-style setting, often located in a rural area. We also go beyond federal regulations for ICF/DDs, which define smaller community-based facilities with populations of 6–16 as institutions.

We accept the beliefs of the National Council on Disabilities (NCD) which believes that institutional care can exist not just in large state-run facilities but in small community-run small group homes as well and therefore defines "institution" as a facility of four or more people who did not choose to live together." These definitions focus on the number of people who live in the same house, but advocates have developed a definition that focuses on quality of life and control issues. In 2011, a coalition of self-advocates defined institutions based on their own priorities in Keeping the Promise – Self-Advocates Defining the Meaning of Community.[i] They defined institutions as places that—

- Include only people with disabilities
- Include more than three people who have not chosen to live together
- Do not permit residents to lock the door to their bedroom or bathroom
- Enforce regimented meal and sleep times
- Limit visitors, including who may visit and when they may do so
- Restrict when a resident may enter or exit the home
- Restrict an individual's religious practices or beliefs
- Limit the ability of a resident to select or remove support staff

On October 9, 2018 ADANC was asked by Tara Myers, Deputy Secretary of Human Services and Sheri Badger, NCEM Disability Integration Specialist to help with a general population shelter at a True Vine Ministries in Fayetteville, NC operated by the Red Cross. The shelter housed approximately 20 families which included several survivors who experienced a disability. The majority of those families were also experiencing homelessness. As soon as ADANC staff walked into the facility they identified a significant accessibility issue. The shelter staff had covered the floors with sheets to protect the floors unaware that this immediately created fire and trip/fall hazards for anyone with mobility difficulties. A Red Cross paid employee also wanted a survivor who used a scooter to either leave or discontinue its use to avoid damaging the floor. ADANC staff quickly resolved the issue, the sheets were removed and the woman with the scooter was able to stay until suitable housing was obtained. ADANC staff worked with the Red Cross and the Division of Aging to transition survivors. Because so many of the survivors were experiencing disabilities and/or were homeless, and had no access to transportation, ADANC believed that an expedited application process for government assistance was critical to their ability to live independently in the community. ADANC staff asked the local DSS office to start application process for Supplemental Nutrition Assistance Program (SNAP), Medicaid and other entitlement programs at the shelter. The local DSS office said they were not allowed to go off-site because of workload issues. All of the survivors were eventually placed in community-based settings.

WHAT WORKED

Ability to Establish Rapport with Disaster Survivors - The personal experience living with a disability as well as their work experience, ADANC staff were able to quickly establish rapport when meeting hurricane survivors for the first time, especially those with living with disabilities. Experienced with a trauma informed response to stressful situations, ADANC staff were able to recognize the emotional implication people with disabilities of being forced to leave a home modified to meet their unique needs or being separated from personal support staff. ADANC staff knew what questions to ask; recognizing the importance of assistive technology and/or service/emotional support animals. And perhaps most important, they understood the need to protect the dignity of individuals to make their own decisions and who may need help with self care.

Knowledge of North Carolina's System of Services for People Living with Disabilities - ADANC staff are skilled in cobbling services an individual with a disability might need to live independently in the community. They understand how accessible housing, transportation and

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- Restrict residents' sexual preferences or activity
 - Require residents to change housing if they wish to make changes in the personnel who provide their support or the nature of the support
 - Restrict access to the telephone or Internet
 - Restrict access to broader community life and activities

access to necessary healthcare must come together to support people living with significant disabilities in a home of their choosing. ADANC staff do not see these needs as barriers, rather a need that can and must be met. Their knowledge of local resources was key in ensuring those at the Clayton Medical Shelter and a shelter in Fayetteville had other options besides an institution.

Constant Presence in Shelters/Advocacy Skills - ADANC staff maintained a continuous presence at assigned shelters. Their presence allowed them to become part of the Team staffing the shelter. Functional Assessment Service Teams (FAST), Red Cross and US Public Health Service (PHS) Officers accepted ADANC staff, both as a resource and advocates for the survivors with disabilities. The presence of ADANC staff allowed them to challenge decisions that were grounded in a 'medical' model mentality². ADANC staff were able to advocate for and remind Red Cross staff and USPHS Officers that survivors at the shelter were not patients but people who had been living in the community with services and supports. ADANC staff were also able to work closely with local, state and federal partners so survivors in the shelter could return to living in the community of their choice with supports instead of an unnecessary institutional placement.



² Under the medical model, a disability is viewed as something that must be 'fixed' or changed by medical and other treatments, even when the impairment or difference does not cause pain or illness. As a result of medical model or approach looks at what is 'wrong' with the person and not what the person needs. It creates low expectations and leads to people losing independence, choice and control in their own lives.

Daily meetings with USPH and ADANC - ADANC participated in meetings twice a day, morning and evening which facilitated communication about the needs of survivors in the shelter. These meetings were beneficial in making sure that all deployed staff members were on the same page and were sharing information. These meetings also helped solve difficult issues or concerns from survivors in the shelter.



Accessing Local Resources to Relieve the Emotional Trauma for Shelter Staff and Survivors - ADANC partnered with Carolina Ranch Animal Hospital and Resort (Clayton, NC) to bring in therapy dogs to provide affection, comfort and love to those in the Clayton Medical Shelter. The animals were brought in by their trainers and stayed for 2 hours. US PHS Officers and survivors mentioned how the animals calmed nerves and helped them relax.



Following Up with Disaster Survivors - ADANC staff will maintain a relationship with the disaster survivors once they transition out of the shelter. This will ensure that their necessary services and supports remain in place after FEMA and the Red Cross move out.

Daily Calls hosted by North Carolina Emergency Management (NCEM) Disability Integration Specialist Sheri Badger that included Local, State and Federal Disability Specialists and Advocates - NC is one of only two states with a dedicated DIA. This position was invaluable in coordinating calls and services as well as assisting federal and local responders out in the field. ADANC staff participated in daily calls which helped understand the statewide impact the Hurricane Florence was. Participants on the calls varied but included representation from state disability organizations such as Disability Rights NC, the NC Council on Developmental Disabilities, representatives from the NC Department of Health and Human Services and several national experts on Emergency Preparedness for People with Disabilities. (See a more detailed list in Appendix B) The calls were also an effective mechanism for coordinating the responses and resources statewide.

The US Public Health Service provided Prescriptions for Narcan to Every Evacuee who had a Prescription for an Opioid or meet criteria - This is best practice especially given the increased likelihood of overdose during a crisis when normal medical and daily living routines have been disrupted. The deployment team screened patients entering the 50 bed FMS. Those patients who had prescriptions for opioids that exceeded 60 MME (morphine milligram equivalents), those who had any identified previous overdoses and patients who were in direct care of someone on opioids were interviewed. The pharmacists with USPHS then worked directly with the identified patients and a local retail pharmacy to obtain a Narcan prescription for them at no cost using a Medicare/Medicaid insurance plans. The pharmacists provided education and training to the patient's and caregivers of the patients who received Narcan while at the shelter.



WHAT NEEDS IMPROVEMENT

ADANC Staff Would Benefit From Better Preparation - While ADANC staff deployed quickly and worked tirelessly in the immediate aftermath of evacuation to shelters, communication between staff in the field and office staff could be improved. Development of a two-fold Disaster Plan will be part of our debriefing process after this event. It will include what to do to help others as well as collecting information and maintaining backup strategies if the CIL itself needs to evacuate.

ADANC is already working on developing a more comprehensive plan including: covering pre-existing obligations of deployed/reassigned staff; documenting staff time; encouraging self-care during stressful situations; developing mechanisms for regular check-ins between staff and supervisors; collecting necessary data/information from clients served; staying safe while traveling in adverse weather, etc. ADANC has scheduled a Mental Health First Aid training for all staff as well as reviewing a training for managers and supervisors on How to Build Workforce Resilience During a Crisis or Disaster. The anticipated completion date is April 2019.

Improve Emergency Planning & Coordination with Disability Advocacy Partners - Staff from the NC Council on Developmental Disability, Disability Rights NC and the ADANC staff were in various shelters, in some cases as Florence hit. Coordination happened on the fly and while effective, it could be improved in terms of better serving people with disabilities in emergency shelters spread over a large geographic area. There is excellent guidance from the Administration on Community Living (ACL) for the Centers for Independent Living (CIL) on responding to a disaster. We are unaware if members of our state's Developmental Disabilities Network partners have similar guidance.

ADANC plans to convene an After-Action meeting with its ACL (Assistive Technology Center, Disability Rights NC (P&A) & NC Council on Developmental Disabilities) partners to be better prepared to coordinate efforts between partners to respond to future Hurricanes or other disasters. Desired outcomes are to have a CIL or other partner representative at the Emergency Operation Center (EOC) throughout the disaster. Another outcome might be to have a Memorandum of Understanding with State Independent Living Council (SILC) or CILs in North Carolina.

Immediate Response

Accessible Communication - The Governor's Office, NCEM and the NC Department of Health and Human Services took measures to ensure that all press conference had an American Sign

Language (ASL) interpreter present. However, not all the messaging (specifically videos) on social media (including NCEM, Governor's Office, NCDHHS) routinely include captioning.

The Executive Branch of NC government should invest in technology tools which allow captioning to be automatically included in any videos it produces.

Insufficient FEMA Support to State and Local Agencies - Historically FEMA deployed teams of Disability Integration Advisors (DIA) in the field, who provided assistance to people experiencing disabilities during federally declared natural disasters, such as Hurricane Florence. DIAs are a valuable resource to a state and local disaster response. The experience of DIAs help inform local responders to the potential needs of survivors experiencing disabilities including: quickly assessing what assistive technology frequently needed such as hearing amplifiers or sign-language interpreters; durable medical devices; accessible transportation; and the physical configurations of shelters; as information survivors would need to begin the application process for FEMA services. In prior disasters, the role of DIAs continued throughout disaster response and recovery, helping evacuees find appropriate housing and supports which avoided unnecessary institutionalization. Their presence in shelters and follow-up support was invaluable with Hurricane Matthew recovery. However, during FEMA's Florence Response, with over 41 of 100 North Carolina counties eligible for FEMA assistance, only five FEMA DIAs were deployed. It is our understanding that FEMA policy now limits the ability of DIAs ability to maintain an active presence in the shelters. The lack of presence of FEMA DIAs in shelters negatively impacted the ability of FEMA DIAs to provide critical information and support to shelters housing survivors with disabilities, such as information on FEMA Services and Support Enrollment Procedures. ADANC believes this impacted FEMA's response both in their effectiveness in the immediate response as well as long-term.

FEMA should develop a more effective mechanism to determine how many FEMA DIAs are necessary to work in the field 'effectively' support disaster recovery efforts.

Some people who experience disabilities were encouraged by local and state entities to go to a State Medical Support Shelter (SMSS) solely based having a visible disability or because they used assistive technology. ADANC staff spoke to some individuals who were under mandatory evacuation who said they were taken to a SMSS without being asked if they had an alternative to a SMSS.

It was reported by a disability partner agency that at least 140 individuals were evacuated from a skilled nursing facility to a facility not known to Red Cross or NCEM. There needs appear to be being handled by the Local Emergency Manager (LEM).

Advanced Pre-Disaster Training for Local Volunteers Related to Working with People Living with Disabilities - These are only a few of several real-life examples that highlight that emergency shelter staff & volunteers were inadequately prepared to work with people living with

disabilities. Include addressing the needs of people experiencing different types of disabilities in every Emergency Sheltering Standard Operating for Procedures. While NCEM distributed 'Access and Functional Needs Toolkit for Emergency Managers' it is not clear that LEMs reviewed that information well in advance of preparing for an actual (real) disaster. Specifically, ADANC believes that proactive planning including communication between the LEM and every state licensed residential facility in their region seemed to be lacking.

ANANC recommends a review of requirements for advanced planning (i.e., demographic pre-disaster planning) to ensure that LEMs plan specifically to serve people living in skilled nursing and other facilities whose residents live with a disability and might need to be evacuated.

Disability Rights NC should review the toolkit in including the interpretations related to the inclusion of service animals is consistent with state and federal law.

Develop a module training with certification process about avoiding the institutionalization of people with disabilities. Include Independent Living concepts such as the 'dignity of risk', community living, etc. Just in Time training modules specific to North Carolina should be developed in conjunction with CILs, Disability Rights NC and the NC Council on Developmental Disabilities.

NCEM, in conjunction with FEMA and the Administration on Community Living, should develop training that inform non-profit Organizations such as Centers for Independent Living and other non-profit organizations to seek reimbursement from FEMA for some Category B Public Assistance services. Knowing in advance of the ability to recoup some or all the costs of reassigning and deploying paid staff to assist with disaster recovery efforts may increase their participation.

ADANC heard concerns from multiple people about the housing of the Goldsboro Medical Center in a building of a closed state operated facility now known as Old Cherry Hospital. The concerns related to physical plant issues (e.g., plumbing, water quality, access/safety issues because of elevator malfunctions). Early in the evacuation stage of Hurricane Florence there were over 50 survivors at this SMSS. Advocates learned during a NCEM call that a Disaster Medical Assistance Team (DMAT) was on site earlier in that day. Initial reports from a DMAT official reinforced rumors about mold in the HVAC system which contributed to breathing difficulties of some people sheltering there. This was later found to be false. At a later meeting, advocates learned at a meeting with EMO that the state had installed a new HVAC system in the last year and was mold free. The cause for the number of people at Cherry who became sicker soon after arriving at the facility including those who on oxygen who needed to increase their O2 levels is still unknown.

Lack of Involvement of Local Disability Advocacy in Reviewing the Suitability of Local Shelters - Some shelters opened initially but were quickly closed because of inferior

infrastructure (housing evacuees on upper floors with non-working elevators, inadequate or inaccessible showering or bathing facilities, insufficient sensory kits (which initially required rationing), and other safety concerns (patches of mold & mildew). ADANC believes that early and periodic involvement of the disability advocacy community and health officials (building inspectors) to do walking tours of potential facilities to ensure their readiness to house people experiencing disabilities and other health conditions.

Demographic pre-screening should specifically discuss the capacity of various shelters to receive higher number of people experiencing a disability. This will allow LEMs to be ready to receive higher numbers of people with disabilities in terms of accessibility (accessible toileting, showering, cots, eating areas, etc.)

Develop NC FAST with members who have community integration experience such as CIL staff and other advocates from the NC disability community. Identify and train at least one member on every NC FAST on a trauma informed response - especially in areas with where the demographic pre-training identifies the potential for a high number of people experiencing disabilities who may have experienced trauma in the past.

Transition Planning Before, During and After - Going Home

Governor Cooper waived the Medicaid requirement of a 3-day qualifying hospital stay for NC Medicaid beneficiaries³ who require a short-term stay in a nursing home due to care needs or shelter needs related to Hurricane Florence from 9/ 12 through October 5th. The waiving of a Pre-Admission Screening and Annual Resident Review (PASSR), while well intended made it significantly easier (and therefore quicker) to admit a Medicaid recipient to an institutional placement. Quickly providing a PASSR number increased the likelihood that little consideration would be given about that individual's wishes about where they wanted to go or any discussion about returning to an inclusive setting if their needs were appropriately met.

ADANC staff were asked by local officials and disability service providers if they knew how to find evacuees who had been moved from one shelter to another or left on their own to shelter elsewhere. An adequate tracking method does not appear to be part of pre-disaster planning when establishing some shelters. Finding people experiencing disabilities and providing them necessary services is critical during a disaster. This is of particular concern to ADANC.

Before Hurricane Florence hit there was a lack of accessible, affordable housing in Eastern North Carolina. So it came as no surprise to the disability advocacy community that finding accessible integrated housing options would be challenging especially for evacuees living with disabilities. This is a significant failure of demographic pre-disaster planning. While sensitive to

³ Medicaid Bulletin 9/27/18 - Expediting Nursing Home admissions for individual displaced due to Hurricane Florence

the challenges of finding accessible housing because of the wide geographic impact, people with disabilities still retain their rights to not be institutionalized.

Lack of Effective Tracking Methods and Confusion Regarding the Ability of Local Management Entities (LMEs) Contractors (disability service providers) - For any individual with medical needs or lost their assistive technology, or anyone living with any known disabilities, every attempt should be made to obtain contact information as they enter and leave a shelter. This will allow CILs, county social workers or others to follow up with them and ensure they have the services and supports needed to continue to live in a home of their choice in the most inclusive setting. There was also confusion as people transitioned out of the shelters about how to access local services especially affordable, accessible housing. Additionally, because Medicaid rules were waived it appeared to ADANC, LMEs were hesitant to take on responsibility for newly eligible people.

Development of a standard protocol for collecting information from evacuees.

Better disaster planning for people receiving services through a Medicaid Waiver including emergency access to some type of database so 'cleared' staff at each shelter could access necessary information related to the needs of people sheltering there.⁴

Better Communication Between NCEM and DHHS about the availability of the role of DMHDDSAS contractors such as the Local Management Entities and their network of providers to respond to people experiencing a disability, medical needs or other assistive technology to return home or to another community inclusive setting (i.e., avoiding the need for even short-term institutionalization.

Create a Housing Task Force to identify a broad-based database of single-family housing as well as apartments in multi-unit housing complex - both short and long term that is continually updated with more frequent updates during hurricane season.

Build a comprehensive database of potential permanent and short-term housing options across regions, potential disaster zones, or existing catchment areas, that could be efficiently accessed from anywhere by NC FAST as transition planning starts. Build into the planning the needs of displaced people as well as recovery workers (deployed Red Cross, PHS Officers and FEMA workers, as well as electrical workers, etc.)

⁴ ADANC recognizes the need to protect confidential information including PII as well as well as protecting the right of an individual's self-determination. Therefore, there must be a component of asking for the information during disaster pre-planning and then requiring that the information cannot be shared without the person's permission similar to any type of advanced directive.

Develop money management training resources for survivors which are provided either as part of the application process or shortly after. The goal is to provide tips on how to spend the resources appropriately and ensure continued eligibility.

The trauma associated with surviving a disaster will have long term impact. The fear while waiting to be rescued coupled with the loss of family, friends, pets, home, personal property, other memorabilia, and livelihood will have impact on mental health in the short and long term. Mental Health counselors including those providing *peer support* were inconsistently deployed as part of the disaster response and is still a problem during recovery. According to a press release the North Carolina Department of Health and Human Services has secured more than \$8.5 million in new federal and state funding to support the ongoing behavioral health needs of those impacted by Hurricane Florence. The funds will help make recovery possible for those in the state's disaster declared counties. As part of the \$8.5 million in new funding, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services has secured a \$3.5 million grant from the federal government to fund a door-to-door behavioral health outreach program across all impacted areas, since many needing services may be relocated. This Crisis Counseling Program will connect with more than 49,000 individuals and families, help assess their behavioral health needs and get them plugged in to services in their community. More than 200 people will be hired to make this outreach program possible — including licensed clinicians, housing and resource navigators, and children specialists. This grant funds the first 90 days of the program, and the division will be seeking additional grant funding from the federal government to sustain this program for a year. DHHS estimates more than 275,000 people living in the disaster impacted counties have no health insurance coverage. So, as part of Governor Roy Cooper's Hurricane Florence Relief Package, the General Assembly has appropriated \$5 million in new funding to help uninsured hurricane victims receive these much-needed services and supports. DHHS will use these funds to target services such as crisis counseling for children and adults, community or school-based screenings and trainings, and transportation costs for patients to attend appointments.”

ADANC recommends that the NC Department of Health and Human Services provide specific guidance and direction in Communication Bulletins to LMEs and other contractors regarding how the money can be spent including emphasis on providing trauma informed counseling to eligible survivors.

CONCLUSION

Hurricane Florence provided challenges to North Carolina's capabilities and those of its partners. The scale and severity of the storm resulted in extensive effects including flooding, damages to homes and businesses and other critical infrastructure, power outages, fuel disruptions, and property damage – across wide areas of the state. In reviewing all aspects of the 's preparations for, immediate response to an initial recovery; ADANC identified what worked and areas for improvement to better assist people experiencing disabilities. Real pre-planning for disasters with the involvement of the disability community must improve. We understand every plan will need to be adapted as the disaster unfolds. Real involvement of the

disability advocacy community improves practicality of a plan to address the needs of survivors experiencing disabilities.

In recognition of the importance of our findings in this report, ADANC has begun to address several the areas for improvement where we can improve our response. ADANC is committed to working in collaboration with other partners to ensure that disaster recovery services and supports for people experiencing disabilities protect their ability to live in the community.



MEMORANDUM FOR: Mr. David Wickstrom, Executive Director, Alliance of Disability Advocates

FROM: CAPT Holly Williams, RDF 3 Team Commander

SUBJECT: Letter of Appreciation

DATE: 12 November 2018

Mr. Wickstrom (Dave):

Please accept this letter of appreciation for your incredible partnership with my team, Rapid Deployment Force 3 (RDF 3) during our recent deployment to Clayton, NC in response to Hurricane Florence. Your team, led by you, was instrumental in assisting us to discharge the patients in a timely manner from the NC-based medical shelter that we were supporting. Your clear advocacy and passion for the patients was awesome to observe in action and served as a good learning experience for many of my junior officers, some of whom were on their first deployment.

The residents of North Carolina are lucky to have your team. Thank you for assisting us in helping those citizens affected by Hurricane Florence. You and your team made an impact on peoples' lives that is quite significant.

V/r,

CAPT Holly Ann Williams

CAPT Holly Ann Williams, PhD, MN, RN, FAAN

ADANC Staff

Dave Wickstrom- Executive Director

Vicki Smith- Special Advisor to the Executive Director

Kayli Miller- Chief Financial Officer

Chris Rivera- Director of Operations

Corey McKittrick- Director of TCLI Services

Roxie Oakes- Community Inclusion Specialist

Sydney Breslow- Community Inclusion Specialist

Adrian Boone- Community Inclusion Specialist

Sharif Brown- Community Inclusion Specialist

Gerald Parrish- Community Inclusion Specialist

Adrienne Dominicali- Community Inclusion Specialist

Nina Leger- Community Inclusion Specialist

Kelly Blanton- Community Inclusion Specialist Intern

Katie Withers- Community Inclusion Specialist Intern

Kris Mercer- Community Inclusion Specialist Volunteer

Hurricane Florence Timeline

Friday, 9/7	Governor declared State of Emergency
Monday, 9/10	State Emergency Operations Center Activated (24/7 operations)
Wednesday, 9/12	First daily Hurricane Florence NCEM Disability Stakeholder call
Wednesday, 9/12	Requested FAST (3), and disability integration assistance
Friday, 9/14	Florence made landfall
Friday, 9/14	Disability integration assistance arrived (from WA state)
Saturday, 9/15	173 Open Shelters, approx. 20,000 population
Saturday, 9/15	FAST from PA arrived
Sunday, 9/16	FAST from CA arrived
Saturday, 9/22	FAST teams demobilized
Sunday, 9/23	Disability integration assistance (WA) demobilized
Friday, 9/28	State Emergency Operations Center deactivated
Friday, 9/28	Moved to twice a week NCEM Disability Stakeholder calls

Organizations Participating in Hurricane Florence Calls

Calls were convened by NCEM's Disability Integration Specialist Sheri Badger

Alliance Behavioral Healthcare

Alliance for Disability Advocates

American Red Cross

Arc of the Triangle

disAbility Resource Center

Department of Homeland Security, Office on Civil Rights and Civil Liberties

Disability Consultant June Kailes

Disability Rights North Carolina

Durham County Department of Public Health

FEMA Dispute Resolution Representative

FEMA Voluntary Agency Liaison

FEMA Disability Integration Advisors

Legal Aid of North Carolina

Monarch, Inc.

National Council on Independent Living

NC Assistive Technology Program

NC Council on Developmental Disabilities

NC Emergency Managers Association

NC Division of Mental Health, Developmental Disabilities Substance Abuse Services

NC Division of Services for Deaf and Hard of Hearing

NC State University Cooperative Extension

Partnership for Inclusive Disaster Strategies

This is not an inclusive list but compiled from the unofficial minutes from calls.