

Appendix B

Functional Assessment and Service Team (FAST)

Introduction:

The purpose of the FAST program is to provide staff to conduct a functional assessment of People with Access and Functional Needs (PAFN) as they arrive at shelters. This assessment will evaluate the essential functional needs that can be supported within the general shelter. FAST will be deployed as shelters are opened and remain in the shelters until it is determined that they are no longer needed. FAST will transfer to other shelters and may return to shelters as needed or requested. Some FAST may remain in the shelters to assist in the overview of PAs in the continuing functional needs support for PAFN.

Those unable to be supported within the shelter will be relocated to a medical service section of the shelter or transported to a more appropriate medical facility.

FAST consists of corps of trained government employees and CBO/NGO personnel ready to respond and deploy to disaster areas to work in shelters. FAST members have in-depth knowledge of the populations they serve, their needs, services, and resources including housing, benefit programs, and disaster aid programs. FAST will work side by side with shelter personnel and other emergency response workers to assist in meeting essential functional needs so people can maintain their independence during disasters and emergencies. FAST free other emergency resources to focus on emergency incidents rather than on mitigating complications. (National Response Plan National Incident Management System Review and Revision Process, p.3)

Concept of Operation:

Support for essential functional needs will be provided to individuals who have been assessed and determined to be safely accommodated within a shelter. Such accommodations include, but are not limited to providing the following:

- Ensure that essential prescribed medications are obtained.
- Essential durable medical equipment (DME) and essential consumable medical supplies (CMS) are obtained.
- Assistance to maintain independence (personal assistance with activities of daily living, managing non-acute medical and chronic conditions, etc.).
- Support to individuals with cognitive limitations.
- Interpreters and other communication support to assist individuals who require communication assistance (visual and hearing disabilities and limitations, language/cultural, etc.).
- Assistance to individuals who have conditions that affect mobility.
- Assistance to individuals with chronic but stable respiratory conditions (heart disease, asthma, emphysema, allergies, etc.).

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- Assistance to individuals with temporary limitations (post surgery, accident injuries, pregnancy, etc.).
- Management and coordination of processes to address the requirements to maintain functional/medical support operations.

FAST Deployment Procedures

1. Request is received by Regional Emergency Operation Center (REOC) REOC/MCS (Mass Care and Shelter) branch and transmitted to CDSS State Operations Center (SOC) Representative or Department Operations Center (DOC).
2. Request passed from CDSS SOC Representative to CDSS DOC Deployment Branch.
3. CDSS/DOC Deployment Branch notifies and deploys available FAST to the shelter, including FAST Leader.
4. FAST Leader checks in with Shelter Manager.
5. FAST Leader establishes contact with CDSS Deployment Branch and requests additional FAST members when needed.
6. CDSS/DOC Deployment Branch deploys requested FAST staff members.
7. Labor Force Coordinator of the Deployment Branch at CDSS/DOC will develop the FAST deployment schedule.
8. Labor Force Coordinator will respond to positive notifications received from FAST members with the following deployment information:
 - A. Date:
 - B. Time
 - C. Address (include appropriate routing directions)
 - D. Length of deployment
 - E. Reporting Information (i.e. Shelter Manager/FAST Leader)
9. FAST Leader will develop plans to add, transfer, or eliminate FAST staff positions as conditions change and notify Labor Force Coordinator of the changes.
10. Labor Force Coordinator will develop a second deployment schedule and deploy subsequent FAST staff as necessary.

FAST Duties

The following list is the description of the FAST. Not every FAST member will be expected to have all of these responsibilities or qualifications. (Source: Kailes, J (2007) see below reference)

Responsibilities:

1. Conduct assessments and evaluations of individuals to determine who may have needs which exceed the capability of the PAFN shelter.

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2. Identify, and track essential needs so people can maintain their functional independence.
3. Assess need for Personal Assistants (PAs), durable medical equipment (DME), consumable medical supplies (CMS), and prescribed medications.
4. Develop and implement service plans for shelter residents to meet essential functional needs of those identified.
5. Advise individuals regarding services available, coordinate receipt of services, and maintain contacts and service notes.
6. Facilitate and provide technical assistance to shelter staff as needed related to resources and shelter resident needs.
7. Ongoing coordination and collaboration with shelter management.
8. Assist shelter staff in overseeing duties of PAs.

Qualifications:

Essential

1. Demonstrated two years experience working with and assessing the needs of people with disabilities, activity limitations and senior services, obtaining service and resource management.
2. Demonstrated in-depth knowledge of people with disability and activity limitations and seniors. This would include knowledge of their culture, resources, and support service systems such as housing, benefit programs, and disaster aid programs.
3. Demonstrated interpersonal skills needed to communicate effectively (oral/written), interact effectively and diplomatically with a variety of staff, volunteers, and members of the community.
4. Completion of FAST training.
5. Able to travel as required and work under difficult and stressful situations.
6. Available for quick deployment to provide immediate and intermediate early responder assistance.
7. Ability to make necessary decisions quickly as circumstances change.

Preferred

1. Demonstrate knowledge of the ADA and related disability rights law.
2. Demonstrate knowledge of assistive technology (AT) and alternative formats.
3. Possess knowledge of current best practice policies, programs, services, and support system for individuals. (i.e. Independent Living Movement philosophy).
4. Possess familiarity with local and federal funding streams and supporting services.
5. Bilingual and/or communicate using American Sign Language (ASL) (beneficial-not mandatory).

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FAST Composition

FAST will consist of members with experience in the following areas:

- Aging (services/supports, including dietary needs*)
- Chronic Health Conditions Needs*
- Developmental & other Cognitive Disabilities (i.e. Traumatic Brain Injury (TBI)*).
- Hearing loss
- Mental Health Disabilities*
- Physical Disabilities*
- Substance abuse*
- Vision Loss

*Indicates Positions identified as necessary for Early Deployment to the shelter in need of FAST Services.

The table below may be used to assess FAST members who may have skills/knowledge in more than one area.

FAST Composition									
	Members Expertise								
	1	2	3	4	5	6	7	8	9
Aging*									
Chronic Health Condition Needs*									
Developmental & Other Cognitive Disabilities*									
Hearing loss									
Mental Health Disabilities*									
Physical Disabilities*									
Substance abuse*									
Vision Loss									

FAST Scalability:

Shelter Occupants	FAST Deployment
>250	One (1) FAST Leader & One (1) FAST

Additional FAST may be deployed depending on the number and size of shelters that are open.

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FAST Staff Position Sources

There are four (4) potential sources for FAST staff positions. They are:

1. California Medical Volunteers – include FAST members into the California Medical Volunteers System. (California Medical Volunteer System currently under development).
2. California State Departments who have personnel with FAST qualifications may be called upon to provide FAST members if disaster escalates to state level.
3. Non-governmental agencies/organizations such as Community Based Organizations (CBO), Non-governmental Organizations (NGO), Faith Based Organizations (FBO), etc.
4. Federal Resource(s) may be requested if disaster reaches a catastrophic stage and state resources have been depleted. Federal sources and processes for FAST deployment and use are still under development.

California Medical Volunteers

An explanation of how to register through California Medical Volunteers System and how to deploy using the California Medical Volunteers Medical System will be added when available.

California State Departments

See Appendix F

*Sections of the above are used or adapted with permission from:
Kailes, J. 2007. Functional Needs Coordinator - Governor's Office of Emergency Service (OES) Proposed Deputy Director Position (Version 3, Disability Issues and the Health Professions at Western University of Health Sciences, Pomona, California, and California Foundation for Independent Living Centers, jik@pacbell.net or www.jik.com/disaster.html and click - on "NEW".*