



DIVERSITY: THE INVISIBLE SIDE

By Kellie Hale

I don't believe the term "diversity" should be viewed as a buzzword or fad. It is an important word that should continue to be a part of a person's lexicon. For me, there is not a day that goes by where I don't learn something new when it comes to diversity. Recently, I learned the term "invisible diversity" from one of my Advisory Board members, Michele Turner. In talking with Michele, she mentioned how invisible diversity is an integral part of emergency management and everyday life. That diversity is not only what a person sees on the outside, but it also includes what a person does not see.

So, what is invisible diversity? Invisible diversity refers to traits or characteristics that are not readily or visually seen. Specific features can refer to a person's disability (e.g., blind or deaf), experiences (e.g., level of education or work experience), or values (e.g., religion or beliefs). For instance, some people may not know that I have anxiety and obsessive-compulsive disorder (OCD). I may try to come off that organized, coordinated, and have everything together, but when something becomes out of my control, it can trigger my anxiety and OCD traits, or "quirks," as I like to call them.

It is essential to understand that we all have our own indivisible diversity traits that make us unique. Sometimes, it is a matter of taking the time to sit down or Zoom with a person to understand better who they are. If you don't, then the opportunity to see the whole picture will pass you by, and the opportunity is gone. Remember, a real conversation is more than a "Hello, what are your likes and dislikes?" or "Are there special services you need? How do you prefer to have them delivered?" Neither of those questions allows you to get to know someone. Those questions are too surface level. Talk with the person, not at them.

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With this Confluence issue, our Center wanted to focus on access and functional needs in emergency management. This is such an important topic, one that should not be overlooked. Our team took great care and consideration when developing the articles and interviews for this critical issue from the profile of our Advisory Board member, Michele, by Deb Moller. We interviewed Jim House, Emergency Planning Disability Integration Manager for the Coalition on Inclusive Emergency Planning (CIEP), about inclusivity in emergency preparedness. It provides collective pieces on the reflection of not doing enough to incorporate access and functional needs within an emergency management institution, lessons learned, and how the new generation of emergency managers are making up for time lost. We make sure to close out our issues by providing our readers with resources they can use or pass on to others in need.

Taking the time to understand that everyone is unique while embracing individuals' differences will result in greater empathy and compassion in understanding different perspectives. This can lead to better results in implementing access and functional needs within emergency management and disaster preparedness. Remember, when talking about the "whole community" we need to include everyone from different aspects of life and backgrounds.

Our team hopes you enjoy this issue of Confluence and find it informative and worthwhile.



WOMEN IN LEADERSHIP PROFILE: MICHELE L. TURNER MBCP, FBCI, CISA, CRISC

By Deb Moller



As a woman of color, Michele is aware that there are biases in the world that can impact how others see the value that she has to offer. She insists that it's the invisible differences, things we may not see or know about other people that are a critical source of diversity that should not be overlooked. For example, an invisible diversity characteristic in her life is that her perspective and approach to work were strongly shaped by growing up as a Mennonite. This is where Michele began to experience the power and the blessing of diversity. In this faith, there is a focus on community, on engagement, and helping others. Her father was a Mennonite minister and served in a small church in Michigan where the congregation was a mosaic of different races. The core values that held them together were the richness of their differences and the commonality of their shared Mennonite background; what better career to go into than Continuity, Emergency Management, and Resiliency, where assistance can be provided to a whole and diverse organizations!

Michele sees diversity as the start of a conversation. "I don't know about that. Tell me more." Her experience has taught her that, in general, you get more insight from more people with different backgrounds than if everyone in the room shares a similar life story. Her motto is that we should continuously strive to "give back" to help others move forward."

Part of that giving back is sharing your ideas and making your voice heard. Early in her career, there were times Michele would have an idea but be somewhat hesitant about sharing it. Frequently, someone else in the meeting would raise the same idea to great acclaim. Instead of being frustrated, she learned to trust herself and to share her thinking.

She learned to ask herself, "Now that I have a seat at the table, what am I going to do with it?" The stakes at the tables she sits at today are much higher than in those early days, but the question still serves her well.

Michele has learned many lessons throughout her 30 years in the Continuity, Resiliency, and Risk industry, both personal and professional. When conducting training or presenting, colleagues would ask when she was going to write a book to capture some of these lessons. For years she was stuck on two chapters; about a year and a half ago, she made the decision to get serious. The result: *"Lessons Learned: Short Stories of Continuity and Resilience"* available on Amazon, Barnes and Noble, and Goodreads now!

"If you would go fast, go alone. But if you would go far, bring others along."
- African Proverb



DEB MOLLER BIO

Deb Moller is the former public-private partnerships manager at the Oregon Office of Emergency Management. She is a senior fellow at the Center of Excellence, Homeland Security -Emergency Management. As principal of Moller Consulting, Deb has over ten years of experience assisting local, state, federal and tribal governments, as well as private profit and not-for-profit organizations, achieve performance goals. Deb's experience includes twenty years designing and managing adult education and job training programs for marginalized populations. She holds an M.A. in applied behavioral science from Bastyr University. She is the founder of Cascadia Calling, a community based earthquake preparedness organization.

FEATURED INTERVIEW: JIM HOUSE

By Linda Crerar

Society continues to be reminded of the importance of making emergency planning efforts inclusive of people of all ages and abilities as required by the Americans with Disabilities Act and the Rehabilitation Act. ACLI interviewed Jim House, disability community leader working to ensure that people with disabilities are included in emergency preparedness efforts.

Jim House is the Emergency Planning Disability Integration Manager working with the Coalition on Inclusive Emergency Planning (CIEP). (www.wasilc.org/coalition-on-inclusive-emergencyplanning) CIEP is a statewide cross-disability advisory group that works with state and local emergency stakeholders to build disability accessibility and inclusion into all aspects of emergency management. The Coalition provides technical advice on physical and programmatic access, effective communication and fosters working relationships among emergency managers. The members are local people with expert advice for inclusive access and functional needs practices and technical training for all Americans with Disabilities Act and other disability rights laws.

Participation in CIEP is open to all organizations and individuals interested in fostering the vision on disability inclusion in emergency preparedness and response and recovery by actively engaging in the Coalition work. CIEP is in its sixth year administered by the Washington State Independent Living Council (WASILC) is funded by a grant from the WA Department of Health Office of Emergency Preparedness and Response. The National Disability Rights Network (NDRN), a membership organization that represents Protection and Advocacy Systems and the Client Assistance Programs for individuals with disabilities. There is an Emergency Preparedness Sub-Committee of the National Council on Independent Living (NCIL). NCIL is a membership organization representing individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils, and other organizations. NCIL and NDRN both have had Memoranda of Understanding with the Federal Emergency Management Agency's Office of Disability Integration and Coordination (ODIC). CIEP also partners with The Partnership for Inclusive Disaster Strategies (PIDS), the only disability-led 501(c)(3) nonprofit in the United States that

focuses on national-level emergency preparedness initiatives.

What does an inclusive approach to emergency preparedness look like to you?

Jim House: We often think we know everything we need to know about how to prepare for emergencies. Evacuation systems are not currently accessible for people with all types of access and functional needs. Katrina made us aware of how important service animals are to people with disabilities. Some people with disabilities were left behind because they could or would not leave their service animals and pets behind. Shelters that were established during Katrina's recovery were not set up to accommodate people with disabilities. When this happens, some end up going without necessary, life-sustaining assistive technology, durable medical equipment, and medications. People with disabilities get turned away from shelters and routed to nursing homes and institutions that can quickly get into and challenging to get back out of. Emergency announcements were all verbal, and people who could not hear or understand were left out of the communication channels unless the updates were captioned or written in plain language. Because there was little planning from emergency managers for people with disabilities, responders responded from a medical model perspective.

People with disabilities were unnecessarily sent to nursing homes and hospitals as shelters instead of making shelters accessible from the beginning. One of the problems with that model is that there is nothing medically wrong with these folks, and then they have extended stays within these facilities, which is not appropriate housing.

What did that time in our country's history teach us about preparedness?

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Jim House: My first experience in emergency preparedness began in 2004 when I was with TDI, an advocacy organization based in Washington, DC. TDI received a \$1.5M Federal grant from the US Department of Homeland Security to develop a training course on communication barriers experienced by the deaf and hard of hearing communities and first responders. In August 2005, while we were developing this course, our training partners at the National Center for Biomedical Research and Training/Academy of Counter-Terrorist Education at the Louisiana State University in Baton Rouge had experienced the brunt of Hurricane Katrina. That gave us a front-row seat where we witnessed up close the systemic gaps in access and functional needs. There were many lessons learned from this disaster, and that was when emergency management groups started to plan WITH not FOR people with disabilities and other access and functional needs.

What does “inclusive emergency preparedness” mean to you, and what are the important key concepts about this approach?

Jim House: A. It is “easy” to plan for the majority of our population, who have no additional access and functional needs. Still, it falls very short of the Whole Community Approach principles. The whole community approach considers five areas: Communication, Medical,

Independence, Security/Support/ Self-determination, and Transportation (C-MIST), keeping in mind the goal is threefold: Effective Communication Access, Programmatic and Physical Access.

B. The pandemic challenged us to think creatively and more inclusively. Typical plans that used high school gymnasiums for congregate shelters had to be revamped to use motels and dormitories for non-congregate shelters. Planning for people with disabilities benefit people who are aging as they experience new limitations in their daily living activities. During the wildfires in September 2020, CIEP received several requests for assistance from the American Red Cross. Some elderly survivors lost their mobility devices in the fire. The centers for independent living (CILs) collaborated with local community-based organizations (CBOs) to provide replacements within days. Other survivors had to work with disability and housing advocates to find new homes that were accessible and affordable.

C. Access and functional needs conversations need to be at the forefront of all planning and implementation, not as an afterthought.

What do you see as your Coalition’s role in preparing for and responding to an emergency?

Jim House: Emergency Managers are indeed the experts in what it takes to prepare for emergencies. No one knows more about evacuation routes, technical specifications required of a shelter, and all the preparations that must be made before an emergency. No one knows more about what people with disabilities need than actual people with disabilities in all aspects of life.

What do you see as your and the Coalition’s role in creating strong partnerships with emergency managers to bring the two spheres of expertise together to plan adequately and inclusively for everyone and work together quickly and effectively during an emergency?

A. CIEP hosts biweekly Zoom calls where stakeholders report out on Access and Functional Needs (AFN), highlighting “best practices” and “shortfalls” that were uncovered during the ongoing response to the COVID-19 pandemic. When other disasters are co-occurring such as wildfires or floods, CIEP calls are held more frequently. This allows emergency management to hear directly from the disability community about what is working or not working. DOH and EMD offer us many opportunities to collaborate on AFN issues, and they have been very responsive in listening to our concerns. We share lessons learned with national advocates and local

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partners from throughout the state. Our local partners invite us to conduct accessibility assessments to ensure all locations are accessible to everyone through effective communications, physical access, and programmatic access.

B. Another critical area is that CIEP Manager provides Technical Assistance (TA) to local emergency management on their emergency plans on accessibility. CIEP encourages both local emergency managers and disability advocates or local Disability Action Groups (DAGs) to collaborate and partner when it comes to developing plans for the community.

C. Part of the DOH contract with CIEP includes developing partnerships with not only EMD but the local/regional healthcare and aging networks as well as communities of color and those who use other languages.

Key concepts:

- This often means participating in national, state, and local collaborations for emergency preparedness, surveying shelters for accessibility and helping to select shelter locations, identifying service providers for people with disabilities that can be activated during an emergency, and assisting with case management and identifying/providing resources for people with disabilities during an emergency.
- While CIEP stakeholders appreciate their partnerships with disaster planners throughout the state, there is no substitute for having an AFN expert as an integral part of the Incident Command System (ICS) within emergency management agencies. These experts have a trained eye on best practices and shortfalls that come up in all-hazard planning for the whole community and be able to make the necessary adjustments before they become a real issue that would require additional time and

expense to repair. Also, no single individual can become an expert on all things related to disability. The life experience of a deaf person is entirely different from someone who is blind or uses a wheelchair, which is why the CIEP network of stakeholders brings a wide variety of useful best practices for the state or county.

- This also means hiring people with disabilities and/or SMEs on disability within emergency management. If you continue to think the same way from an ableism viewpoint, you will not be able to think outside the box and develop innovative ways to be inclusive. And typically, when you plan for people with disabilities, you are also planning for the general population. An example is curb cuts, ramps instead of stairs, etc.

What is one thing that people with disabilities can do to be more prepared for an emergency?

Jim House: Our emergency management systems have a very real obligation to practice inclusive preparedness so that they are equipped to accommodate everyone during an emergency. How do we educate and support our emergency management systems to fulfilling this commitment to all Americans?

Key concepts:

- Individuals with disabilities must understand that the first 72 hours immediately following a disaster are chaotic. They must plan to meet their own needs to the extent possible. Services offered, such as evacuation, sheltering, and mass care, are required to be accessible to people with disabilities, but that does not necessarily mean they will be.
- EMD is advising people to plan “shelter in place” for up to two weeks in the event of a major

earthquake where help may not arrive for many days. This includes having access to enough water – one gallon per day per person/animal in your household.

- There is a wealth of information and tools assembled: (name sources: WASILC, CIEP, CDC, Ready.gov, Georgia Tech, NAD, etc.) to help you make a plan for an emergency, and NDRN encourages everyone to check it out.

- The first and most important aspect of being prepared is to have a plan. Questions you should consider include: Where will you go if you need to evacuate? Will you need a caregiver with you? What supplies will you need to have with you to be self-sufficient for three days if necessary? Who will know your communication plan? Family? Neighbors? Friends?

- Have an emergency “go kit” in your home, workplace, and a vehicle in case you need to evacuate.

- Know where closest accessible shelters are located.

- Take any equipment you will need with you, i.e., shower chair, mobility devices, medications, hearing aid batteries, etc.

- Determine what you will need and how you will transport it and make transportation arrangements beforehand and have a backup plan.

- Sign up for local community alerts or have a plan to keep informed. Set your cellphone to accept WEA alerts.

- Know how to communicate with 9-1-1 if you prefer to use text.
- If you do not have a cell phone, plan how you will stay informed through trusted friends and neighbors.

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ADA THOUGHTS: OUTLOOKS

By Jim Mullen

It is frustrating when the obvious is missed. The challenges a disabled citizen encounters merely trying to access entry into an office, navigating stairs and hallways are always in plain sight.

Those few individuals over the course of my career with whom I worked that experienced those difficulties always seemed cheerful, resilient, and capable of overcoming obstacles in their path. They seemed to be coping, rarely seeking assistance or support. So, no problem?

As an emergency management director in Seattle and the State of Washington, ADA issues were seldom raised. Government facilities were regulated by agencies that kept us within the spirit of the law. Any questions were quickly resolved, internally, in favor of the ADA requirements. While I was President of the National Emergency Management Association (NEMA, 2011-12) a national issue arose that occupied my attention. The US Department of Justice (DOJ) had prevailed in a lawsuit in California when government defendants acknowledged that they had no intention of accounting for disabled access in their planning for mass shelters.

The resulting judgment sent shockwaves through the emergency management profession: DOJ's interpretation held that ANY shelter established - even in haste - after a disaster must be ADA compliant. Any government official (or website) directing persons to a shelter had to certify the shelter as ADA compliant or face significant liability.

In tense, combative teleconferences with DOJ, NEMA argued that city governments and private entities (churches, etc.) often establish shelters that are urgently needed in the immediate aftermath of a disaster. Government websites often identify private shelter locations as a public service. To DOJ, if those shelters were non-compliant the state would be liable for penalties for promoting "anti ADA" facilities!

DOJ erroneously assumed that governments maintained instantly available multiple mass shelter sites. We countered that government-sponsored mass shelter sites would be ADA compliant., citing two examples in Washington state: shelters hastily established post Katrina (2005) and long-term intensive planning for a potential Howard Hanson Dam failure (2008-09).

DOJ ultimately concurred that "best efforts" in such cases where private, non-government facilities were concerned were a sufficient "standard of care", but we learned something from them in that exchange, too. We resolved to include disability advocates in future shelter planning, securing their agreement to be a resource to test our best intentions against their reality.

Sometimes, we fail to see what is right in front of us.





ADA THOUGHTS: OUTLOOKS

By Curry Mayer

It is interesting that we, in emergency management, talk at length about helping as many people as possible in all of our programs and in all of the phases of emergency management, however, I don't believe we have spent enough time thinking about how we reach those who are differently abled. The term that is most inclusive of those with additional needs, is people with "Access and Functional Needs", which goes beyond what the Americans with Disabilities Act (ADA) requires. Access is about mobility, which includes the elderly and small children, and those who use mobility devices; wheelchair, walker, cane, etc. – think anyone who would need assistance accessing either help (for evacuation as an example) AND access includes the ability to find and use resources (so this also includes access to technology and those with limited English proficiency). Functional needs includes all who have challenges with functioning; cognitive, visual, physical, hearing, all functions that might be needed before, during, and after a disaster.

There are many disabilities that are invisible – cognitive challenges, or differing ways of processing information (dyslexia, ADHD, vision challenges, etc.) can be considered disabilities, or more accurately, differently abled – which requires that messaging, outreach, preparedness, recovery, be communicated in different ways.

For emergency management to be truly inclusive, we need to be thinking as broadly as possible. Race and ethnicity have been overlooked for many aspects of emergency management, as have those with Access and Functional Needs. For us to truly be inclusive we need to broaden

our perspective and definition of who our audience is and then adapt our ways of reaching that audience – what exactly are the particular needs of each segment of that audience/community? It is incumbent on the emergency management profession and its community to reach out to organizations and to do research to learn what all people will find most useful.

One way of adapting messaging and training materials is to use Universal Design principles. Here is a link: [Universal Design UW](#) and here: [Centre of Excellence Universal Design](#). Training materials using Universal Design principles would have low contrast colors, larger fonts, and a format that facilitates technology devices translating to another language or into spoken word. Setting up a room for training using Universal Design would include things like large aisles between tables and chairs (for those with mobility devices, such as wheelchairs) lighting that works for those with vision challenges, and the use of a microphone, so that everyone can hear what's being presented.

In our quest to reach the whole of community, emergency managers must broaden how they think about who is in the community and what challenges there are for those with Access and Functional Needs. By doing this, we not only help MORE people, we also do a better job of empowering people with information, awareness, and ways in which they can help themselves. This helps everyone!

Resources and assistance before, during, and after a disaster aren't any good if people can't find or access them!

ADA THOUGHTS: OUTLOOKS

By Scott Preston

When I ran the UW CERT team, I would actively seek out members from the hard of hearing/deaf community and the blind community. Dana Platt, the State 9-1-1 TTY manager at that time was someone who volunteered on several occasions. The UW would pay for an interpreter to assist her and me, since I don't speak sign language (although I am half-deaf).

The value was recognized on several fronts:

1- The community in question had an active role in the UW's emergency training for the CERT team. This is the very definition of inclusion.

2- The CERT members had the opportunity to practice serving and assisting members from that community and learn how to manage the needs of the individual, in the context of the disaster. This also meant having to think critically about how a CERT team would assist a blind or deaf person. Some examples: The common CERT verbal triage ("If you can hear me, come to the sound of my voice") would not work for deaf person. Also, we did a lot of work in absolute darkness, where the practice scene would only be lit by headlamps. Shining a light in the face of someone who is deaf immediately removes their only means of communication because they can't see hands or read lips through the blinding light. Another example is that great care and thought must be given to how patients are treated for injuries, if they are reliant on their hands to communicate or their ears to tell them about an environment that they can't see. We tried to help the CERT volunteers to recognize the value of slowing down and assessing the specific needs of the patient, based on what they were able to discern by their initial size-up and patient evaluation.

For example: If a patient with a wheelchair were to be rescued from a building, every effort should be made to bring the wheelchair too or have some alternate provision that is as accommodating as possible, given the situation at hand. A blind patient with hand injuries should be treated in such a way as to preserve as much mobility in the fingers and hands as possible without risking additional injury. This way the at patient can still sign in order to communicate.



3- It was good for me as one of the UW's emergency managers to have a more in-depth understanding of the needs of those communities. Unfortunately, many emergency management programs simply don't have enough support to adequately plan for the additional resources needed to properly assist the members of our community who may have additional special needs.

We had a similar approach for persons who spoke some other language besides English. We'd try to find native foreign-language speakers to serve as role-play victims and ask them not to speak any English at all during the course of the exercise. In some cases, our CERT members spoke that same language and things got easy for the team. In other cases, they had to improvise. Eventually, we issued pictographic talking cards that would help them communicate basic first aid concepts. We were doing good things and starting to tackle some of the tough issues that CERT teams face, but unfortunately, the grant went away and so the program was left unfunded.

Question: Do you have any idea what the UW is doing now in terms of EM and Preparedness when it comes to people with ADA needs?

Not since I've been gone. However, there was a study conducted in 2006 while I was there, You can read about it here: <https://www.washington.edu/uwem/resources/other-disaster-resources/special-needs-resources/>

If you want to reach out to UW Emergency Management, here's their contact information:
<https://www.washington.edu/uwem/contact-us/>





FUNCTIONAL ASSESSMENT SERVICE TEAMS (FAST)

By Nancy Aird

The Americans with Disabilities Act (ADA) was enacted on July 26, 1990. It guaranteed equal access to individuals with disabilities to state and local programs, services, programs, activities, and facilities, which included support from non-governmental organizations (NGOs), faith and community-based organizations, and private sources. FEMA's Whole Community preparedness approach promotes integrating people with access and functional needs (AFN) into general emergency shelters or other areas.

In 2007, the California Department of Social Services created the Functional Assessment Service Team (FAST) program after Hurricane Katrina's aftermath showed sheltering thousands of disaster victims needed pre-incident and proper coordination. FAST provides trained teams with experience and knowledge to identify and assist AFN individuals at shelters, feeding operations, or assistance centers promoting health, safety, and independence during the disaster.

Pierce County Emergency Management partners with Pierce County FAST to provide AFN individuals access to ADA and FEMA Whole Community accommodation shelters.

Some of the FAST responsibilities include the following list: <http://www.cdss.ca.gov/inforesources/Mass-Care-and-Shelter/FAST>

1. Conduct assessments and evaluations of individuals with disabilities and others with access and functional needs.
2. Identify and track necessary resources so individuals with disabilities and others with access and functional needs can maintain their health, safety, and independence while residing in shelters.
3. Assess the need for Personal Assistance Services, durable medical equipment, consumable medical supplies, and prescribed medications.
4. Develop and implement service plans for individuals with disabilities and others with access and functional needs to meet those identified' essential functional needs.
5. Advise individuals with disabilities and others with access and functional needs on recovery services available. Coordinate services and maintain contacts and service notes.
6. Facilitate and provide technical assistance to shelter staff related to resources for individuals with disabilities and others with access and functional needs.
7. Ongoing coordination and collaboration with shelter management.

If you are interested in learning more about FAST training, please call Ivan Tudela at (253) 798-2203 or email at: ivan.tudela@piercecountywa.gov. Ivan is the coordinator for FAST at Pierce County Emergency Management Department. Other organizations and government agencies from various states are using this model. Check with your local groups to see if FAST is in being used your area.

ADA RESOURCES



Washington State Organizations

- [Abused Deaf Women's Advocacy Services](#)
- [The Arc of Washington State](#)
- [Assisted Living in Washington State](#)
- [Disability Rights Washington \(DRW\)](#)
- [Northwest ADA Center](#)
- [Northwest Justice](#)
- [Partnerships for Action, Voices for Empowerment \(PAVE\)](#)
- [Self-Advocates in Leadership \(SAIL\)](#)
- [Washington Client Assistance Program \(CAP\)](#)
- [Washington State ABLE Savings Plan](#)
- [Washington State Coalition Against Domestic Violence](#)
- [Washington State Coalition for Language Access \(WASCLA\)](#)
- [Washington State Commission on African American Affairs](#)
- [Washington State Commission on Asian Pacific American Affairs](#)
- [Washington State Commission on Hispanic Affairs](#)
- [Washington State Women's Commission](#)
- [Washington State Disability Organizations List](#)
- [Northwest Access Fund](#)
- [Washington Assistive Technology Act Programs](#)

Washington State Government Agencies

- [Governor's Committee on Disability Issues and Employment \(GCDE\)](#)
- [WA State Developmental Disabilities Council \(DDC\)](#)
- [WA State Department of Services for the Blind \(DSB\)](#)
- [Office of the Deaf and Hard of Hearing \(ODHH\)](#)

- [WA State DSHS Division of Vocational Rehabilitation \(DVR\)](#)
- [WA State Rehabilitation Council \(WSRC\)](#)
- [Washington State Department of Health Disability Organizations List](#)
- [WA State Human Rights Commission](#)
- [WA State Governor's Office of the Education Ombuds](#)



National Organizations

- [Association of Late Deafened Adults \(ALDA\)](#)
- [Association of Programs for Rural Independent Living \(APRIL\)](#)
- [Autism Society](#)
- [Cerebral Palsy Alliance](#)
- [Hearing Loss Association of America \(HLAA\)](#)
- [Independent Living Institute](#)
- [Independent Living Research Utilization \(ILRU\)](#)
- [Job Accommodation Network](#)
- [Multiple Sclerosis Association of America \(MSAA\)](#)
- [National Alliance for the Mentally Ill \(NAMI\)](#)
- [National Autism Association](#)
- [National Association of the Deaf](#)
- [National Council on Independent Living \(NCIL\)](#)
- [National Federation of the Blind](#)
- [National Multiple Sclerosis Society](#)
- [United Spinal Association](#)
- [Telecommunications for the Deaf and Hard of Hearing, Inc](#)

National Government Agencies

- [Administration for Community Living \(ACL\)](#)
- [Housing and Urban Development \(HUD\)](#)
- [Social Security Administration Disability Program](#)



Advocacy Resources

Find Your Legislative Representatives:

- [Washington State House of Representatives](#)
- [Washington State Senate](#)

Emergency Preparedness

- [National Organization on Disability Emergency Preparedness Initiative](#)
- [FEMA Region 10](#)
- [Pierce County Public Works and Utilities - Flooding](#)
- [Thurston County Emergency Management](#)



LGBTQ+ Resources

- [Human Rights Campaign of Washington](#)
- [Seattle Pride](#)
- [Respect Ability](#)
- [Rainbow Center, Tacoma, WA](#)
- [Pride Foundation of Washington](#)
- [Odyssey Youth Movement](#)
- [Gay City, Seattle](#)
- [Queer Youth Resource Center](#)



Helpful Links on How to Prepare for Emergencies

- [Ready.gov Preparing People with Disabilities & Access Needs](#)
- [Ready.gov Disaster Preparedness Resources for Persons with Disabilities](#)
- [WA Emergency Management Division \(EMD\)](#)
- [Federal Emergency Management Agency \(FEMA\)](#)
- [Red Cross Disaster Preparedness for People with Disabilities](#)
- [Emergency Preparedness-Accessibility](#)
- [CDC Disability & Health Emergency Preparedness](#)
- [Emergency Action Plan](#)