While START teams are NOT the primary entity that is responsible for care for enrollees, we are a crisis team and must be ready to mobilize. Also, because of our track record in remaining connected to families and community providers through linkages, we often have information, methods and resources to assist.



## **Emergency Preparation**

**Primary:** Ongoing planning; Increasing capacity to respond in emergencies; emergency functional assessment; training; access; linkage, ordinary START practices

**Evaluation & Recovery** 

**Secondary:** Program specific imminent response; post-acute response; debrief; lessons learned

**Emergency Response** 

**Tertiary:** Immediate response; damage assessment; incident command

## Primary-capacity building; crisis planning; methods in place for stabilization

- Emergency functional assessments.
- Access: redundancy of materials, phone, files, etc. paper vs. electronic files, bringing everyone up to speed, forms (moodlerooms, SIRS, etc.)
- Available resources to help individuals and families for emergency prep (go back, Medicaid card, etc.)
  - How to find those labels to put in the window, health passport,
  - What emergency prep tools are available within the each local community
  - Preparation action planning/standard practices based on lessons learned. Templates for teams to develop a list of shelters that are wheelchair accessible, prepared to support people with IDD, families, accepts pets. Food banks.
- LINKAGE!! Establish relationships within our local areas-pharmacy, red cross, county/state emergency response
- Training and standard development—based on lessons learned
- START practices include emergency/crisis prep

## Secondary: beating the odds; crisis plan implementation; subspecialty/expertise

- Subspecialty resources are available and methods to access them
  - Ex: identified people within the state that the START program has established linkages with and can call on during emergency situations.
- Individual/program specific imminent response
- Resources needed to continue to serve enrollees during emergency situations
- Post-acute response
- Recovery: Debriefing, "lessons learned"

## Tertiary: acute need; crisis

- Immediate response---what do people need NOW (basic needs, physical health)
- Damage assessment: knowing the needs (Example: earthquake---safe to go outside)
- Incident command—mobilization, consistent communication
  - Access to SIRS is a good example to consider here.
- Psychosocial supports: Psychological First Aid