



**Coalition on Inclusive
Emergency Planning
(CIEP)**



**Washington
Statewide
Independent
Living Council**

CIEP Disaster Access and Functional Needs (AFN) Review

(Abridged in Plain Language) © 2026 WASILC

Event: December 2025 Weather Disaster

FEMA Disaster Declaration: # EM-369-WA (WA Severe Storms, Straight Line Winds, Flooding, Landslides, and Mudslides)

Incident Period: December 9 - 15, 2025; recovery continuing

State Governor Declaration Date: December 12, 2025

[DR-4906-WA](#) Individual Assistance Approved on: April 7, 2026

Executive Summary & Event Background

Between December 9 and 15, 2025, Washington State experienced a series of catastrophic atmospheric rivers and winter storms. This resulted in widespread flooding, landslides, high winds, and severe damage to homes, highways, and other critical infrastructure.

Key Disaster Impacts:

- More than 100,000 people were under evacuation orders, including two entire cities.
- 383 emergency rescues and approximately 1,000 assisted evacuations were conducted.
- Nearly 4,000 homes were damaged (440 destroyed or severely damaged).
- One fatality was reported.
- Three major rivers (Skagit, Snohomish, and Cedar) reached their

highest recorded levels.

- 34 state-managed transportation routes were severely impacted.
- Approximately 450,000 customers experienced power outages.

On January 21, 2026, Governor Bob Ferguson formally requested a federal major disaster declaration, seeking an estimated \$21.3 million in FEMA Individual Assistance for survivors across 10 counties and 15 Tribal Nations. The Washington State Emergency Operations Center (SEOC) activated at Level 1, mobilizing 400 National Guard personnel for lifesaving missions.

Introduction to the AFN Review

This Plain Language After-Action Report (AAR) outlines best practices and unmet needs for people with disabilities and other [Access and Functional Needs](#) (AFN) during the December 2025 storms. The Coalition on Inclusive Emergency Planning (CIEP), led by the Washington Statewide Independent Living Council (WASILC), gathered these findings through daily and weekly review calls with government agencies, nonprofits, and community groups. A complete version of this AAR with more resources and recommendations is available on the WASILC website.

The findings are organized using the [CMIST Framework](#):

1. [Communications](#)
2. [Maintaining Health](#)
3. [Independence](#)
4. [Support, Safety, and Self-Determination](#)
5. [Transportation](#)

Overall Statewide Recommendations:

- Enhance coordination between state, tribal, and local agencies for disaster response, emphasizing inclusive AFN planning.
- Increase infrastructure preparedness to protect critical transportation and utilities.
- Expand training and resources for emergency shelters to ensure full

ADA accessibility.

- Strengthen partnerships between government and community organizations for disaster case management.
- Develop comprehensive data systems to track and support vulnerable populations safely.
- Promote ongoing education for emergency managers through coalitions like CIEP.
- Update emergency plans using the CMIST framework based on lessons learned.
- Pursue funding opportunities prioritizing equitable access for all affected communities.

1. Communications

Ensuring ASL access, language access, and effective community outreach.

Key Findings & Narrative

Early emergency communications and televised briefings from the Governor's Office lacked American Sign Language (ASL) interpreters. This left more than 250,000 deaf, deafblind, and hard-of-hearing residents without vital information, violating ADA and FCC regulations. Following advocacy from WASILC and independent living centers, interpreters were added to subsequent briefings.

Further challenges persist for the DeafBlind population, those with digital illiteracy, and individuals requiring culturally appropriate communication. Many senior citizens and people with disabilities also lack access to mobile alerts or the internet, requiring community "buddy systems" for alerts.

Legal and Alerting Requirements:

- [SB 5046](#): Requires emergency alerts to be provided in languages used by at least 5% of the local population.
- [SB 5027](#): Requires at least 50% of public TVs to have closed

captioning turned on.

- **Outdoor Warning Systems:** Sirens for lahars (Pierce County) and tsunamis (coastal areas) require visible strobe lights. Pilot strobe projects are currently underway at Camp Murray and Ocean Shores to improve visibility. More areas will be implemented soon.

Recommendations

- Develop a Standard Operating Protocol (SOP) to ensure accessible TV briefings with ASL interpreters within 2 to 4 hours of an emergency declaration.
- Use a team of one hearing ASL interpreter (off-camera) and a qualified Deaf Interpreter (on-camera).
- Ensure TV broadcasts use a large, unobstructed Picture-in-Picture (PIP) window in the lower right corner for interpreters, alongside live open captioning.
- Create GIS maps showing where ASL interpreters and high concentrations of deaf individuals live to aid in deployment.
- Ensure local county alerts and Emergency Alert System (EAS) messages meet full visual and audio accessibility standards.
- Address the unique needs of DeafBlind individuals, including in-person interpreters and tactile communication.

Resources

- Snohomish Health Department [Guidance for Improving Accessibility of Public Health Communications](#)
- [Gallaudet University Disability Inclusive Disaster Risk Reduction and Emergency Planning](#) certificate program.
- [WASILC Disaster Recovery AFN Resource List](#)

Checklist for Communications Best Practices

- Shelter rooms and areas are labeled in Braille, tactile markings, simple language, and visual graphics.

- Shelters provide access to amplified, captioned, video, and large - button telephones.
- Public Wi-Fi and internet are available.
- Public Announcement (PA) systems feature audio loops for hearing aids and supplements CART (captioning) services.
- Video announcements include captioning and video descriptions.
- ASL and spoken language interpreters are on standby with payment contracts in place.
- Information in alternate formats (large print, Braille, thumb drives).
- Social media and local media announcements include quality captioning and ASL interpretation.
- Alternatives to web -based messaging are identified for power and internet outages.

2. Maintaining Health

Addressing sheltering, durable medical equipment, and public health issues.

Key Findings & Narrative

There is a significant gap in coordination between emergency management (mass care) and long-term care facilities regarding acute AFN needs during evacuations. Power outages deeply impacted individuals relying on life-sustaining durable medical equipment (DME).

Durable Medical Equipment (DME):

Replacing lost or damaged DME is heavily bureaucratic. The CMS 1135 Waiver allows Medicaid/Medicare to pay for emergency replacements, but it requires new prescriptions and complex coding. Organizations like the [Knights Community Hospital Equipment Lend Program](#) (KC-HELP) were vital in bypassing red tape by providing immediate, sterilized loaner equipment (wheelchairs, walkers, and crutches) from their statewide

network of warehouses.

Public Health Monitoring (Department of Health):

The DOH monitored drinking water systems heavily impacted by flooding. By March 20 26, 14 water systems were still operating under abnormal conditions, and boil water advisories remained in several counties. The DOH actively surveyed Disaster Assistance Centers (DACs) to ensure they accommodated people with disabilities and monitored for rising infectious diseases like the flu.

Recommendations

- Improve interagency coordination between emergency management, adult living facilities, and public health regarding DME logistics.
- Utilize the CMS 1135 Waiver efficiently and ensure points of distribution for basic supplies are physically accessible.
- Promote in-home power supply audits to prepare for extreme weather outages.
- Increase volunteer support for mold and mildew cleanup in flooded homes.
- Extend SNAP food benefit service waivers for those who lost purchased food.
- Prepare for overlapping disaster events (e.g., extreme heat during the upcoming FIFA World Cup), emphasizing language access.

Resources

- WA State Department of Health [Flood Cleanup Guidelines](#)
- [HHS emPOWER Map](#) (protects at-risk Medicare beneficiaries reliant on electricity).
- [WA Office of the Insurance Commissioner](#) (for disaster insurance guidance).

Checklist for Maintaining Health Best Practices

- Shelters have non-food refrigeration for medication storage.

- Shelters provide quiet rooms and allow overhead lights and HVAC fans to be adjusted at night.
- Feeding plans accommodate special diets, tube feedings, formulas, and fatal food intolerances.
- Shelters are equipped with generators, bariatric equipment, and accessible cots.
- Shelters should have access to equipment for small children or infants such as cribs, diapers, toys, and pediatric supplies.
- Shelters are pet-friendly and fully accommodate service animals.
- Plans address disease outbreaks, including those transmitted by service animals.
- Decontamination procedures include specific instructions for manual/power wheelchairs, hearing aids, cochlear implants, and service animals.
- Mental health needs and airway disease support are integrated into health planning.

3. Independence

Restoring pre-disaster housing status and coordinating state -level recovery.

Key Findings & Narrative

Because Washington is a "home-rule" state, counties have primary autonomy over disaster response. The goal of recovery is to restore pre-disaster housing status. However, accessible housing is often lost in disasters and not rebuilt to the same accessible standards.

Many displaced individuals were living in RVs or mobile home parks that were destroyed. Agencies noted a shifting definition of homelessness; many older adults or people with disabilities living in campgrounds did not previously consider themselves unhoused but are now classified as such. Grandparents and older adults are the fastest -growing demographic

facing houselessness post -disaster.

WASILC Leadership & Cross-Disability Focus:

WASILC's Executive Director emphasized that the "cross-disability" community includes physical, sensory, cognitive, behavioral health, and invisible disabilities. WASILC is prioritizing the inclusion of individuals with lived experience in policymaking and is developing a statewide needs assessment survey covering emergency preparedness.

Recommendations

- Enhance coordination among state agencies to support housing recovery, especially in the absence of immediate FEMA funds.
- Ensure all shelters are validated for accessibility by Functional Assessment Service Teams (FAST).
- Provide tailored housing support for non-traditional housing residents (RVs and mobile homes).
- Establish debris removal assistance for people with disabilities who cannot self-haul.
- Use USDA Letters of Priority Entitlement (LOPE) to move people with verified disabilities to the top of housing waiting lists.
- Advocate for accessible housing infrastructure proactively during "blue-sky" (non-disaster) periods.

Resources

- [Small Business Administration \(SBA\)](#) Disaster Loan Outreach Centers
- [The Partnership for Inclusive Disaster Strategies](#) (PIDS) Disability & Disaster Hotline
- [National Low-Income Housing Coalition](#)

Checklist for Independence Best Practices

- Shelters have family restrooms, private nursing rooms, diaper changing rooms, and adult day care spaces.

- Information signs are color -coded, and floors are marked with colored tape for wayfinding.
- Shelters have adequate power outlets to charge assistive technology.
- Shelters provide designated relief and exercise areas for service animals.
- Community all-hazards planning occurs during blue sky days with full disability partner inclusion.
- Affordable and specifically *accessible* housing is promoted in long -term recovery.
- Energy restoration prioritizes people dependent on life -sustaining medical devices and mobility equipment.

4. Support, Safety, and Self -Determination

Navigating diminishing federal support and building state -level AFN capacity.

Key Findings & Narrative

There is a noticeable reduction in AFN support at the federal level. FEMA has reduced its Regional Disability Integration Specialists (RDIS). As FEMA pushes states to take on more responsibility, Washington must continue to build its own internal AFN network by encouraging counties to work with its Centers for Independent Living (CILs) and other local agencies.

Disaster Assistance Centers (DACs) have been established, but CILs and AFN specialists need to be integrated into the Incident Command System (ICS) at a higher level to influence decision-making effectively. Rapid response tools, like GIS mapping, are being developed to locate people with disabilities who may need immediate support.

Recommendations

- Position AFN specialists and advisors directly within the ICS command structure.

- Formalize Standard Operating Procedures (SOPs) for AFN response and FAST team activation.
- Fully integrate Centers for Independent Living (CILs) into Disaster Assistance Centers.
- Develop clear, one-stop resource centers to improve the accessibility of disaster services.
- Push for federal Individual Assistance declarations while concurrently preparing state -led support programs.
- Encourage community members to file insurance claims immediately, utilizing emergency deadline extensions.

Resources

- [Disaster Cash Assistance Program](#) (DCAP).
- [WA Volunteer Organizations Active in Disasters](#) (WAVO AD).
- [Humanitarian Hands -on Tool](#) (HHoT).

Checklist for Support, Safety, and Self -Determination

- NGOs (Protection & Advocacy, CILs, and the Red Cross) are included in emergency recovery networks and serve as core advisory groups.
 - Disability/AFN advisors are placed at the Incident Command level immediately upon emergency declaration.
 - Rapid assessments evaluate spontaneous shelters and ensure relocation to accessible temporary housing.
 - Appropriate resources (DME, universal cots) are present in all public disaster spaces.
 - Mental health providers are trained in cognitive, intellectual, and aging-related disabilities (e.g., dementia).
 - Procedures allow interpreters, co-navigators, and personal care providers to access disaster areas to assist clients.
 - Ongoing ADA and disaster training is provided to emergency staff and human resource specialists.
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5. Transportation

Managing evacuations, non-emergency medical transport, and accessible routing.

Key Findings & Narrative

Flooding and road closures (such as a 7 -hour delay on I-5) severely impacted evacuation logistics. For individuals with disabilities, waiting for a Level 3 (GO NOW) evacuation order is highly dangerous; it is highly recommended to evacuate at Level 2 (GETSET) to ensure adequate time for accessible transportation.

Non-Emergency Medical Transportation (NEMT):

NEMT brokers play a critical role in transporting displaced Medicaid beneficiaries to medical appointments (such as dialysis). Despite the term "non-emergency," these services operate during disasters. Displaced individuals must update their temporary addresses with NEMT brokers to avoid missing critical medical care.

Mobility Management:

Tools like Hopelink's "Find a Ride" were instrumental in helping non-drivers navigate transportation post-disaster. However, regions outside the central Puget Sound lack sufficient mobility management staff.

Recommendations

- Encourage people with disabilities to evacuate at Level 2 (GET SET).
- Provide advanced notice regarding the opening of Disaster Assistance Centers so accessible transportation can be arranged.
- Integrate NEMT brokers directly into emergency planning channels (e.g., National Weather Service communication streams).
- Promote multi-modal trip planners for shelter residents.
- Utilize transit agency networks to donate retired accessible vehicles to nonprofits for recovery use.

- Identify flood -prone areas and establish clear risk thresholds that trigger transportation service adjustments.

Resources

- Hopelink [Find a Ride](#) Tool (1-888-697-9080 Voice/Text).
- [King County Metro Community Van Program](#)
- [RARET 2025 Flood Report](#)

Checklist for Transportation Best Practices

- Plans exist for emergency mass transportation when public transit shuts down.
- Shelter-in-place instructions are clear for people with disabilities to reduce travel impacts safely.
- Extrication and evacuation chairs are available on fire/rescue apparatus.
- Accessible transportation (including bariatric services) is available, especially in rural areas.
- Facilities are located on public transportation routes, with identified accessible parking.
- MOUs are in place with local entities for accessible transportation during disasters.
- Infrastructure repairs prioritize public accessibility (sidewalks, curb cuts, and wheelchair ramps).

About CIEP & Project Contributors

[The Coalition on Inclusive Emergency Planning \(CIEP\)](#) is a statewide advisory group led by the [Washington Statewide Independent Living Council \(WASILC\)](#). This group advises government agencies, emergency managers, and nonprofits on integrating accessibility into all aspects of emergency management. People with disabilities are 4 times more likely to be severely injured or die in a disaster, making inclusive preparation

critical.

To get involved in the weekly Zoom calls, sign up for the [CIEP email list](#).

WASILC Leadership:

- **Jim House:** Disability/AFN Integration Manager for CIEP (Editor of this document).
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