CMIST and Cot-to-Cot:
Identifying needs of diverse and disability communities in emergency congregate care shelters

Identifying and meeting access and functional needs of clients in general population congregate care shelters is an essential task. When citizens evacuate to a shelter they may become a population immersed into a changing and sometimes unpredictable environment. Health needs, functional support needs and chronic illness care needs that are routinely met in the home environment can be significantly impacted by being displaced. A two-phase, multi-method study done in two disasters in 2011 sought to improve the content and process steps involved in identifying client needs in shelters. In shelters studied during Hurricane Irene, in two out of three shelters, the population with support needs in the shelters was double the county estimate (Census, 2010) for persons with disabilities. At a tornado shelter also in 2011, 80% of the clients had health needs three days post arrival that had not been either identified by shelter staff or acknowledged by the client. Literature review, interviews with shelter residents and nurses, and analysis of access and functional needs data suggested that the ideal way to find client needs is through a multi-phase process of initial assessment plus “Cot-to-Cot” client/family interviews on day one and three post-arrival to the shelters. In the spirit of a “rapid needs assessment”, the Cot-to-Cot process model is an innovative public health model of relational care. The model provides multiple opportunities for shelter residents and disaster relief staff to identify and meet access and functional, health and mental health concerns.

CMIST (Communications, Maintaining Health, Independence, Services, support, self-determination, and Transportation) was created as a framework to give language to the broad scope of considerations in the world of functional needs support. Access and Functional needs as integrated into CMIST language goes beyond Activities of Daily Living (ADL’s) to include mobility, health and mental health, transportation, and care of children. The CMIST construct accommodates the diversity found within any community, across all ages, across the disability spectrum, across cultures. After the Cot-to-Cot methodology was instituted, a job guide called CMIST was created to support shelter staff in identifying needs with clients. In Hurricane Sandy, this job guide was utilized to assist shelter staff in identifying client needs. By tracking the CMIST content, patterns of needs were identified, resources were obtained, and client’s post-disaster needs were supported in a timely manner. Support included translators for clients with English as a second language, durable medical equipment such as wheel chairs, consumable medical supplies such as items to support chronic care needs, and dietary requirements for faith-based or health needs.

This session will build skills to identify access and functional needs of a shelter population through a didactic presentation with case studies and an immersion scenario. Participants will use the intake tool, Cot-to-Cot methodology and the CMIST job aid to solve multiple injects.
drawn from real disaster situations encountered in shelters. Injects will include working with persons with disabilities, access and functional needs as well as health and mental health scenarios.

The FEMA office of Disability Integration and Coordination and the Office of Administration for Children and Families in the Office of Emergency Preparedness under ASPR (among others) are partners with American Red Cross in supporting strategies to identify and meet client needs in shelters. This session and training promotes partnerships specifically for health integration in general populations emergency and disaster shelters.

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