



# SARTAC DISABILITY SAFETY TOOLKIT

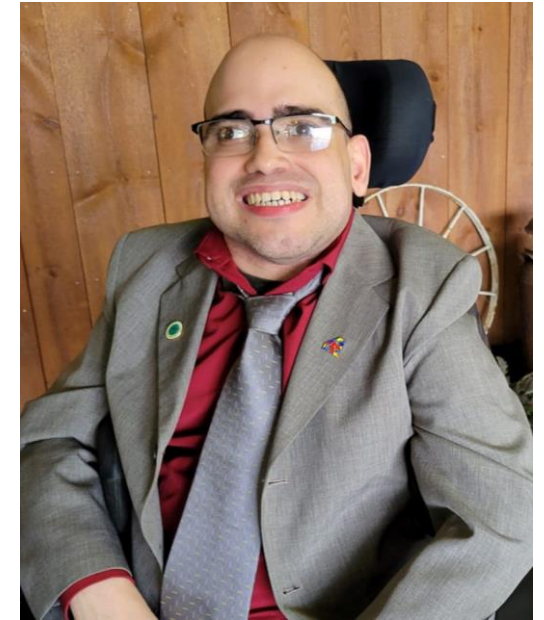
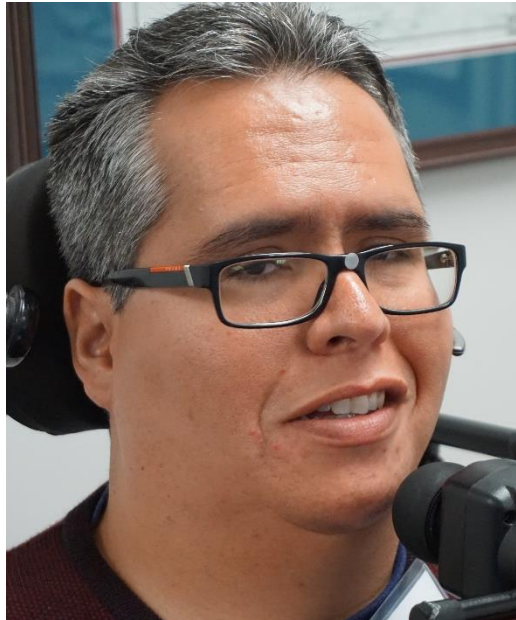
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**March 15, 2024**

# SARTAC Advisory Committee

- 1) Advisory Committee of people with disabilities from around the country
- 2) Help set priorities for SARTAC
- 3) Participate in the selection of Fellows
- 4) Use feedback from state and local groups to pick topics for translation
- 5) Provide input and approve the logic model for evaluation
- 6) Work on a sustainability plan for the project
- 7) Provide oversight and feedback of partners' work on projects

# Presenters



# ASAN Toolkit

- This Toolkit was created by SARTAC Advisory Committee members and adapted from the ASAN Autism and Safety Toolkit.
- To read the ASAN document titled "Autism and Safety Toolkit: Safety Tips for Self-Advocates" please click on the link below:  
<https://selfadvocacyinfo.org/resource/safety-tips-for-self-advocates/>



# Disability Safety Toolkit

The Disability Safety Toolkit was created to help people with disabilities

- Identify signs of abuse
- Know how to advocate for safer communities
- Identify resources in the community
- Develop plans to stay safe



# Check how they feel

- Are they often feeling uncomfortable or sad?
- Do they seem angry all the time or have a quick temper now?
- Are they unusually fearful of bad things happening?
- Do they appear much more nervous than before?
- Have you heard them saying things like “Stop,” “Don’t hurt me,” or “No, please,” even when there is no apparent threat?



# Notice changes in their behavior

- If they used to dress well, do they now look messy or wear dirty clothes often?
- Were they once enthusiastic about activities they enjoyed, like games or sports but now seem disinterested?
- When you ask them why they have stopped doing things they used to enjoy do they say they are “not allowed” anymore?
- Are they struggling with tasks they used to handle easily?
- Do they have unusual marks, cuts, scrapes, bruises, or injuries, with no explanation?



# Look for changes in their life

- Is there someone in their life who is always angry at them, and does this person scare them?
- Have you noticed that you rarely see them anymore, even though you used to spend time together?
- Are they skipping social events, parties, church, school, or work more frequently?
- Do they seem to have financial problems now, even though they had money before?
- Have they developed new, odd habits, like constantly checking the time?





# 988 Suicide and Crisis Lifeline

- These crisis counselors are trained to provide free and confidential emotional support and crisis counseling
- They help people in suicidal crisis or emotional distress
- They also connect people to resources
- These services are available 24 hours a day, seven days a week, across the United States



# 988 Suicide and Crisis Lifeline

- You can dial 988
- You can chat with a crisis counselor - use the Lifeline chat via <https://988lifeline.org/chat/>
- You can use your phone to text with 988
- To learn more about the Lifeline, please visit: [www.988lifeline.org](http://www.988lifeline.org)



# My Safety Plan

The safety plan is a form created for people with disabilities to fill out with information they would like people to know about them if they are ever in need of help. The safety plan includes:

- Identity information
- Emergency contact information
- Medical contact information
- List of medications
- Important information about personal safety

# MY SAFETY PLAN EXAMPLE

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# My Safety Plan

## Who am I?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

## My emergency contact

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

## My disability

Primary disability: \_\_\_\_\_

Secondary disability: \_\_\_\_\_

## My medical information

My doctor's information: \_\_\_\_\_

Name and phone number: \_\_\_\_\_

## My medications

Name of medication	Dosage or how much do you take	When do you take it

My allergies: \_\_\_\_\_

\_\_\_\_\_

**Preferred hospital or clinic**

In case of a medical emergency, please take me to:

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In case of a mental health emergency, please take me to:

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**If I am having a mental health emergency:**

Please do not give me access to these items:

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Things that help me during a mental health emergency:

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# Thank you!



SWI

George Garcia

[g.garcia@swifamilies.org](mailto:g.garcia@swifamilies.org)