Welcome to the Emergency Management and Preparedness - Inclusion of Persons with Disabilities webinar series. I'm Lewis Kraus from the Pacific ADA Center, your moderator for this series. This series of webinars is brought to you by the Pacific ADA Center on behalf of the ADA National Network. The ADA National Network is made up of 10 regional centers federally funded to provide training, technical assistance, and other information as needed on the Americans with Disabilities Act. You can reach your regional ADA Center by dialing 1-800-949-4232.

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This is the fifth year of the webinar series which shares issues and promising practices in emergency management inclusive of people with disabilities and others with access and functional needs. The webinars provide an opportunity for emergency managers, people with disabilities, and others with access and functional needs, first responders, planners, community organizations, and other community partners to exchange knowledge.
and information on promising practices in inclusive emergency preparedness and management for the whole community. The series topics will cover emergency preparedness and disaster response, recovery and mitigation, as well as accessibility and reasonable accommodation issues under the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the ADA, and other relevant laws.

Upcoming sessions are available at www.adapresentations.org/schedule.php. These webinars occur on the second Thursday of the month at 2:30 Eastern time, 1:30 Central time 12:30 Mountain time and 11:30 a.m. Pacific time. By being here you are on the list to receive notices for future webinars in the series. The notices go out two to three weeks before the next webinar and open that webinar to registration.

You can follow along on the webinar platform with the slides. If you are not using the webinar platform, you can download a copy of today's PowerPoint presentations at the www.adapresentations.org/schedule.php website. This session is being recorded and the archive will be available for review early next week at that same website, along with the PowerPoint slides.

At the conclusion of today's presentation there will be an opportunity for everyone to ask questions. You may submit your questions using the chat area within the webinar platform and the speakers and I will address them at the end of the session. So feel free to submit them as they come to your mind during the presentation. To submit your questions, type and submit them in the chat area text box, shown on the screen, or if you're using keys, press control m and enter text in the chat area. If you are listening by phone and not logged into the webinar, you can ask your questions by e-mailing them to adatech@adapacific.org.

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Today's ADA National Network Learning Session is titled How Functional Assessment Service Teams (FAST) Are Being Implemented in Three States. When people are displaced from their homes during a disaster and find it necessary to stay in a community shelter, it is essential that community officials, responders, and shelter managers are prepared to provide service and reasonable accommodations to all shelter residents, including those with access and functional needs. A Functional Assessment Service Team, FAST, can help people get what they need to safely stay in a community shelter and to assist them to return home as soon as possible. The webinar will help you learn more about FAST as one possible resource in the whole community planning and response. The webinar will provide background as to what is FAST, why it might work in your community or state, and the future of FAST across the nation.

We are going to hear from Washington and Wisconsin who will share their experiences from their FAST journey. California, who we had planned to participate in this, unfortunately our speaker has needed to respond to the fire disasters and she and her FAST teams have been deployed. But, we may have a golden nugget here today as Tarah Heller, our speaker, has called and said she may be able to call in and describe what is happening right now. So we'll look forward to if she can call in during the session. In any event, we will aim to have her come back another month to talk about her FAST team implementation during
Our first speaker today is June Isaacson Kailes. June operates a disability policy consulting practice and her consulting and publications focus on building disability actionable competencies in the worlds of healthcare and emergency management to ensure people with disabilities and others with access and functional needs are integrated and included in service delivery processes, procedures, protocols, policies, and training. She originally conceived the concept of FAST and worked with California and other government entities on developing their teams.

So, June, I'm going to hand it over to you.

>> June Isaacson Kailes: Ok. Thank you, Lewis.

   So I'm based here in L.A., and thankfully away from the fire zone. The first slide, I'm known for being a lead in moving the emergency management world conveying special needs focus to integrating a functioning needs focus in a planning and response. I have worked with lots of states and counties and cities. Two years of work helped me to help L.A. strengthen their planning and response in terms of disability and functional needs.

>> Lewis Kraus: June, this is Lewis. Can I break in for a second? Can you get a little closer to your microphone. People are not quite hearing you so well.

>> June Isaacson Kailes: Sure. How's this? Any better?

>> Lewis Kraus: A little. Try one more. Get a little closer if possible.

>> June Isaacson Kailes: All right. Closer. Ok?

>> Lewis Kraus: That sounds a little better. Yeah. Go ahead.

>> June Isaacson Kailes: Ok. Let me know if this is not working.

   I prefer to focus on the hard and large emergencies because I believe we do better with the smaller events. It is the larger events where the disproportionate impact on people with disabilities and others with access and functional needs is disturbing and significant. Decades before Katrina, as far back as the `70s and the `80s, a handful of us documented the dramatic lack of equal and inclusionary services for people with disabilities in the emergency world. And examples of this discriminatory behavior in emergencies included people being turned away from general population shelters, people who were wheelchair users, who had service animals, who were deaf and blind, people who were separated from their families, and sometimes they were actually institutionalized.

   As the originator of FAST concept, for decades I've been advocating to close these service gaps and stop civil rights violations by integrating the expertise of the disability community into emergency services. In 2007, I had the opportunity under a contact with the California Department of Social Services to work with a team that further developed the FAST concept plans and a training course that was eventually approved by FEMA.

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   My vision, which typically changes and gears course a bit in translation was that we could do better and work smarter together to building partnerships with CBOs, community-based organizations, cities, counties, states, and the American Red Cross. CBOs were often turned away from helping because of lack of proper credentials. It's a given that emergencies degrade and/or break critical, personal support systems including equipment, supplies, and customized environments. It typically works for people but are disrupted and contributes a severe, disproportionate impact during emergencies for those with disabilities.

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   The impact of FAST was really the blend competencies, skill sets of government
with those of communities, disability services and to try to assist them with often complex and urgent disability needs. These competencies were to translate into nimble, flexible, and scalable response not constrained by rules that demand staying in some artificial lanes of focus, translating for all accountable civil rights violations and response teams inclusive of disability focus CBOs, but not just those for and about but most importantly those who are of and by and with people with disabilities, including across disability array of organizations, blind, deaf, hard of hearing, mental health conditions, learning, intellectual and developmental disabilities, as well as chemical sensitivities.

So why? Why was this perspective so important? Because the lived experience that details the diversity, the nuances, and complexities of living with a disability can't be duplicated or/thoroughly understood by those without a disability. Integrating the practice of asking, listening and learning and respecting and incorporating the information learned from people with disabilities is really a critical emergency planning and response competency. It translates into the understanding and working with these complexities of what it takes to maintain one's health and safety and survive emergencies.

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As well as working with the cross-disability access perspective and focusing on issues, be it hearing, be it vision, mobility, speech, learning, remembering, or understanding. And applying those key core independent living values that include honoring people's dignity of risk, choice and self-determination.

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Identifying, remedying, and retooling the interventions that reflect old, still common, stigmatizing biases, stereotypes and beliefs about people with disabilities. This is another key competency. An example would be the belief that people with disabilities are sick, need medical care, need protection, need supervision and special shelters.

What looks acute, vulnerable and fragile to the untrained eye is just living with disability to those embedded in the disability service system. So indiscriminant applying of the medical model denies that health and disability co-exists and denies that people who live with chronic conditions, that is not illnesses, can also be healthy. They can also be healthy. The false belief that most people with disabilities need medical services and the medical care unnecessarily overburden scarce emergency medical resources. This is assumption needs to be replaced with the practice of determining and meeting the actual health, maintenance-related needs. And we all know what those are: replacing medication, essential equipment, mobility, aides and supplies.

So unless the individuals actually acquire medical care, acute medical care typically provided in hospitals, the stabilization treatment and the dependable power source can be provided in community settings, leaving limited resources available to those with real acute health needs.

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So, I'm going to talk in part two about the future of reinventing FAST 2.0. And I'll cover how do we sustain the effort, and the fact that FAST models actually vary per geographic area. But from my observations from a distance, the models seem to be a rather heavy lift for many jurisdictions. If you shelter and focus alone, is too narrow. We need to really think about strengthening and expanding the whole community model. And that's relooking at or reworking, maybe, sharpening some of the training and some of the evaluation elements.

So at this point, Lewis, back to you.
Lewis Kraus: Ok. That's great. Thank you so much, June.

Let’s talk to our first speaker who is running fast, Jan Devore. Jan works for the Wisconsin Department of Health Services and has held a variety of jobs within numerous program areas for 20 years. All positions have involved people with disabilities and others with access and functional needs. During the past five years, Jan has focused on emergency planning and response within the Public Health Preparedness program, focusing on the planning and response capabilities of human services at all levels. Jan is the state Functional Assessment Service Team, FAST, Coordinator and a member of the FAST core training team.

Jan, I will give it you.

Jan Devore: Thank you. Welcome. And thank you for having me be part of today’s panel. I’m very pleased to be part of it and sharing the story here of what we've been working on here in Wisconsin.

I will move the slide forward. And one of the first things I want to point out that in Wisconsin we had going way back to the beginning of when we were looking at FAST in Wisconsin, focused from our Deaf and Hard of Hearing community, asked us to reconsider an aspect of the FAST local. So if you look on the screen, you'll see that we have the white hands on a green background. The original FAST local from California is actually black-colored hands over a green background. It was felt by our Deaf and Hard of Hearing community that they would prefer if we could adjust that color. So from the very beginning, our partners here in Wisconsin had strong opinions as to what they felt we should or shouldn't take from the FAST program that started out in California, as mentioned by June.

Lewis Kraus: Jan, this is Lewis. Sorry to do this again but we are having people who are not hearing you as well as they would like to. Can we adjust your microphone just some? It's sounding a little bit garbled for some of them.

Jan Devore: All right. I can adjust it this way. Is that a little better?

Lewis Kraus: So far that sounds pretty good.

Jan Devore: All right. I can try to do that.

Lewis Kraus: Ok.

Jan Devore: All right. Thank you for that suggestion.

So the slide on the screen now is a little bit of the profile of Wisconsin. We have about 5.5 million people, 72 counties, 11 recognized tribal nations, and a mixture of urban and rural as well as we’re a home rule state. The home rule state is one of the reasons why when we are looking at preparedness five years ago that we look at California which is also considered a home rural state. Some of the nuances and some of the variances from Wisconsin versus California will lead to others to participate and to discuss.

But one of the key concepts here in Wisconsin is safety and well-being of every resident is the responsibility of the senior elected official at the lowest level of government impacted by a disaster. So that means that that city and that mayor, that county and that county executive, they are the folks that are ultimately responsible for the safety of their citizens. They’re expected to manage the incident using their own resources or partners and more importantly for the sake of this discussion, coordinate the evacuation and shelter of people with access and functional needs and also determine the need to declare local state of emergency. And really it's through the county emergency management that you bring in us at the state level and we, in turn, bring in when the federal resources are necessary.

So, in Wisconsin, the Wisconsin Department of Health Services, is leading the statewide initiative. And our success, in many ways, has been in recruiting and training state,
regional, and local FAST teams; and following national and local disasters, it was clear to us that we had not been doing all that we could to ensure that our preparation, planning, response supported people with disabilities and others with access and functional needs and that we had improvement that needed to occur.

So going back to 2012, I remember well, I just was hired here by the Office of Preparedness and Emergency Healthcare and I was looking for kind of a way to bring my skills and background to fit within emergency planning and response. And there is a call that went over to a cubicle from one of the local county health departments who said: Oh, I've been up on the website and I'm looking at something called FAST in California and we're thinking we'd like to go to the training out there. And it kind of went to a few different cubicles and ended up at mine. It was as if, you know, that old cartoon when the light bulb goes off in your head. Well, light bulb went off in my head and I was so pleased because I thought that's what I've been waiting for. That's what I think we need here in Wisconsin, is a way to bring in our human service partners and their skill set and California seems to be doing it.

So then back in 2012 we thought let's work together with partners. And so we formed what we call the FAST Escape Guidance Team, and really the partners listed on your screen were some of our early partners, and some we've added over the last five years. So back in 2012, American Red Cross, some of our counties, our larger metropolitan counties in Milwaukee and Waukesha, already had existing FAST teams. They weren't named that but they operated under the same principles and really with the same intent of now the FAST teams. The Western Wisconsin Public Health Readiness Consortium was really where that call came to that said, oh, local health departments are really interested in FAST, and so they were one of our strong partners and were also one of our core training team members from the very beginning.

One of our more recent involvements is the Wisconsin Association of the Deaf. They have been one of our strongest advocates from the beginning but also one of our strongest partners in terms of training. Wisconsin Emergency Management is a key partner. Without them, we would not be able to have gotten as far as we've gotten in the training and the planning for and responding to. Another key partner, Wisconsin voluntary organizations active in disaster.

So what is FAST in Wisconsin? In many ways it's very, very similar to June's definition. So we have a trained team. And we have teams now formed at the state level and a local level and at a regional level. And these are -- these teams are trained to respond and part of the teams could be members of governmental organizations but also volunteer personnel. And we feel here that we have a strong mix between volunteer personnel and governmental organizations. And they're trained to deploy to community shelters. And here in Wisconsin we expanded to community shelters or reception centers. Even back in 2012, Wisconsin did not have a strong history of standing up shelters. So we thought, Where else could this team be effective? And we thought to expand to reception centers.

But the key similarities are that this team does identify and then request resources needed by the people to maintain their independence wherever they are when they're displaced from their home.

So why would Wisconsin be interested in that?

>> Lewis Kraus: Jan, this is Lewis again. Hold on one second. Let me interrupt you one more time. So people are still having a little bit of trouble. They are saying that maybe the microphone is too close to your lips and you must be running into it. So if you can adjust that.
And then for people in the audience, if you are having difficulty hearing our speakers, I do want to give you a way that will help you. You can open the cc window, the closed captioning, and follow along with the captioner as she writes down what's being said and that may help you as well.

Jan, do you want to give me another test here?

>> Jan Devore: I backed away from the mic. I think that might be better.

>> Lewis Kraus: Ok. Let's try it. Thanks.

>> Jan Devore: No. I'm sorry. I clearly am not a gifted speaker here with a microphone stuck in my face.

Anyway, why would Wisconsin be interested in looking at FAST? It's the same reasons that California was interested in pursuing this and other states have been interested in pursuing FAST, is really we're looking at the whole community and helping the whole community rebound or prove its resilience following that bad event. We also have a strong need to reduce impact on medical support services. We also, here, want to allow people -- and support people to stay with their family and friends in the same shelter.

Some of the experience and the knowledge that we're looking for for members of the team have to do with cognitive and developmental disabilities, behavioral health, vision loss and impairment. We are looking for skill sets both with children and adults. We're also understanding knowledge regarding people with physical disabilities. Specifically, we added cultural and health conditions. And one of the things here in Wisconsin that we added was the fact that we also would like our team members to understand the languages and the cultures of the communities and in addition, as we've talked about before, know where to get the resources to best meet the needs of people following that bad event, that disaster.

So we do support the vast premise that we do want the people that are members of the team, be it at a local, state, or regional level, that they do have knowledge and they can demonstrate knowledge of people with access and functional needs. We also want them to communicate effectively. And we also want them to be able to interact with a variety of staff, volunteers, or members of the community. Two years of direct work experience is good, and then sometimes we are flexible with that.

One of the things that we talk about at the training is the fact that not everybody, even though I might have the skill sets, not everyone is really cut out to be part of a team. The chaos, the confusion, the deployment aspects of a reception center or going to a shelter cannot always be a good fit. So in many ways, we ask that people somewhat self-screen themselves and be aware that there's always places for somebody in the aspect of response. It does not always have to be as a member of FAST team.

So as I mentioned before, our initial involvement has been deployment options to community shelters or reception centers. What we are looking at now is really expanding that to consider deployment to larger scale points of dispensing and health settings. We also want to ask that some of our local teams have been directed by the local official that when they're deployed, they actually help assess and figure out if other county resources could be requested.

We also are considering kind of the need for a door-to-door canvassing and outreach to ensure that folks have gotten and need the kind of information. Maybe there's a shelter in place aspect. And we're considering how we might go side-by-side with some of the potential first responders in a safe situation but also to ensure that folks have received the information that the bad thing has happened or the bad thing has changed or they can now be
free to leave their home or to check on them as to safety and security issues.

So these are some of the deployment options in Wisconsin that we're considering. So some of the challenges that we have is from the very beginning. And one of the reasons why we in Wisconsin were interested in looking at FAST is we really wanted to involve human services in emergency planning and response.

We already had a good involvement with public health. We have a strong healthcare, hospital preparedness program. But really one of the key partners is the human services. And sometimes human services doesn't always know where they fit in. And so I'll never forget the story of this is probably our second training in 2013 when a woman, we're about half-way through at that time two-day training, and she said: Oh, my gosh, I've been waiting years for this kind of training. You know, I'm the person who never knew what I could offer in a bad situation or emergency. I'm also the person that people come up to in line if somehow they're not feeling well or somehow there’s a concern or something. I seem to be someone that people seek out somewhat naturally but I didn't know where I could fit in and she said I fit in on a FAST team.

The other thing we're struggling with here in Wisconsin, is when we first started talking about FAST, FAST became the magic bullet or the magic answer. It was like, FAST can take care of everything. I don't know if there was too much hype and excitement at the beginning or whatever it is, but we had to start to say, no, no, FAST is only one piece of that emergency response pie, so to speak.

We've also struggled to keep the training and the member engagement relevant. So we've been doing this since 2013. And we know now in 2017 that we have -- that we've lost people, that we haven't been able to keep that engaged and that's part of what we're working on now moving forward.

We haven't had the best ability to inject more appropriate scenarios. We've also struggled with some of the local jurisdictions on deploying FAST on weekends and overnight. So again, local decisions that we'll talk about sometimes mean they don't want their local employees to do that work weekends and overnight. We need to engage more partners. We need to have a larger number of local teams, and we need to increase state and regional support.

So since 2013, as I said, we've been working with our partners, Wisconsin Emergency Management, Department of Health Services, where I work, the Western Wisconsin Public Health Readiness Consortium, and American Red Cross along with the Association For The Deaf. And we've been providing FAST training.

So we've probably trained about 300 people. And a group of us went to California back in 2012, and we were kind of the core training team that's been moving it forward but it doesn't seem to have taken hold -- it's part of what we're trying to figure out. And why it is concerning, why I wanted to be on the call and part of this discussion, is that here in Wisconsin, we had -- during the floods -- we had some major flooding going on in July 2017. And Red Cross opens 10 community shelters, and it was the most community shelters opened since the floods of 2008, when we opened 30 to 35 shelters. During that time, really, Red Cross was able to take care of, you know, the people coming in the door. That means maybe we're not as accessible. Who knows all the reasons why FAST wasn't called upon to assist during that.

But what we do see in Wisconsin is some of these large apartment fires. So regardless of the flooding back in 2017, we continue to have large apartment fires. And they
really do negatively impact people with access and functional needs throughout Wisconsin. And that probably was the most telling event as to why we are here today, kind of laying our challenges and concerns out there for you to listen to and for you to hopefully take from them, if interested, and do better than what we've been doing here. Because we're not as ready or prepared as we should be or could be.

A few months ago, we get a call, a partner is looking for resources following a large apartment fire. And we're able to assist them from the state level. So this is a state partner looking to us by reaching back out to the county. But that county really struggled to put together a team of human services, skill sets. They were able to do that, but it was at a challenge to them. And I really think that, you know, having more of the word and more of the training we could have assisted them more to organize themselves ahead of time or if not help them respond during.

So what we’re working on here in Wisconsin is quarterly FAST conference calls. And we also have created a FAST refresher training. So we're going to be going out this next month to retrain, so to speak, or refresh all of those that we've trained before and see if we can kind of get some enthusiasm, get some energy, and get some information out there that FAST is alive here and that we'd like to continue to make it work.

So here's a quick snapshot of where some of the local teams are here in Wisconsin. We have our heaviest population in the southern and southeastern part of Wisconsin. We're glad there are local teams there that can assist. And in this home rule state, the local teams make their own decisions. They really do decide who is qualified. They decide where people might go on their deployment, are they going to respond only within or outside a county, what can teams do or can't do, who is going to be the team leader, how that alerting and notification protocol goes.

We have regional teams and we have one state level team. And the regional teams are based on the healthcare coalitions. As I mentioned, we have a strong healthcare hospital preparedness program.

So the state team consists of regional members that are selected by me, the state FAST coordinator, and they've all completed the training and had the key skills needed. And then we enroll them or we have their credentials verified within our Wisconsin Emergency Assistance Volunteer Registry program. But we have gaps, need more involvement from other state agencies.

On the regional teams, again, they're assigned by me. They've all completed the training, have key skill sets. We've got them verified. We do background checks prior to deployment. And we could deploy a full or partial team. We're looking to have caches or go kits located in each of the regions. And that would include forms, vests, some of the key partner contact information. We're trying to recruit for some of these regional team members to join us and to cover more -- and we need more of them. And we need more members in some of the teams.

So right now, FAST exists here in Wisconsin. We're, as I said, blowing off the dust, trying to figure out what we might have done wrong a few years ago, let people know we exist, and get our folks engaged and trained up and let our partners know that we're available for deployment.

As I mentioned, we've got some gaps. We've got some steps we're trying to fix things here in Wisconsin. We're going to be -- this may be one of my suggestions for the group is to reconsider your State Guidance Team if you had one in place. We kind of let ours
dismantle. And maybe that wasn't the right thing to do. Maybe we should have kept them going and maybe we could have a group of people that could help us relook at our efforts and figure out next steps forward.

So again, this is my contact information. Always glad to talk about FAST. And always glad to be part of your discussions and our discussions here within Wisconsin.

So back to you.

>> Lewis Kraus: Thanks so much, Jan.

Everyone, as you think of your questions, go ahead and write them in the chat window and we'll get to them at the end of the session.

Now, I referred to, at the beginning, the possibility of having a golden nugget here and we do have that now. As you know, California, Northern California is having quite a few fires. Our speaker from California is deployed there and I don't even have a slide for her because I didn't expect that she was going to be able to be available. But she has called in and so let me introduce her and then we'll turn her right over to you.

Tarah Heller, she's the Senior Emergency Coordinator, Mass Care Representative for the State of California Department of Social Services, Disaster Services Bureau. Tarah is the lead for the Functional Assessment Service Team (FAST) PROGRAM. She is responsible for planning, training both state and county representatives, deployment and recruitment of FAST. In the past year Tarah has led four training classes and is currently overseeing the new online courses being offered for FAST Recertification and Shelter Operations. She deploys as a FAST lead and Mass Care Representative for CDSS DSB during disasters. She was deployed in the field for the Erskine, Lake, and San Bernardino fires and to the Orville Dam Auxiliary Spillway incident and of course the one currently going on right now.

Now, before I turn it over to you, Tarah, of course we have an issue at the moment. Our captioner – we've lost our captioner.

>> Tarah Heller: Ok.

>> Lewis Kraus: So Christine, are you still available?

[no audible response]

Ok. We have lost our captioner for the moment. So let's hold on because this is important to make sure that we've got captioning on this. So –

>> Tarah Heller: Ok.

>> Lewis Kraus: One second. Thank you.

[Pause]

Still waiting for our captioner to rejoin us. I'm sorry for the delay. Hang on one second. You all realize this is important.

[Pause]

Ok. One moment, everyone. We have the captioner on the phone. We're going to find out what's happening. Hang on one second.

[Pause]

Ok, everyone. Sorry about our delay. We have our captioning back.

All right. So, I'll turn it over to --

>> Tarah Heller: Can you hear me?

>> Lewis Kraus: Yeah. Tarah, go ahead.

>> Tarah Heller: Good. I wanted to make sure you could hear me.

Ok. Lewis gave you guys a little intro on me. And the one thing I can say is our FAST is getting bigger and doing better because California has had a lot of disasters and
emergencies, I guess I would say. So the more we do it and the more we deploy, the more people see and understand the need.

So the one thing that we found important is having leads. We have our leader training and that will develop out of the Lake fires, a point person, somebody who can deal with the shelter manager. And then we also have one through the state. So all of us that deal in FAST here, we're also Mass Care specialists. So we go out, as Mass Care specialists, we can check the shelters, see who has the most need. Basically it is up to the counties. We offer it first at their level. We go out and train the counties. Not all counties have people or have teams.

And just as Jan was saying in Wisconsin, we've been doing this for a while now. So sometimes somebody will train, years ago, and then when they're called, they don't feel exactly ready. So we did develop a refresher course online and now we require the state team to do that every two years. And we recommend it to the counties. And we also have quarterly conference calls and we try to have a yearly summit with all of our state teams, our county representatives, and if they want to allow some of their teams to come.

At the summit we try to say thank you for being a FAST member. And then we also have informational training. This year was Danielle Bell. She gave a training regarding autism and also worked for the first responders. So it was a very good informational training.

Right now we have about seven teams out. We have a catastrophic event in Northern California, Napa, Sonoma, Santa Rosa. I'm sure you guys have seen the news. It's a presidential declaration and this will affect California for years but we will be busy for a long time with it. FEMA has come in, individual assistance is being approved. So it will be ongoing.

Our FAST teams -- the other thing that happened is, and it's something to keep in mind, is one of our Developmental Disability Centers was evacuated and they said they could handle it but there were things that our FAST members assisted with and also brought to the attention of the state. So now they have a task force working on it to make sure that all of the clients -- because it's about, I would say, 130 to 150 clients with severe needs -- that they are all being met. So, we support people with access and functional needs. And we try to make sure they can stay in the shelters with their families and we try to make sure people don't fall through the cracks and that we can get to assist them staying in the shelter with their family.

[No Audio]

>> Lewis Kraus: Tarah, are you still there?

[No Audible Response]

>> Lewis Kraus: Well, we may have lost Tarah.


So I was going to say, that's kind of a really quick version of what we've done recently. Bill Vogel has been working with us for years. He I think for real retired this time so we sorely miss him. He was a big part of driving this forward, developing the refresher course, seeing the needs of FAST and pushing it forward. So we couldn't have done it without him. And like I said, he's developed the quarterly conference call, the national conference call, the refresher course. So it would be remiss for me not to say how much he's done for our FAST program.

Does anybody have any questions? I'm going to have to go here soon but I just wanted to give you an idea of California's teams.

The other thing I would say is the more we go out, the more we're needed. I could probably do FAST training every month if I didn't have other duties. I have a couple of
programs and I'm also a Mass Care specialist. But the more we go out, the more people see the need, the more people want to train. So that's been positive for our state in terms of Mass Care.

>> Lewis Kraus: Well, that's fabulous, Tarah. Thank you so much for taking the time to speak with us. While people are sort of writing in any questions that they may have for you, can you give us some kind of sense of how the teams -- are the teams running into any particular things? What's happening for the teams out there right now? Have you heard anything?

>> Tarah Heller: Some of the things that we're running into, but this is something we run into all the time -- so, yes, I am in touch with the teams every day. I usually deal with the team lead. I also have a Mass Care coordinator out there that checks with the shelter manager to kind of see what they are needing. I think in disasters everybody needs things. So it's getting the bariatric beds. I mean, we needed some hospital beds for those folks at DDS. And finally we had to have a mission task of National Guards going in and getting their beds at the facility. So there was confusion at the State Operations Center. So I would say getting those requests up to the right people and getting them down.

And I would say we have somebody in each EOC. We have a representative. We have representatives in the SOC and we have people on the ground. I guess that's the nature of disasters. It's chaotic. It's confusing. So trying to get -- but we got them. We got FAST kits for all the people at the one facility. We got the bariatric beds, the medical -- hospitals beds. Just as long as they have beds, I'm happy. I'm not happy when people are stuck in chairs. I'm not happy when people don't have what they need. It upsets me.

I think part of us being there, because they had said they had it but the thing about it is I think the Developmental Center did have it but the thing they didn't understand is they were -- this was not -- they weren't going back. Right? So they did need bath in a box, and they did need to think about transportation, and they did need different things that we helped with them understanding ICS and our system so we could get what they needed. So that was different for us. That was a major thing we dealt with for two days. They didn't request our team but then we checked in and our team was there pretty much all the time.

The high school we have I think 20 dementia patients that get a little rowdy at night. And then also we keep having evacuations. So we don't want our teams to come back even if they're a little slow so they'll say, oh, Napa needs a team and then they go out there and there's 700 people within an hour or a lot of volunteers, you know.

So it's just kind of wading through the confusion and also trying to get the things that we're requesting. I think those are the biggest obstacles right now. But I think that's just the nature of the beast because it's crazy. You know, like we're evacuating our shelters. So one shelter would be there and now Sonoma, the whole town, is being evacuated so then what's our next step. So we had to evacuate the DDS clients to a different site. So that was a whole another adventure.

>> Lewis Kraus: Ok. And it looks like one --

>> Tarah Heller: For people who don't --

>> Lewis Kraus: Go ahead.

>> Tarah Heller: For people who don't know, DDS is our Department of Developmental Services. So it was a specialized facility with all ASN clients.

>> Lewis Kraus: So one last question for you, Tarah, and then we'll let you go. Somebody asked: In California where the fires are, there are reports of shelter managers threatening to send people with disabilities to nursing homes. How do you respond to that?
>> Tarah Heller: We do not send people to nursing homes unless we cannot care for them. I mean, I can't respond to that because I don't know the situation. But FAST members, we don't make that call. If it's a medical thing where we cannot support the medical need but -- most things can be handled within the shelter. It's rare -- so with all of our DDS clients, and that was a lot of clients and there were severe medical issues, only three of them went to the hospital -- no. In the end I think maybe four but it was over the period of time. So over the period of time some of them did need to go to the hospital and that was determined by the facility. And then three of them, their family members picked them up to care for them during this period of time. But, no. In all of those shelters I've gone to, we don't do that. We do -- if it is dialysis, we need to do dialysis at a dialysis center or a hospital. But to the best of our ability we try not to send people to a nursing home unless it's needed. I mean, we do have care facilities -- we have a care facility that has called and said we have 200 beds available if you need it for people, assisted living, medical care. And we are Department of Social Services so it's licensed facilities to us. I've had a lady who has called twice saying we have this available if you need it. So I will bring that to the State Operations Center but in the shelter we want people to stay in the shelter with their family and get the needs and services that they deserve and require.

>> Lewis Kraus: Ok.

>> Tarah Heller: Does that answer the question?

>> Lewis Kraus: Yeah. Thank you so much, Tarah. I really appreciate your time. Good luck out there. Stay safe. Hopefully we'll have you back maybe for an after action report sometime in the next few months.

>> Tarah Heller: Yeah, definitely. We have three major leads out there. [Indiscernible], she works for disaster services with us. Nick Hause, [phonetic] Emergency Service Coordinator and Dwight works for the Department of Rehab. I would love to have them back with me kind of talking about how we do this in this deployment. We send out people. We don't train teams. We call it a team once they deploy but they're from all around, every county and state and we mix it up and we send the people who are most qualified. So I would love for people to hear the discussion.

And I know if you don't have emergencies, it's hard to keep the teams going and keep them engaged. I understand that. We've just, in the last year, really started picking up speed sadly because we've had fires, the Orville Spillway and now more fires. So whatever people want, whatever information we have, we will be happy to share with you. And also we encourage you having your teams because it will only help your community.

>> Lewis Kraus: Great. Thanks again, Tarah. All right.


>> Lewis Kraus: Bye.

Ok. Moving on, now, the incredibly patient Nicole Johnson is our final speaker of the day. Nicole is the Access and Functional Needs Coordinator in the Preparedness Division at Pierce County Department of Emergency Management. This is in Washington State. In this capacity, Nicole coordinates the inclusion of people with disabilities and others with access and functional needs into all phases of emergency management. Nicole has been involved with the FAST program in Pierce County since its inception in 2012. She became the FAST Program Coordinator in 2015.

Nicole, I'll turn it over to you.

>> Nicole Johnson: Hi. Thank you, Lewis. It's a pleasure to be included with the other women
on this webinar. I have to say that I have been a huge fan of June and her work for a number of years. So thank you for including me.

I am here to give the perspective of a FAST team that's run on a county level versus the state and regional levels that we've heard of before. So I'll try to talk very briefly about the concept of FAST, how we came to be in Pierce County. But then I'd like to spend a little bit of extra time on kind of our challenges and really where we are trying to expand the concept beyond just our shelters but into other planning avenues.

So to start, just a little bit about Pierce County and where we sit. We are located in Washington State. We are the second most populated county in Washington State, located just beneath King County and the City of Seattle. Our primary city, for those of you who aren't familiar with Pierce County, is the city of Tacoma.

Our 2016 estimates from the census data is about 860,000 individuals. I put up some of the demographics just to get an understanding of kind of the populations we may end up seeing in shelters with the understanding that these numbers are probably low for anticipating who with access and functional needs may need additional assistance during disasters.

I think it's safe to say that not everyone, not every individual with a disability, is adequately represented in this census data and not every individual, such as those with temporary mobility needs can be adequately represented in the census data either. So while these numbers add up to be maybe 40% of our population, we would expect that there could be closer to 50% or 60% that may need assistance during disasters.

So that gives you a little bit of understanding of our population size. We do have 10 languages within the county that reach the 5% or 1,000 people threshold that would need additional assistance during disasters, as far as communication needs.

So our teams are really very similar to that of California and Wisconsin, at least in the initial concept. We are trained social service professionals who are ready and willing to deploy to disaster emergency shelters.

We coordinate with shelter managers to assess individuals within the shelters and conduct interviews and arrange to get them what they need to be able to stay, whether that is a support need for durable medical equipment, for supplies, or if it's a communication access need. We would identify whatever they need to be able to stay and then follow the chain of command to be able to request those needed resources.

For our members, our qualifications are very similar to that of Wisconsin and California. We do require that they have two years of professional experience working with a social service discipline or population base. We require that they take ICS 100, 200, and 700 so that they can integrate and talk to our first responders and shelter leaderships. And then we do require that we pass a background check.

So those are kind of the initial requirements. Beyond taking the first training we do also require that they take American Red Cross Shelter Operations training, that within one year of being a member they take FAST Unit Leader training, and we require that they participate in monthly meetings for sustainment and also in exercises as offered.

Same initial concepts, we're going to help assess people accommodation needs to help them stay in the shelter with the understanding that really anyone except for those who have acute medical needs should be able to remain in a general population shelter.

There is a quote from the California training that has really stayed with me over a number of years, and that's the idea that planning has to embrace the commitment, that
everyone is included and served. So the concept is that the resources are out there. It's just the coordination and the planning that are kind of the issues. And that's why we choose this inclusive model of FAST.

We were asked to talk about what our mission is and what our goal is for our team. Our mission is that folks in shelter are able to maintain their health, their safety, and their independence during disasters. And ultimately we want folks to be able to return to living independently within the community after the disaster and avoid any unnecessary institutionalization.

And all of the trainings that we do and in every conversation we have regarding FAST, these are the functional areas that we try to make sure that we are including. We like to talk a lot about communication access, whether that is for people with disabilities or if it's for folks with limited English proficiency or even folks with low literacy in their language or in English.

Maintaining health, independence, safety, support and self-determination and then transportation; when we do trainings and exercises, we try to find scenarios of individuals that would fit within one of these five areas so that we can have conversations on how we would support those folks to be able to maintain health and safety in the shelter setting.

So how did FAST come to Pierce County? In 2011 our vulnerable population coordinator at the time went to California because she heard of the training. She brought that information back in late 2011, I believe, and wanted to start implementing it here in the state. I think initially it was the concept that wanted to go statewide or regional but I don't think that the timing was right to be able to do so. I know there was a lot of interest from other participating counties in the state but I don't think that everything was in alignment to make it happen on a statewide level or a regional level. So we started on a county level to get the ball rolling with the hope and the understanding that we would assist any other counties within the state that wanted to implement the program so that eventually it could become a statewide, similar to the models of California and Wisconsin.

So she brought the information back. She created two different planning teams, one core team which would be our advisory team and the other would be the curriculum team. The policy team kind of looked at how would we get resources, how would we deploy what are the liability concerns, and then the curriculum team spent time trying to figure out how do we adapt the training from the statewide curriculum to a county curriculum. And that process took about nine to 12 months.

We held our first training in May of 2012 and have been trying to hold trainings twice a year since that time. We've expanded a little and started doing shelter exercises and FAST unit leader training and our monthly meetings. I'll talk about those in a minute.

So here are some of our initial partners that were included in bringing FAST to Pierce County. The program I think was successful because we already have established relationships with all of these folks. They participated monthly in a group called Pierce County Disaster Planning Coalition. That was a group of all of these individuals that met to try to identify planning needs, operation needs, recovery needs for folks with access and functional needs.

So some of the critical partners were obviously the American Red Cross, but also the Hearing Speech Center, Helping Hand House, the Tacoma Pierce County Health Department, our Center for Independence, our Tacoma Area Coalition For Individuals with Disabilities, all of these folks played a key role in that planning coalition as well as the policy
level team for us.

Similarly to Wisconsin, these are the experience areas that we draw from. I'm not going to spend too much time on that because I know she already covered it. One of the areas we do expand out to is people experiencing homelessness. And we've been very lucky to have quite a few members on our team who work with homeless outreach teams. And they have been extremely engaged.

Our current -- some of our current members are from these different agencies. Some are similar to the slide before. Human Services for the county, Aging and Disability Resource Center for the county have been a big draw because they understand they would be working probably with some of the same clients in the shelter setting that they would be on a day-to-day basis when disasters are not happening.

We've trained over 70 people, more if we start talking about how we have assisted other counties. But we are still lacking in some areas. Some of the expertise we're lacking are in working with youth, whether that's youth with disabilities or youth without disabilities. We're trying to build up our language capabilities. That honestly has been a struggle to find bilingual folks and other language resources to be able to assist those top 10 languages in our county. And then working with folks with low vision or blindness and cultural sensitivities are kind of our gaps. I think we're really strong in behave I don't recall health. We're really strong in physical disabilities, as far as experience of members, and in aging or chronic health but the other areas we're lacking and we're trying to build up representation.

So, for some of our struggles, first and foremost, the biggest struggle is probably membership engagement. And that's simply because we've never been deployed. So up until this point everything for us is theoretical. We keep a close eye on what's happening in California and with the other teams but until we actually deploy, it's all a concept for us.

Keeping people engaged and keeping their skills up to date is really difficult without a real world setting and without those opportunities to deploy. Anyone who works in volunteer management knows that honoring volunteers is important and giving them opportunities to serve and put their skills to use is the way to keep members but if you don't have those opportunities, they generally tend to look elsewhere.

Similarly, we kind of have a lack of training opportunities because we are a county-run team and on a regional team. We don't always benefit from having cross-training of other groups or being able to be included in other training opportunities like emergency managers and first responders are generally able to benefit from cross-jurisdictional training but because we're one of the only teams in the state, it does make it very difficult to offer opportunities.

We've been hosting monthly meetings where we do cross-discipline training since 2013. So that's four years of monthly meetings. And we're running out of topics on social service disciplines to keep members engaged. We have some very active members. And we have great conversations but we struggle to keep coming up with new opportunities for learning.

We have a really limited opportunity to shelter in this county which luckily for us we don't experience disasters often, knock on wood, but that also limits our ability to participate. So the last time I think we as a county sheltered, it was in 2012, and that was during a severe snow and ice storm that knocked out power for two weeks for some folks in the county. And we didn't have our teams up and running at that point. It didn't come until later. So we weren't able to deploy during that event and we haven't really sheltered as a county since then.
We potentially could be involved in two different types of shelters. We have American Red Cross shelters and we have community-run shelters. I think we have a very good relationship with our American Red Cross folks. Again, they don't shelter very often within the county. They do house fires, apartment fires, those types of things. But as far as actually setting up shelters with residents, we haven't had the opportunity. And I would say for the community-run shelters, we're not as well integrated with them. I think there's a lack of understanding of what the FAST team does for those community shelters.

Primarily I think some of the shelters -- and that's our fault for not doing enough outreach. It does take a continual outreach. We try to meet with them at least once a year to reengage the concept of FAST but I think one of the struggles for us is our community shelters think that we are there to do some sort of shelter site assessment, that we're somehow auditing the shelter and that's not true. We do train to ensure that there is physical, programmatic and effective communication access as a goal within a shelter and we look for opportunities to improve the shelter setting so that folks are getting the information they need but we're really not the ones there to do the site assessments. We're there to find the quick fixes and make it work for folks. And I don't know that our shelters necessarily have understood that concept.

We lack getting agency buy-in. One of the benefits of getting professionals to do this on a day-to-day basis is that they work well with the populations they serve. But they also work during the days for the majority of our folks. And so finding a time that works for training and exercise, that also balances the folks who are volunteers and can commit different timeframes has been difficult.

And then lastly -- some of these are very similar to Wisconsin but one of the other things we struggle with is individuals coming to the training and not necessarily understanding ahead of time what they're getting into. So we've trained some folks, taken a two-day training, and found it's not quite the role for them and they want to find other avenues. So while we trained 70 to 100 folks, our participation of our deployable members is actually a bit lower.

So what do we do to bridge these gaps? We have a couple of things that we've implemented. One is we try to bolster or boost attendance and participation by holding twice annual new member training. And then at least once annually we try to do unit leaders training with the idea that the more people we get interested the more people we potentially have to draw from.

Our FAST monthly meetings are probably the place I'm most proud of in our FAST teams. Since 2013, we've been holding monthly sustainment trainings and really what this is is a meeting of our members where we talk about different social service disciplines, programs, or resources. This is the opportunity for our members to share their knowledge but also an opportunity for them to increase their knowledge in some of the areas they may be well less versed.

I think one of the benefits of it is the individuals get to really know who their team members are. They get to know who has the strength and the different subject matter expertise. We get to talk about where we would try new resources. And this is where really all of the conversations that we have are in physical, programmatic, and communication access really occur. I think the two-day training is great but where we flourish and reinforce the learning of why we're doing what we're doing is during these monthly meetings. And then the opportunity to just interact and have more in-depth conversations.

I know I'm almost out of time so I'll go quickly.
The other thing that we have tried to move beyond the traditional look at FAST is that we are incorporating our FAST members into our Emergency Operation Center for when we activate during disasters. We have two FAST coordinators for the county who work for Emergency Management but we generally have other roles we have to fulfill during an activation. And so the concept is that we would bring in our FAST members to serve as Emergency Operation Center liaisons and would be able to use our expertise to help support operations on a broader scale rather than just operations of shelters.

So they would come in and work in the EOC on our software, our management software. And they help find the gaps of either where we're not communicating effectively to the public about resources or they find the gaps in we're struggling to find durable medical equipment to support a shelter operation and the logistical requests of the folks at the shelter. They have the knowledge base to know where to find things sometimes much faster than other logistics folks in the EOC.

They also help do identifying how we put out inclusive messaging. They can make sure that some of our messages are provided in alternate languages and alternate formats but then also helping us identify if we're putting information on public transportation out to folks or if we're setting up shelter sites or community points of distribution that are located near transportation lines that are up and running so folks who don't drive or need accessible transportation can still get to the programs and resources. So this expands a little bit from the concept of FAST that still uses their expertise in a different way.

They would also help with our Disaster Survivor Advocacy Team which is a team that operates out of our EOC, Emergency Operations Center, to help meet the needs of individuals who have remained at home but still have functional needs because of power outages or because of lack of ability to get to resources the FAST team can also help with that.

Most recently we started incorporating FAST concepts into exercises. For a long time our FAST team exercised and trained separately from kind of the rest our emergency management and first responder structures. In 2016, we did the first attempted integrating of the two teams. One, we were able to notionallize the idea of implementing our teams and deploying our teams and what that process looked like so our EOC could go through the call-out process, creating the teams, getting them deployed, but we also started including information from the FAST teams to be able to support resource that would be coming from shelters.

Lewis, do you need me -- can I keep going or are you good? I want to do a check-in. I know we're almost out.

[No Audible Response]

Ok. I'm going to keep going.

So the ways in which our members participated, one, they participated on the overall Exercise Planning Team for Cascadia Rising, a multi-state exercise. But within our Pierce County Exercise Planning Team, our FAST members participated on that to help create the overall scenario and exercise play to ensure that FAST was being a part of it. They developed a realistic picture of what shelters would need for serving people with access and functional needs.

In our other exercises we typically had shelter requests for cots, for food, for hydration services but not really for anything outside of those areas. This way we were really able to start putting in logistics requests for durable medical equipment, for privacy screens, for folks with sensory overload, for interpreters, for communication boards, for folks with low
literacy, for what we would do for transportation with people with dialysis.

And I think there were 40 or so state calls coming from shelters that needed resources from either a FAST member or a shelter manager to kind of push access and functional needs into the forefront of emergency operations, and how Emergency Operations Center would prioritize those life safety needs compared to other life safety needs. So they served as a liaison in the Emergency Operations Center. And then within the exercise they also worked in that simulation center that was making those phone calls on to the operation center.

Almost done. Stick with me.

The other way that we incorporate our FAST members to new areas is we've been broadening our expertise into some of our other planning efforts. We included them in our Mt. Rainier Coordination Plan, a working group addressing on a regional level what we would do if Mt. Rainier were to start displaying activity. We've created an initial working group and then sub-working groups that talk about evacuation, sheltering, and communications. And where our FAST members participate there is they can say, great, you're talking about evacuation but what about the folks who are going to need additional assistance. What about the folks who can't get to the evacuation centers on their own? What about accessible transportation and the communication side of things talking about our alert and warning system and how that doesn't reach the entire portion of the population if we're only administering it either in a written format or a voice format or even through the sirens that are automated for noise but don't include any sort of flashing lights for folks who maybe are deaf and hard of hearing?

We've started integrating them into our Comprehensive Emergency Management Planning Review Committees so talking to them about the realistic capabilities of disability agencies and organizations during disasters and how they can be pulled into the process to help support. And then they also helped us identify what kind of resources we should have on hand or we should need during disasters to specifically support those folks with access and functional needs.

We were able, through their guidance, to come up with a list of resources, enough to fill two trailers on support items. They are support items for anything from durable medical equipment to supplies for infants to maybe continence care, to communication boards to bariatric wheelchairs and walkers. Through the guidance and through those monthly meetings we were able to identify a list of resources we wanted and then we were lucky enough to have some grant funding to purchase them.

And then we continued through our monthly meetings to come up with ideas of how we can improve either shelter operations or potentially the other places that we would be deployed. We're looking now how would it work if we were deployed to the points of distribution, to check physical site accessibility, what it would like to work in joint family assistance centers or reunification centers. But those are all still in the works as we try to expand and move beyond.

Our next steps, to get deployed -- because until we do, it's all theoretical. Other than in the planning efforts where we can really try to make a difference before the disaster by insuring that we are properly inclusive of people with disabilities and others.

And that is all I have. I am like two minutes to 1:00. So, Lewis, I'm going to turn it back over you.

>> Lewis Kraus: Hi. Sorry about that. I pressed the wrong button.

Thank you for your work and your presentation. We are coming up on 1:00. I do
want to let everybody know that we will be -- June will be continuing on here with the future. Those are very important if you want to listen to those. If you have -- If you cannot wait to hear some of those, you can look for -- look at the transcript next week and see what topics she went over.

June, go ahead and here you go.

>> June Isaacson Kailes: Hello. I lost sound.

>> Lewis Kraus: You're there. Ok. Go ahead.

>> June Isaacson Kailes: Hello? Hello?

>> Lewis Kraus: June, you're fine. Go ahead.

>> June Isaacson Kailes: Ok. How much time, Lewis?

>> Lewis Kraus: Just go ahead. Let's try in five minutes or so.

>> June Isaacson Kailes: All right. I'll give you a high level version of a 12-minute note. I think in terms of the future, I think FAST has been government centric in a lot of ways, frankly because it's been easier to recruit people that are in government. And it's just really been easier because the people here in the nonprofits sometimes have to volunteer their time or don't get reimbursement or insurance or opportunities to collect their salary.

So I think it's prudent -- next slide -- to look at some newer models that have emerged and really gone strong as a result of the response to this hurricanes and the fires right now. And that is kind of a hybrid that's been stood up by the disability community both in terms of [Inaudible] and the partnership for inclusive disaster strategies. And there's really been a convening of a wide variety of players on daily phone calls. And I think it's been an impressive effort into recruiting people and standing them up very quickly -- next slide -- to really fill some of the very well-known gaps that we all know.

And it's also a model that doesn't necessitate the heavy lifting that Jan and Nicole have so well talked about. It's an effort that I think we should look at in much greater detail maybe in a part two of this webinar. But it's been impressive in terms of helping people to really stay out of institutions and prevent duplications, really get people the kind of assistance that sometimes government has been sluggish to be able to respond to.

So I think we have a new, emerging model here. And it's really something that I think we will continue to build. It's kind of a whole community effort on steroids. And it also involves some resident training before, kind of just-in-time training during the standup of all of these different community organizations on a national, state, and city, and county level. So it's been an impressive operation.

Next slide.

So there's been a lot of focus on ensuring that civil rights were met.

Next slide.

And applying the kind of in-depth knowledge that we've already spoken about.

Next slide.

I think in the future, the challenges are really going to be about the fact that we've seen a lot more whole community engagement in the last month around the hurricanes. And what's made the engagement work is that all of these organizations find themselves surrounded in a new normal which is a world of disasters, response, and recovery but they're bombarded with new, immediate, life-saving needs of people that they regularly support.

So I think a future efforts will be around these organizations memorializing what they've used and what they've learned and what they have applied and package it so that they can, again, quickly unpack it when it is needed and create kind of an on-the-fly response that
they can use. Because we all know that in blue sky times, the challenges that many organizations don’t view engaging in emergency planning as a priority. Even for those involved today, after an emergency, as time passes, the immediacy, the headlines, and the memories start to fade, this commitment to ongoing engagement also diminishes. And as Lewis said, long dry spells in which emergencies don’t happen do contribute to a waning of interest as other priorities compete for the precious time and overshadow the ongoing efforts.

So just two points need attention. One is how we evaluate our efforts. I think we’ve spent a lot of time counting the people we’ve trained and how they rate the training but maybe not enough time on our performance or impact in our outcomes. So I think the gold standard in our future will be more of a focus on performance, on analyzing the outcomes, using not only interviews but raw content and not the scrubbed and sanitized after action reports.

In terms of training, I think we all need to focus on devoting equal or greater time to the resources we can use for just in time training. And that’s because the longer, the more involved blue sky training that was mentioned is often not used for years. And when it’s needed, those people that we trained are gone. So the focus needs to be on just in time, practical, useable, tactical steps preferably in the form of checklists and bulleted lists.

In closing, in this cliff notes, real quick summary -- next slide -- if you just search for Kailes most requested, there’s a number of resources on there that talk more about the training and more about how we evaluate what we do. And more information about the two organizations that have recently stood up a convening new and existing networks of responders, for the Texas, Florida, Puerto Rico, Virgin Islands and now the California response, a lot more information about that.

So that’s your high-level five minutes, Lewis. And my contact information is I think on the next slide.

Back to you.

>> Lewis Kraus: Great. Thank you so much, June.

    All right. Thank you, all.

    We realize that many of you have questions for our speakers and apologize that you didn’t get a chance to ask your questions but I do want to be respectful of your time. You can ask questions in general of your regional ADA Center at 1-800-949-4232.

    Also, you’re going to receive an e-mail with a link to an Online Session Evaluation. Please complete that evaluation for today’s program. We really value your input and want to show our impact to our funders.

    I want to thank June, Jan, Nicole today for sharing their time, and Tarah, for sharing their time and knowledge with us.

    A reminder, today’s session was recorded and it will be available for viewing next week at www.adapresentations.org/archives.php. We look forward to speaking with you next month on November 9 for a talk, Innovative Ideas for Ensuring Your Emergency Operations Plans are Inclusive for The Whole Community from the now retired Emergency Service managers from Richmond Fire Department Office of Emergency Services, Kathy Gerk.

    Thank you for attending today’s session, everyone. Have a good rest of your day.

    Bye-bye.