HEALTHCARE AND THE ADA WEBINAR
EMERGENCY MANAGEMENT AND PREPAREDNESS:
INCLUSION OF PERSONS WITH DISABILITIES
1/14/21
2:10-4:00 P.M. ET

>> LEWIS KRAUS: Welcome to the Emergency Management Preparedness: Inclusion of People 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 that are federally funded by 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. Realtime captioning is provided for this webinar. The caption screen can be accessed by choosing the CC icon in the meeting control toolbar. To toggle the meeting control toolbar on, you can press the alt key on your keyboard. As always in this session, only the speakers will have audio. If you do not have sound capabilities on your computer or prefer to listen by phone, you can dial 1-669-900-9128 or 1-646-558-8656. You can use the webinar ID of 872-0730-7836. And I do want to remind everyone that this webinar is being recorded and will be available at the ADApresentations.org website next week in archives section. This is the seventh year of this Webinar Series which shares issue and promising practices in emergency management inclusive of people with disabilities and others with access and functional needs. The series topics 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 ADA presentations.org under the schedule tab in the emergency management section. These monthly webinars occur on the second Thursday of the month at 2:30 Eastern, 1:30 Central, 12:30 Mountain and 11:00:30 a.m. Pacific time. By being here you are on the list to receive notices for future webinars in these series. Notices go out two 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 presentation at ADApresentations.org and go to the schedule section in emergency management. At the conclusion of today's presentation, there will be an opportunity for everyone to ask questions. You may submit questions using the chat area in the webinar platform. 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. You may type and submit your chat questions in the -- your questions in the chat area text box or if you are using keyboard only you can press alt and H and enter the text in the chat area. If you are listening by phone and not logged in, you can also E-mail the questions at adatech@adapacific.org. Also, if you experience any technical difficulties during the webinar, you can send us a private chat message by typing in the chat window by using the keyboard, if you're using the keyboard, you can use alt-H to access the chat and hit

enter. You can also email us at adatech@adapacific.org or you can call us at 510-285-5600.

Today's ADA National Network Learning Session is titled "Everybody, Somebody, Anybody, and Nobody: Colorado's Development of Statewide Access and Functional Needs Program." Access and functional needs is one of the current fault lines of effective emergency planning and response. While the concepts and importance of access and functional needs planning and response are becoming better understood among different emergency partners, operationalizing access and functional needs responsibilities is still challenging. Fixing fault lines like coordinated access and functional needs planning and response is not a fast process. It requires a culture shift among many emergency partners to see the responsibilities in a new people-focused light. Today's webinar will highlight critical practices in Colorado's effort to get it right, such as lockstep collaboration of state government partners who lead emergency support functions 5, 6 and 8, planning and response, as well as seeking ongoing feedback and planning guidance from community members and organizations who regularly serve people with disabilities and others with access and functional needs. Today's speakers are Aimee Voth Siebert. Aimee integrates disaster behavioral health and access and functional needs into the programming, grant activities, partner networks, and public health response planning done by the Colorado Department of Public Health and environment's Office of Emergency Preparedness and Response, promoting a people-centered lens for emergency preparedness and response. In nearly nine years with this agency, Aimee has supported Colorado's responses to the COVID-19 pandemic, the 2013 floods, multiple wildfire seasons, and several mass shooting events, as well as national and international responses, including Hurricane Maria and the West Africa Ebola response. In preparedness periods, Aimee contributes leadership to the development of Colorado's Access and Functional Needs Program offering training and other technical assistance in disaster behavioral health, integrating access and functional needs considerations, community preparedness and inclusion and crisis communications. Charlotte Olsen is the regional emergency management specialist for the Administration for Children and families under health and human services in U.S. region 8. Prior to this she worked for the Colorado Department of Human Services as the emergency manager. While in Colorado she coordinated emergency support function 6, mass care, emergency assistance, housing and human services for the state of Colorado in the state Emergency Operations Center and collaborates with other state agencies, local human service agencies and providers, local and state nonprofits and other stakeholders to provide support to those affected before, during and after disasters.

Sadie Martinez is the Colorado state division of Homeland Security and emergency management access and functional needs coordinator. Her role focuses on coordinating the development and operations of the statewide network of contracted local access and functional needs integration emergency planners. She supports state agencies and local jurisdictions in the development of inclusive whole community Emergency Operations Plans to adequately account for people with access and functional needs, emergency preparedness workshops, and serves as the access and

functional needs subject matter expert during state-level planning initiatives. All right, Aimee, Charlotte, and Sadie, I will now turn it over to you.
>> Thank you, Lewis, for that introduction. Hello, everyone, I'm Aimee. And we want to begin our presentation today by acknowledging that the environment we are all living this is not the usual. Whether directly or circumstantially, we are all affected by this public health emergency in our communities. Collectively and individually, because of how this disaster is affecting us and other challenges in our lives, we're probably bringing more stress, more grief and other emotions into our workspaces and into these types of webinars. We'll be talking about the barriers people experience to accessing what they need during disasters, and you may be whispering to yourself... hey, I'm feeling that. You may be experiencing exhaustion, overwhelm or loneliness that makes it hard to engage in some of this content. You're not alone in these feelings if these are very common reactions to a difficult, abnormal event. Let us be one more voice to encourage each other and emphasize that we are most helpful to others when we are also taking care of ourselves And including that as how we do our jobs well. You each matter. So to honor that you have taken the time to view this presentation today, we invite you to prepare your bodies and your brain to be present and put yourself in a space where you can get the most out of this. If you want to go grab a snack or a warm beverage and you can, feel free. Find a listening posture that works best for you. Take a few minutes now or later today to just give yourself permission to breathe and do nothing else. Inhale. Exhale. Repeat. Bring yourself back to the moment you're in and then reengage when you're ready. We also want to share a practice that gives your brain a chance to bring its attention to the present conversation, like this presentation. If you go meeting to meeting to meeting, as I know a lot of us do, your brain may have come to this particular webinar preoccupied or attending to something else. At those times, we invite you to find something to write on and just take a moment to write down what is on your mind. Write down a reminder or important details that will allow you to return to what you're thinking about after the present meeting without concerns about what you're going to remember. Let this note be your container, so that your brain can let these things go, let them sit without worrying, and you can make space to hold new ideas and new information as you engage this immediate presentation or immediate moment that you're in. We all deserve the best learning environment possible when we make the time to be somewhere, and we all benefit when people from many different communities and perspectives prepare themselves to be present to the current conversation. So thank you again so much for being here. Next slide.

I want to start with a story that you can read along with on the slide. It's a little unclear where this parable of responsibility came from, but as we think about places, where things fall through the cracks in emergencies, especially in the domain of integrating access and functional needs, maybe this story will resonate with you.

There was an important job to be done and Everybody was sure that Somebody would do it. Anybody could have done it, but Nobody did it. Somebody got angry about that because it was Everybody's job. Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it. It ended up that Everybody blamed Somebody when Nobody did what Anybody could have done.

So no matter what our job is in emergencies, no matter how we participate, all emergency preparedness and community response roles exist to protect and minimize a disaster's disruption to the lives of people in our community. We don't respond to hurricanes that just pass over open ocean. And we don't bring power back after a tornado to places where people don't live. At the center of any disaster is the community surviving it. Therefore our systems must be alert and responsive to the diversity of people's lived experiences and needs. Next slide.

No single responder or even response agency can be in all places at once. That's just the reality. Information gathering about our community's needs and experiences must be an essential element of information that everybody supports. To help explain why, consider this question. When have you learned something about community needs from another emergency support function partner or another community partner that affected the way that you did your role in emergency operations or affected the outcomes that you were working to help? As a PIO, as somebody helping to shelter or coordinate supply chains, we expect that you have examples from your work or disaster experiences. And here are a couple of ours. Two years ago, Colorado was holding an Ebola special pathogens exercise. So we were practicing what would happen if somebody with the novel disease came into our state and we needed to be able to transport them safely, get them the care that they needed and also protect the community while doing it. What stood out to me was how much I as somebody paying attention to behavioral health operations and behavioral health supports during disasters depended on others for situational awareness. The emergency medical services folks who drive the ambulances and that sort of thing were the only ones who got to interact with people onsite when they first arrived. Including in this exercise, because the person was flying to Colorado, the airplane pilot and the copilot. This was actually an inject for our behavioral health supports to practice during the exercise, because the people who had transported somebody with this new scary disease were feeling fearful about this experience. The EMS medical transport staff were obviously focused on the patients. The behavioral health responders were not called and weren't on site at the time. So recognizing the behavioral health need of the pilot and the co-pilot relied on those EMS folks who had access to the space telling us about it. Similarly, during the exercise, another patient presented at another location at an urgent care clinic and they came from a non-English speaking community. So in the exercise that clinic was able to leverage its own language services to provide the patient care onsite, but the communication need of that community, for non-English language information did not get shared with the epidemiologists who were doing contact tracing or with public information officers who were doing the messaging, which we knew and we especially know now, if the outbreak continues to grow and affect that community more, it would be very important to provide that information. So it's not just one emergency operation that needed this information about how the community functioned. Many, if not all of the operations could use this essential information. And the effectiveness of this public health response actions really depended on other response partners paying attention to community needs and sharing that information with others. Charlotte, I'll go to you for your story.

>> CHARLOTTE OLSEN: Thanks, Aimee. Hi, everyone. I'm going to talk about a time where we learned community needs during the beginning of the COVID response here in Colorado. I know that there are a lot of examples I could give you guys, but since we're still in COVID and this one was pretty poignant and we still are kind of working around this across the state. So during the first months of the COVID response here from the state Emergency Operations Center, we noticed that there were communities across the state that, despite all the emerging knowledge around COVID and the necessary precautions, cases were still rising. We found this specifically true in a farming community found in the San Luis Valley in the south kind of central part of Colorado. This community was from Guatemala and speak a dialect called Conhabal, a largely unwritten dialect. So in order to provide outreach, there was a team of trusted community health workers called promotoras that sprung up in the region. For those that don't know, promotoras are trusted community partners, maybe the principal at the high school, the bodega owner or the soccer coach and they give information to their community on necessary health precautions and also gather information from the community on what their needs might be. Okay, so here we are in the San Luis Valley and the promotoras are doing community outreach and discover this community misunderstood the meaning of a positive COVID test. They thought positive was a good thing. So they weren't aware that they needed to take precautions to protect their families when they got a positive test. And this led to adverse effects across their community. So this information was coming from the promotoras group to local public health and human services, who passed along this information to the state. As well as the need for PPE, cleaning supplies, and hygiene kits. Through the help of these promotoras, we were able to support this community in the way they wanted to be supported, provide them with central information in the language that they spoke and give them resources to help them protect themselves.

>> AIMEE VOTH SIEBERT: Next slide. As you can hear from Charlotte's story and my story, there are so many links in the chain, so many different partners through which information about community needs needed to be shared. And so in all disasters, and especially as we're feeling in this active public health emergency, the success of an emergency response is affected by the functioning and the cooperation of our community members. So access in functional needs, which you'll hear us talk a lot about is a phrase and a concept being adopted in emergency management to look more closely at what effects different community functioning during disasters. Hopefully this is also a phrase, a concept, a practice, that helps promote planning and response that is inclusive of diverse community experiences. So instead of just labeling, quote, vulnerable populations, or asking who is the vulnerable group, the access and functional needs approach recognizes that everyone, regardless of who we are, need to be able to communicate, C, maintain their health, M. Retain their independence, I. Access safety support services that allow for self-determination, S. And transportation, or move themselves around, T. So these five areas make up the C-MIST framework for access and functional needs that you see listed on the slide and originally created by June

Kales and Alexandria Enders. Though everyone in some way shares these five access and functional needs, the recognition and gap that we have to address is that our emergency systems have not resourced different communities in meeting these five needs equitably. Everyone needs to be able to communicate and receive information, but you can imagine our emergency responses have not resourced non-English speaking communities or Native American sign language users at the same level as the English speaking communities. When it comes to accessing emergency resources like shelters, vaccinations, disease testing, there may be a transportation barrier for those that don't have access to a vehicle in their household or maybe unhoused themselves. Unless the response has done their work to build these community access and functional needs into their planning. As you may already see, access and functional needs is different than simply people who are at risk to the hazard or its characteristics. For example, people with chronic lung conditions may have greater impact during -- due to smoke during a wildfire or they may be at higher risk for serious illness during COVID-19, but access and functional needs encompasses barriers and concerns in much broader community groups and much more related to just how do I get things done on a regular basis. Access and functional needs demonstrate a gap between how communities communicate, maintain their health, etc., on a day-to-day basis, and what emergency systems have factored into their disaster planning and operations. But these disaster operations and community functioning, they're interdependent. We invite you to consider the questions on this slide. How does the success of response operations maybe that you participate in rely on community functioning and cooperation? For instance, does someone's access to phone service or Internet in their homes affect what communication they would receive from you as a disaster notification or resources that your agency provides. Do you have options for people who don't have Internet or phones in their homes?

What if someone has naturally elevated body temperatures, like a person who is paraplegic often does, and there's a fever check in order to access certain services because you're trying to prevent the disease? Do you have accommodations or practices in place that can help address that? And how do you support community functioning in the C-MIST areas? In some way communication, maintaining health, support services, transportation, might touch the work that you do. Does your agency have a role in keeping people safe? And how does that role adapt in disaster environments? These gaps between how community groups meet their C-MIST needs and what considerations are integrated in disaster planning is a huge reason why we see the same stories about disparities and exposure, injury, and death after so many different disasters. We also recognize that disasters don't happen in a vacuum and that these five C-MIST areas interact significantly with community power dynamics and social determinants of health, including trust, economics, isolation, staff capacity, housing, and racism. Next slide, please.

Engaging the concept access and functional needs really elevates the need for people-centered whole community emergency planning. Charlotte, Sadie and I each come from different departments, different disciplines and different emergency support functions as defined as the National Response Framework. If you look at this slide you

see how health and medical, emergency management, and mass care each handle their own domains and emergency tasks, and we tend to only overlap in small spaces, so as the ESF-8 representative on this presentation, ESF-8 is for health and medical responsibilities, and in Colorado those are housed under the Colorado Department of Public Health and environment at the state level. We're a separate department from our Department of Human Services, which is different than the way those departments are organized at the federal level. There's also a variety of how these different services and responsibilities are organized in agencies among our county-level partners. So when it comes to access and functional needs, public health brings some good assets in that they work with science on a regular basis. They have regular access to data, and there is a cultural drive in public health right now around health equity and environmental justice. And for a long time we have recognized disparities in health outcomes and we can add that long-term data storytelling and program engagement with community groups to conversations with our other discipline partners. And especially when it relates to barriers, but also behavioral strengths that communities might bring to the table. Our key partner in public health run from prevention through recovery in the health world, so that includes hospitals, emergency medical services, long-term care, home health, coroners, behavioral health, and community organizations of many types that deliver those types of health services too.

Worth noting, ESF-8 has been funded, although under-funded, for intentional planning and preparedness efforts for over 10 years, and unfortunately that amount of money has continued to shrink, but it has created some consistency in planning efforts and relationship building in community. We have watched the emergency culture shift from vulnerable populations language to a greater adoption of this idea of access and functional needs and we have built that into our grant activities with local and state health and medical partners. So that's a little bit of an introduction to ESF-8. I'll go back to Charlotte again to introduce ESF-6.

>> CHARLOTTE OLSEN: Thanks, Aimee. So ESF-6, as was said before, is mass care. So at the Colorado Department of Human Services, we are responsible for the coordination of ESF-6 at the state level. As Lewis said before, it's feeding and sheltering, emergency assistance, housing and human services. For the COVID response, I usually say the non-public health human part of this disaster, but it looks really different in every county across Colorado and every state in the U.S. as far as I can tell. Sometimes human services coordinates ESF-6, sometimes it's in the office of emergency management, and sometimes it's voluntary agencies, such as the Red Cross or voluntary organizations active in disaster that take the lead. So we are here to support people and make sure their basic needs are met and activities of daily living are able to continue in some way. Though they might look different for each disaster. This might mean coordinating sheltering, helping childcare facilities stay open, providing food or money to people who have been displaced, working through recovery or housing issues, or a variety of other disaster caused needs that arise. We rely really heavily on relationships with other state agencies, local voluntary agencies, and local government

partners for situational awareness, and are unfunded to do all of this work. And over to you, Sadie.

>> SADIE MARTINEZ: Thank you, Charlotte. This is Sadie. And in emergency support function 5, the ESF-5, we look at the whole community inclusion for coordinating but not -- we're not the lead. We support the logistics and resources in all the community lifelines, as you see, if you're able to see the slide, and those lifelines are safety and security partners, and all of those emergency support functions that work in that area, food and water, food, water and sheltering, and all of those emergency support functions in that area. Health and medical emergency -- I'm sorry, energy, power and fuel, communications, transportation, and hazardous materials. We are funded by Homeland Security preparedness grants and emergency management preparedness grants. Back to you, Aimee.

>> AIMEE VOTH SIEBERT: As you can probably tell from these just little profiles of these three different emergency support function partners, we have to rely on each other and our respective department and ESF networks to think about community access and functional needs in the spaces we cover, because each of those lifelines has a tie back to the big C-MIST areas. I, Aimee, rely on other colleagues in the health and medical world to be thinking about access and functional needs where they're doing their work. I'm not at a hospital every day, but we want those partners to be informed about access and functional needs so they can think about delivering supports in their spaces that help to address it. None of us can be everywhere at once. I think I already said that. But all emergency work ties back to this overarching goal to help communities through the disruptions caused by whatever the disaster is today. So it was out of this growing recognition of our interdependence as emergency partners and due to a good push from the Colorado disability community, that Colorado has adopted and begun to develop a statewide Access and Functional Needs Program, which I'm really excited for Sadie to tell you about on the next slide.

>> SADIE MARTINEZ: Thank you, Aimee. We're going to talk about the Colorado Access and Functional Needs Program and a little bit of history. Next slide, please.

So back in 2012, Waldo Canyon Fire happened in Colorado Springs, Colorado, and the local Center for Independent Living called The Independent Center, noticed there was different needs that were coming out of that response. They identified that there was needs for transportation, because the local public transportation went and shut down transportation for those not affected by the fire to go and respond and evacuate those who were living in that area to evacuate them out of there. What caused a cascading event, for those who weren't even in the fire. And then we noticed that communication, people who were deaf weren't able to get any of the communication even though they had an ASL interpreter, they weren't able to keep that person in the screen. So people who were deaf were going to bars to see if the TVs were captioned, and, again, no captioning. For sheltering, they also saw a situation where some of the shelters were opening up without the direction of office of emergency management and not accessible to people who were in wheelchairs. And so some people were -- one lady identified that

she was in a wheelchair for three days. I can't imagine what that would feel like. My back starts hurting just sitting on my chair for all these back-to-back meetings, now that we're in a Zoom reality. And so from there we did an after-action report, and they did a findings. They found some findings and they shared it back with emergency management. They started working together and hired an emergency program coordinator for disability inclusion and emergency management. And then fast forward, there was a lot of work done. And then 2017, the Independence Center went and pulled together a statewide stakeholder engagement group and asked -- went and found all the justification and asked the joint budget committee to request funds to be designated to build a statewide network of community-based disability integration emergency planners. We call it access and functional needs because we saw that it even grew -- it's about the whole community. And different people have access -- need access to resources in order to function. And it doesn't always mean that it's only people with disabilities. And so in 2018, the joint budget committee approved $500,000 to focus in structured and network building. So in that structure and network, it developed a report to capture inclusivity of people with access and functional needs on information sharing, training and exercise planning, in the emergency management lifecycle. Planning recommendations for network of contracted regional access and functional needs planners and expected deliverables for community-based contracts. We're still working on that. That was -- that's a little bit harder to do, and so we keep having lessons learned for the last -- since 2019 we've been working on those lessons learned. And we'll talk a little bit about some of the things that happen that disrupted that growth. The other area was person-centered planning, preparedness and training exercises to include ongoing work for integrating access and functional needs and people with disabilities in emergency management lifecycle. Participation, building participation of people with disabilities and planning, training and exercising to be a key indicator of integration.

individuals with wide variety of disabilities are included in the exercise, discussion based exercises, operation based exercise at the local, regional and state level. Identify the number of people with disabilities in access and functional needs who participate in creating their own personal emergency plan and emergency -- and also attend emergency preparedness workshops. And then identify inclusive planning efforts at the state level across divisions and departments, including the collaboration between the Department of Public Health and environment and people with disabilities and access and functional needs. So through that, the state where I'm at, we developed a Homeland Security advisory council access and functional needs subcommittee. And then in late November of 2018 they hired the access and functional needs coordinator. And I was the one that got blessed with the position and feel very honored, because I keep learning so much from it. Some of the things we started, as I came into this role, is we started some access and functional needs workshops and conferences that helped gather a snapshot. We gathered feedback from all of our nine all-hazards regions. We have 64 counties here in Colorado, but we gathered information from all of those areas through the all-hazards regions. We had whole community workshops, 12 in total. And we were able to -- from those workshops, we were able to develop a shared language across all the emergency support functions. And that is that C-MIST

model. We also had -- we also sent out a Request for Proposal for those contracted whole community inclusion planners, and we weren't able to be successful the two times that we sent that out. And so we're still learning through that process on how to still build that. We also had our first access and functional needs conference in November of 2019, and we brought out subject matter experts from the partnership for inclusive disaster strategies as well as June Kales, and we called it the "Getting It Right in Colorado: Communication Access and Functional Needs Conference." We started with that C, the communications area. So we could start building that buy-in. Next slide, please.

And so in there, one of the things we really want to highlight is that we started seeing from the very first workshop a-ha moments. So we asked to bring our emergency managers to bring in their stakeholders, their partners, that helped them in that C-MIST area, and we had an ambulance driver, or an ambulance business come in, and it was neat to hear Paul from Montrose, Colorado, I thought I was in the ambulance business for over a decade, until I had a mind shift and realized I am actually in the medical transportation business. I am a resource during emergencies and disasters and also on the regular basis, but in emergencies and disasters, he becomes the transportation resource. I'm going to hand this over back to Aimee.

>> AIMEE: Thanks, Sadie. It's been so exciting to sort of see this history and the steps taken over the years. These regional workshops held really helps us realize there are different cultures that we mentioned kind of in our ESF-8 and ESF-6 and ESF-5 profiles but that each of us kind of have different cultures, and in their own ways, almost our own language. Public health really leans on equity language. Some of our local public health partners have equity in emergency preparedness committees, where they were applying the C-MIST and access and functional needs ideas into projects that were even outside of their emergency preparedness funding. So bringing public health and human services and emergency management and community-based organizations into the same place helped us make a shared language, access and functional needs Esperanto that really helped us recognize each other's skills and opportunities and also know that, oh, when I hear the word "equitable access," this is good cue for me to think about the things I learned in public health world about social determinants of health and access and functional needs and for those in the emergency management area, maybe that's a ring in their ear to think, oh, this is where I need to think about how can my operation have whole community inclusion. We have sort of starting languages, though, as we learn other words. It can be another cue to us to remember to bring these things to the table. During the 2019 "Getting It Right" conferences, it was really powerful to have presenters from each of the different backgrounds speaking these different disciplinary languages and starting to absorb that vocabulary from each other and Sadie already highlighted that wonderful moment where an EMS partner clicked in with that themist framework idea. Another metaphor I'm fond of is the idea of a social fabric. Each of our threads alone, each of our departments, the work that we do, if we were just by ourselves, you could think of us as a thread that would very easily snap. But when we start to overlap and reinforce each other, we get far more coverage and less likely to fray under the stress of a disaster. Our greatest strength comes from weaving into the

natural fabric and community connection. So even before a disaster happens, communities are interwoven in particular ways that help people access resources or help people connect to each other, to get through challenging circumstances. And so if each of our agencies becomes more familiar and communities start to feel that smoother collaboration between all of us, then hand-offs against different needs, that will cross-cut our traditional service areas and help the community to see how their collaboration, their participation is so critical to emergency work too.

So through all of this, my feeling is that Colorado has good bones, a good structure to begin to work with, and now we're excited to figure out how we need to put muscles and sinews on this program so we can get up and move around and see where it goes. Charlotte, your reflection?

>> CHARLOTTE OLSEN: So what I loved in 2019 about these workshops is that it was an opportunity to bring ESF-6, ESF-5 and ESF-8 and other local community partners into the same room for the first time sometimes, or the first time in a long time, specifically around emergency management. Many times is that when human services partners are left out of planning conversations, for these workshops, the local Arc, Salvation Army, faith-based groups, Red Cross, human services, etc., were able to share how they can provide support to people in their community during blue skies but also during emergencies. It was just really nice to see partners from across a county and region come to sit at the same table and realize resources that they didn't know about before. We all know that emergency management is largely built on relationships and trust. And these workshops allow partners to begin relationships, and what we're seeing now is these relationships grow and the lifeline strengthen to support people around Colorado during the COVID response and also during the wildfire response from this past summer.

>> SADIE MARTINEZ: This is Sadie. Back to me. I want to talk about the -- it's a lot. When we think about resources, there's a lot. It's a big ole elephant, is how we think about it. But it also brings a shared language because emergency management think in resources. They tend to have language focused around resources. So when we talk about those areas, the C-MIST areas, it's big. So we -- what we found through this "Getting It Right" conference, it was kind of big, so we needed one bite at a time. And each bite that we take is lessons learned and new behaviors. And so those are some of the things that I always try to identify as we grow. One of the most recent that we could see probably across the nation is ASL interpreters alongside governors as they're disseminating information. And captioning is happening. You know, that was a hit-and-miss. Now we're seeing it's a new normal. It's a way to get effective communication out. Next slide, please.

So in 2020, we were still trying to build the capacity. And so we were getting some momentum going and we were doing great and we had these plans to keep growing. And then we also ran into COVID. So it kind of delayed everything. The areas that we were growing in were continued shared language. We're trying to still build because COVID has been delayed, regional access and functional needs subcommittees. We have some trainings about access and functional needs inside the Emergency Operations Center, and then through all of this, Charlotte was actually the one real early on in our COVID response to identify that we actually need some response teams that are focused for access and access and functional needs and looking at those C-MIST resources. We identified that there was six areas that really would benefit as we grow in here, and in these response teams, which is onsite, environmental, accessibility assessments. That's happening like in the blue skies. So make sure that when we're responding or providing any services, that it's accessible. Some access and functional needs assessments to identify when I get to that place I may have forgotten some of my resources at home, such as my hearing aid or batteries for my hearing aid, a wheelchair, a walker, maybe other little items that you might have forgot to bring, such as your medication, right? You don't need it right now, but you need it at 7:00 tonight and you don't have it with you. And so in there, we are intending to keep growing in the planning and the information sharing and also in the training areas. And so even part of those response teams we're looking at the information and technical assistance supports, such as when I go and -- to after the event to try and find some of those local resources, community outreach, as well as emergency response interpreters. Not only for ASL but in different languages. We found that through COVID response we were needing more translation by people who speak it as a first language. And then as we were developing -- and as we're developing the emergency response interpreter, we identified that we have a great plan for our media communications partners. And so we have actually reached out to the Colorado broadcasters association so that we can start building some media communication response teams. So interpreters and public information officers and the media are working together to ensure that we have accessible and effective communication going out to as far as a reach in our Colorado communities as possible. And so that is -- and we're creating these across all of Colorado. We're going to be state supporting it and then providing the trainings, and then the locals will execute it. And so that is where we're at now, and COVID just disrupted it, and now with trying to do response and forward in planning, it's been very interesting. All right, off to you, Aimee.

>> AIMEE VOTH SIEBERT: Thanks. Next slide, please. Interesting is right. I think there have been big eye opening opportunities that have come to us through this hugely comprehensive disaster, and obviously things that have felt disruptive to the plans that we initially had. There's really huge irony to me that in the year 2020 my hindsight doesn't really feel 2020. There were a lot of efforts we plan to continue, innovations we wanted to explore and then COVID-19 brought the most profound object lesson in several generations of emergencies. Hard as COVID-19 has been, if we can hold on to the lessons we have been learning about how much bigger true whole community preparedness and response is, we have an extraordinary opportunity to get buy-in and to shape this program to be truly whole community approach to access and functional

needs. Because this is a job that has really needed every one to try to keep up. Next slide. We know how much better off we are having laid this program's foundations over the past two years. It is really a celebration of mine to have been in some of the spaces where planning was happening and during this COVID-19 response see it actualized for the first time to have a joint information center that is providing information in six non-English languages, that is working with the governor's office to have American Sign Language interpreters. We've named these things for a long time, and in some ways this disaster was first time we saw them begin to come to life. And then we learned the challenges in bringing things to live and actually resourcing and funding and operationalizing these things that we know will help. But through all of this, COVID has also helped us realize how much more ground can still be left uncovered. It can't just be one ESF. It cannot even just be our 3, 6, 8 and 5 ESF. It can't just be a coordinator within each ESF. To go back to story we told at beginning, it really has to be everyone. So we wanted to take just a moment to sort of reflect on some of the challenges and accomplishments that we recognized in our own networks and how things have expanded beyond where we started from. So Charlotte, I'll turn that over to you.

>> CHARLOTTE OLSEN: Thanks, Aimee. So this past year in Colorado, on top of COVID, we also had the worst wildfire season that we've had in a really long time. I think we had our largest and third largest wildfires. So, you know, when I talk about this in our planning and everything, we kind of have you know, one thing on top of the other, and I think many of you on this call have probably had the same experience over the course of the year. But COVID really changed our partnerships completely across the state. And at first it really felt like we were building the plane while flying it. Our normal disaster partners, quote/unquote normal disaster partners, Red Cross, Salvation Army, Southern Baptists, local emergency management and local human services, that's pretty much it. So one really kind of amazing thing that came out of this year is our partnerships have been expanded like 20-fold. We have never had a disaster affect all 64 counties at once and with many new partners, we really just spent the first couple of months trying to wrap our heads around who are they and how do we bring them to the emergency management table? They know very little about emergency management systems. They weren't familiar with local emergency managers. They don't nolo call public health partners, let alone FEMA reimbursement or resource request processes. The list goes on. So we spent a lot of time relying on our preexisting relationships to help break down the barriers, help local communities coordinate more efficiently. Since ESF-6 is unfunded, like I mentioned before, we also spent a lot of time connecting community organizations to public health, housing, FEMA, or emergency management agencies that did receive CARES Act funds. In ESF-6 now in Colorado, it looks completely different. We have incorporated a homeless task force. We're running the non-congregate sheltering program across Colorado for those who need isolation and quarantine and don't have a home to quarantine in. We are supporting food banks and food pantries who are partners that we didn't really coordinate with before by connecting them with their local OEMs, office of emergency management, to use CARES Act funds or FEMA reimbursement to purchase and distribute food. As the state of Colorado, we have ordered over 25,000 boxes of shelf stable foods for distribution to those who are food insecure and who are high risk and in isolation and quarantine. Another example

is at the very beginning of COVID, we heard from our women, infants and children partners in public health that there was a formula and diaper shortage. I mean, how devastating is a formula shortage? Just like hearing about that. So we were able to order over $3 million worth of diapers, formula and wipes to distribute amongst family resource centers and low income families across the state. And in going back to that promotoras story I told at the beginning, we were able to build on that promotoras network in the San Luis Valley and get nearly a million dollars in CARES Act funds to create a statewide promotoras network with the help of Aimee and Sadie and partners across the state that focuses on supporting farms and food system workers in Colorado. But it was trial and error the entire way and there was no plan for any of this. So I guess one positive thing to come from this past year is building on our relationships, expanding our networks and really learning from our successes and our mistakes. So from an ESF perspective, the main challenge here is the lack of funding and a lack of resources, as in no funding, and very little personnel. We operated as a 2-4 woman team for the entire state for the past year, and at the county and local levels, it's maybe half a position or maybe no position. So we have really learned how to connect with other agencies for resources and support and to bring large diverse groups together to create solutions to complex issues, but the burnout is real, and there is a great need for additional support.

Over to you, Sadie.

>> SADIE MARTINEZ: Thank you, Charlotte. And when COVID hit us, in my role, because this role was new and people were thinking that access and functional needs was just people with disabilities, that that wasn't true. I was having to help translate from community partners to emergency management exactly how to resource requests, and make sure that we were looking for those watch-outs. You know, when we were at the beginning of COVID, access and functional needs was not just a label or an annex for vulnerable people. We had to change that language quicker, real quick, and Aimee was able to help me identify that as there are people that are higher risk of getting COVID. And that started helping us not just put a label back on people with access and functional needs. Right away with started noticing some of our partners were missing as part of the personal protective equipment, the PPE allocation, and so I right away started working with the governor's task force, or the innovation team, to ensure that we had PPE allocated and identified for people who were living independently and receiving in-home services and supports. We were working collaboratively to ensure that our testing sites were accessible and resources for people were accessible. We helped with guidances and press conferences. Boy, I started feeling spread thin. And it came with resource requests of a person who ended up supporting training and development research to not miss anything through this event. And that's kind of hard, because I'm looking through it in a resource lens, the C-MIST resource lens. All right, thank you. Next slide, Aimee.

>> AIMEE VOTH SIEBERT: So from the public health side of things, as much as it has been good to have the grants that have helped public health prepare, have helped healthcare systems prepare and keep up with the access and functional needs

conversation, I don't think any of us really realized how comprehensively overwhelmed public health and healthcare staff would be by a pandemic incident. We have so much of our emergency management work that is through the lens of a natural disaster where there are boundaries. There is a floodplain, and that's where the water goes. Or there is a burn scar or there's sort of like a boundary of the fire, and while there are certainly consequences to the communities around it, it sort of stays in one place. And that may still work like this. This disaster bull eyed public health and healthcare staff dead-on and scattered really to the winds with so many critical tasks all in one go. Surveillance, testing, data modeling, policy lab work, guidance development, contact tracing, environmental assessment, messaging, healthcare and treatment, moving medical materials, planning for alternative care facilities. You tired yet? I'm tired. Vaccine distribution is just a big one this year. Crisis standards of care. And just hiring in some cases three times the number of staff that we have ever had at our department. Many of you know that I could keep going. We were spread thin as butterfly wings, and no more strongly pulled than the small sort of half dozen staff local public health departments. Disappointingly, these public servants were also the ones that felt added strain from community members coming at them, sometimes their own local governments challenging them not with support but with criticism and even threat. I think Colorado also is realizing how departmental structures add another layer of complexity. The department of healthcare policy and finance runs Medicaid in Colorado, and it's 20 times larger than the public health department. But because the Colorado Department of Public Health was the designated state agency for health and medical disaster concerns, it's been eye-opening to realize how much health work is done by other agencies. As Sadie shared, this work to ensure that home and community-based services were also included and PPE distribution, that had to come along with building stronger relationships just in state government alone, saying nothing of so many partners who have come to the table because delivering health supports during this pandemic is much bigger than the traditional partners we named at the beginning.

So as the grant year came and went in the middle of June, that's our state year period, our local public health partners gave us brief updates that had been part of their contracts this year. Many of the activities we originally approached as planning and preparedness were fully actualized, came to full response life. But I also heard clearly from many of them that we can't do everything. And access and functional needs touches everything. Addressing these needs are critical to the success of the public health response and public health was in such high demand that we needed other partners to help manage the resource needs that would arise. We had to lean on those other partners doing the powerful work and addressing access and functional needs. Sometimes the way that they did on a day-to-day basis and sometimes by being creative and problem-solving, and many innovations that I hope we remember long after this pandemic is over. Next slide. So there are a lot of things we celebrated and we've named a couple of them already, but this was the first time to sort of tie back to our everybody, somebody, anybody and nobody story. It was the first time we had an access and functional needs role built fully into not just the planning section at the state emergency operation center but also into the joint information center. And as a

consequence, we maintained significant non-English language translation across public messaging. We were able to integrate American Sign Language interpretation into the governor press conferences and now it's to the point they handle that entirely on their own. Like the capacity has been built in many different partners. We promoted website accessibility with support from disability community feedback has been really helpful. We have public facing resources addressing access and functional needs in general and then public -- and in particular community groups, including in-home services. As Sadie mentioned, we had a really great opportunity to integrate this access and functional needs lens into our testing playbook, into considerations for alternative care facilities. We have added them into plans for the vaccine distribution and planning process, and there is just a whole host of regular situational awareness and resource problem solving meetings that have adopted and welcomed this perspective of access and functional needs readiness. Sadie, on a monthly basis now hosts what we call our C-MIST access and functional needs and information sharing conference calls, and that has brought together -- Sadie, I'm going to pause for a moment. Do you know how many people are registered for those calls?

>> SADIE MARTINEZ: Yes, the ones who are actively participating are anywhere from 40 to 60 and yet the invitation list is way higher.

>> AIMEE VOTH SIEBERT: Way higher. And there's a newsletter distributed to share information, to share resources in between the meetings, and that listserv is just huge. Sadie also has done such an incredible job of creating a national and state access and functional needs call where different states from across the country can come together and share perspectives on what has been working well, what they are still feeling challenged by when it comes to addressing community access and functional needs. It's a wonderful learning space. We have had, in addition to the homeless task force that Charlotte mentioned earlier, we have a disaster behavioral health task force. We have an ESF-6 task force that focuses on those sheltering areas, the food and shelter and all of the mass care sort of aspects of this response that have needed to be delivered in very innovative ways. There's a new Americans task force that is thinking about communities who are either recently arrived as immigrants, refugees or experiencing barriers because of documentation and how we still support them. There are over half a dozen health equity workgroups now. Some of them dedicated to particular operations like vaccine and some of them addressing the whole COVID response collectively. We had a COVID and older adults response team. Like it is just so exciting to see how everybody quote/unquote is just growing in numbers and numbers and numbers, but also that somebody is usually designated in each space to sort of keep this attention on the access and functional needs that may rise. We are delighted that the statewide promotoras network that started so many months ago is still finding ways to interact and continue to be funded by the access and functional needs partners from many different departments. We are excited that there was the solution that Sadie found through Project Here to make sure that CDAS community and home-based services had access to PPE. We had extensive community engagement in developing the crisis standards of care used across the state, and many of those same diverse leaders and physicians and folks from different communities are now our

champions for vaccine equity and helping us with that effort. And more than anything it has been a true effort and joy to see an opportunity to capture lessons learned, accomplishments, and ongoing concerns for future waves and events that we have been able to sort of initiate with our many access and functional needs partners flu what we call a During Action Survey that we kind of share I would estimate on an every four-month basis now. It's just really striking because of how long this COVID-19 event has existed.

So next slide. To finish off our presentation part of this, we just want to recognize that it takes everybody. Because in a public health disaster, and in many other disasters, people touch everything. Community members have to understand themselves as both, in this case, disease vectors, the way that the disease spreads, but also as disaster responders, because their behaviors determine if the disease spreads or is contained. People are public health infrastructure, they are the contact tracers, the lab techs, the data analysts, the in-home care, the truck drivers, healthcare workers, and burnout threatens this response capacity over a sustained response. Like we don't recognize that we're people. We're not just widgets that you can substitute one person in and out. People are worried about their loved ones, strained by long hours, exhausted by screen time. We as responders have access and functional needs too. So access and functional needs really demands a whole community approach. We need the depth where everybody is trained to use a C-MIST lens, where anybody can speak up if they see something in the response operations they're working on, but also where there's more intention to always have somebody focused on the community needs within a current discussion. And we're starting to see that in Colorado. We need an emergency system that can flex with where these community needs come up and are addressed. Wouldn't it be wonderful if C-MIST was among our essential elements of information, so it was included in all situation reports, all after action reports, and everybody used it as a watch-out, wherever they found themselves. If COVID-19 has taught us nothing else, it's that our whole community is going to show up. Government leaders will assume roles and responsibilities that may not have been spelled out quite that way in our emergency plans originally. We will need business and non-profit community assets, social services not previously included in our organizational charts. We need the skills, relationships and community knowledge of a wide range of cultural navigators to surmount pre-disaster barriers of trust, education, isolation. We need to have a long talk about how we resource this. Because when everybody is a responder, it's very telling who gets to be resourced like one. It isn't always tied to their value and achieving emergency objectives. So, our last slide, before we sort of just let you all ask us questions... so next slide, sorry.

We need to remember that the community experience is at the heart of why our emergency systems exist in the first place. It's not for the hurricanes over open water. It's not for infrastructure in a ghost town. These things matter only in the context that they impact people's lives, that they are valuable to how we live our lives. Colorado's Access and Functional Needs Program aims to regularly center and elevate the people-centered experience of disasters for planning and response. It's a long road, but we're excited to share and learn at this point in the journey with all of the amazing

partners that have come out of the woodwork in Colorado to help us learn. So thank you all for letting us share. And on the next slide we have our contact information, but over to you all. What questions do you have?

>> LEWIS KRAUS: All right, thank you so much, Aimee and Charlotte and Sadie. Appreciate your presentation. It was really great. Let's -- all of you who are listen, please remember to submit your questions in the chat window and we'll get to those as we go through them.

Let me get you a first question for anybody in the audience who is at another state or wants to advocate in their state for setting up an access and functional needs office or whatnot, what do you recommend out of your learning of setting it up?

>> SADIE MARTINEZ: This is Sadie, or Aimee, do you want to answer that first?

>> AIMEE VOTH SIEBERT: Go ahead, Sadie. I'll chime in later.

>> SADIE MARTINEZ: So one of the things that was very helpful here in Colorado is our disability advocates actually brought to the attention of emergency management and to the joint budget committee. So they actually advocated and helped build the importance, and with the stakeholders and justification, they were able to have this position put into a budget line item that is tied to emergency management. Aimee, do you want anything more to add or show?

>> AIMEE VOTH SIEBERT: No, I think it's really, really powerful to have that community-based advocacy simultaneous with the sort of education effort that we were really working hard on in 2019, which was to build up this shared language so that each of us could go back to our respective organizations, our respective funding sources and sort of say, okay, if I know that these five big C-MIST areas are places where I can make a big impact in the inclusion and involvement of my community's needs and voices and work, then can I build that in? Even if it's not explicitly called out, can I use this shared language when we're sort of on the same page across one state about what access and functional needs means. Can I use that to sort of justify even within the maybe limited funding that I have where I see the connections to C-MIST really landing? So I like the formal process of the advocacy and the program development in this particular agency like Colorado's division of Homeland Security and emergency management had created, alongside the people based power of, if we can sort of create opportunities to learn together and use the same language, I really like the philosophy of trying to create as many possibilities as possible, because then when those seeds come up, you can harvest as many places as presented themselves.

>> LEWIS KRAUS: Thank you. The next question, and maybe part of it you may have covered, but let's get them you know, a direct answer to this. Because of COVID's impact on our state budget, we have less funding for new programs. How are your AFN

planner positions funded? Do you need to go back to your legislature annually to ask for funds, or is there a central state agency that coordinates all your efforts?
>> SADIE MARTINEZ: This funding is actually tied into the general funds under emergency management, and under the emergency management budget there's an allocation of $500,000 into this access and functional needs efforts. We do only have tied to it two full-time employees. However, if funds are able to build capacity across all of Colorado. So, no, we did not have to go back every year to ask for these funds. It is embedded inside of that line item in emergency management.

>> LEWIS KRAUS: Thank you. I want to point out to everyone in the chat panel, Molly McCloud put in a resource for virtual learning spaces to be access center and ASL, English, Spanish, so if you're interested in that, you can look at that.

For those of you who are asking about the recording, this is being recorded, as I mentioned before, and it will be available at ADApresentations.org in the archive section next week.

Can you -- people are asking about your AFN national call, Sadie, and how to get into that and when it is. Can you give some information about that?

>> SADIE MARTINEZ: Yes. So we started that call. It is normally the third Monday of the month. 2:00 p.m. Eastern standard time and 11:00 a.m. Pacific time. Except for January and February, due to that being -- the third Monday of the month lands on holidays, so it's going to be on the 4th Monday of the month. If you would like to be included in that invitation, please feel free to email me at Sadie.Martinez@State.CO.US.. We're learning about good and promising practices from each other. We're trying to make sure we have lessons learned, and then also borrow good and promising practices from each other, and the plan with our community approach versus our plan for.

So next question... you talked a bunch about community and how to connect with the community. I know that in some states, certainly in some states there's also the question of how much have you been able to coordinate with the internal agencies and become kind of an advocate for you know, all of these accessibility issues internally within the state government. Do you have some input on that?

>> SADIE MARTINEZ: So I actually, when it comes to emergencies and disasters, we have our subcommittee, our access and functional needs subcommittee that has a lot of state-level partners, as well as when the emergency operation center or the unified command center, I'm in there to help as a resource and help connect us with the support across all those different areas. We also have been able to identify that we have 19 different state agencies or divisions -- I'm sorry, departments, and under each of the departments are divisions. And so trying to build those relationships as we go, we are -- I now participate in many more state-led meetings than I ever did before, but I am part of the conversation, so that I could help with identifying resources as we -- for

people with access and functional needs. I hope I answered that. Aimee, would you add anything else in there?
>> I would sort of echo what Sadie said. There's been a lot of work, especially within sort of the COVID response to have environments where sort of day to day state government partners are brought together for perspectives and what was shared about sort of Colorado's department of healthcare policy and finance. This is such a huge health partner that we really only became, you know, the most aware of how much they could contribute to an emergency, especially of this nature and size during this past year, and that happened in part because we invited communicators to participate in the joint information center and started learning about some of their resources there. But also by very nature of our governor having sort of a cabinet of all of the department directors, that became a recognition place where, oh, you all -- your department, your programs do this on a regular basis. We need either this, you know, supply chain expertise in this operation or we need your community network and connections and this piece, or we need your perspective on how -- what are the ways that resources are delivered to communities on a regular basis that we can learn from for this particular disaster effort right now. So I think a part of it was not recreating the wheel but knowing that, because this one has lasted as long as it has, some of the natural sort of gathering places became places where we shared information with one another, and the way that we pulled more government programs into the work of emergency management and really helped them realize, no, you've got -- you may not have emergency preparedness as part of your job title, but that's part of your work now too.

>> LEWIS KRAUS: Okay, excellent. Thank you very much for all of you we realize many may have questions for our speakers and apologize if you didn't get a chance to ask your questions. You can contact them there on the screen. You've got your contact information for them on the screen, if you want to contact them. If your question is one that is an Americans with Disabilities Act kind of question, you can contact your regional ADA Center about that at 800-949-4232.

You will receive an email with a link to an online session evaluation. Please complete the evaluation for today's program as we really value your input and want to show that to our funder. And also want to let you know that if you're interested in some of the history behind this kind of an effort, in our archive section at ADApresentations.org, there are webinars about -- from California, when California first started their access and functional needs office. It's a 2014 webinar. And you can listen to what they had to -- what they went through to start that up, and also there's a webinar from the Independent Living Center in Colorado about their use of coordinating emergency manager on to their staff at that point to be able to have communications with the emergency management agencies in Colorado early on. So that was many years ago as well. So those are all there.

We want to thank you all, Aimee, Charlotte, Sadie, for sharing your time and knowledge with us today. And a reminder again that the session was recorded. It will be available for viewing next week at ADApresentations.org in the archives section of the emergency management area. Our next webinar on February 11th, we're going to have a

presentation on COVID-19 accessible materials for people with disabilities from Georgia Tech staff, and we hope that you can join us for that. Watch your email two weeks ahead of time for the announcement of the opening of that registration. So thank you for attending today's session. We hope you enjoyed it. And we look forward to seeing you next time! Have a good afternoon, everyone!

Bye-bye!