>> Lewis Kraus: 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 as a collaborative effort between the ADA National Network and FEMA's Office of Disability Integration and Coordination. The ADA National Network is made up of 10 regional centers that are 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, and that is now in your chat window. FEMA's ODIC covers the same 10 regions with regional disability integration specialists. For more information about FEMA, it can be found at www.fema.gov, then type odic into the FEMA website search. And that is also in your chat window.

This is the third year of this 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.

The series alternates monthly between the ADA National Network Learning Session and FEMA Promising Practices. We encourage you to review the series website and familiarize yourself with the full array of sessions in this year's series at www.adapresentations.org/schedule.php. These monthly webinars occur on the second Thursday of the month at 2:30 Eastern, 1:30 Central, 12:30 Mountain, and 11:30 Pacific time. By being here, you are on the list to receive notices for future webinars in this series. The notices go out two to three weeks before the next webinar and open that webinar to registration.

For those of you who are new to this webinar series and its software, we will now review some of the features of the webinar platform before we begin the session today.
In today's session, in this session, only speakers will have audio. The audio for today's webinar is being broadcast through your computer. Make sure your speakers are turned on and your headphones are plugged in.

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You can follow along the webinar platform with the slides. If you are not using the webinar platform, you can download a copy of the presentation today at www.adapresentations.org/schedule.php.

The session is being recorded and the archive will be available for review next week at that website.

Realtime captioning is provided for this webinar. The caption screen can be accessed by choosing the cc icon in the Audio & Video panel. The box showing the captions can be resized to show more or less text as would like.

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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. 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. And you can type those questions in the chat area text box or press control m and enter the text in the chat area.

If you are listening by phone and not logged into the webinar, you may ask questions by e-mailing them to adatech@adapacific.org.

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Today's speakers -- let's talk about today's session, the ADA National Network Learning Session is titled Disaster Behavioral Health and People With Access and Functional Needs: Resources from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). Substance Abuse and Mental Health Administration or SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities, including throughout all phases of the disaster cycle.

Whether natural and human-caused disasters occur, including incidents of mass violence, such as terrorism and shootings, survivors, loved ones of victims, and responders are all at risk for emotional distress or other mental health concerns. Persons with physical and mental health disabilities, the deaf and hard of hearing, those with visual impairments and many others have unique access and functional needs that must be addressed as part of a whole community approach to
disaster preparedness, response, and recovery. And this includes incorporating available and accessible behavioral health resources into emergency management operations.

Today's session will provide an introduction to disaster, behavioral health, and overview of resources from SAMHSA that emergency managers, providers, and the public at large can utilize every year -- sorry, year-round, during and immediately following disaster events and during long-term recovery.

Our speakers today are Commander Jamie Seligman, a Project Officer with SAMHSA, the Center for Mental Health Services in the Emergency Mental Health and Traumatic Stress Services Branch. In his current role, he monitors crisis counseling grants to states with presidentially-declared disasters and provides technical assistance to guarantees and applicants. He is also the Project Officer for the Disaster Behavioral Health Information Series, an online virtual disaster resource center with downloadable publications.

Commander Seligman spearheaded the development and creation of the SAMHSA Disaster Kit. He also provided oversight and subject matter expertise in the development and launch of SAMHSA's Disaster App. Commander Seligman oversees the Disaster Distress Helpline, which is the first national hotline dedicated to providing year-long disaster crisis counseling. He has been deployed to numerous disaster settings, serving as a federal responder, as a mental health professional, with the U.S. Public Health Service.

Christian Burgess is the Director of the Disaster Distress Helpline, a program of SAMHSA, administered by Link2Health Solutions, a subsidiary of the not-for-profit Mental Health Association of New York City. Link2Health Solutions also administered the National Suicide Prevention Lifeline for SAMHSA of which the Disaster Distress Helpline is considered a sub-network.

Christian serves on the National VOAD Emotional and Spiritual Care Committee and Health Committee and co-chaired the New York City VOAD ESCC from 2013 to 2014. Christian served as Training Coordinator for the Oil Spill Distress Helpline from 2010 to 2011, also administered by Link2Health Solutions for SAMHSA before becoming the DDH Director in 2012 when that program was launched.

I will now turn it over to Commander Seligman and Christian. You guys can take it from here.

>> Christian Burgess: Ok. Thank you very much, Lewis and everyone at the Pacific ADA Center and the ADA National Network, for this opportunity to present on disaster behavioral health resources for individuals and families with access and functional needs. So on behalf of Commander Seligman and myself, we're very excited for this opportunity and looking forward to the presentation and later on having a discussion with those of you participating and answering what questions you may have. So thanks again.

Let's go over the agenda first. This is what we'll be covering over the next hour or so. We're going to start with the basics, an overview of disaster behavioral health, which will include definitions, risk factors, and warning signs of disaster distress. And in that conversation we'll also touch on unique considerations for people with disabilities and other access and functional needs.

In our conversation about SAMHSA's resources regarding serving people with access and functional needs, we're going to focus primarily on two specific resources which is SAMHSA's Disaster Behavioral Health Information Series and SAMHSA's Disaster Distress Helpline. However, we also will touch on a few other resources that SAMHSA has available to providers and others working in disaster preparedness response and recovery.

And later in the webinar we'll also be sharing additional resources in disaster behavioral health that are available to everybody, including how FEMA's emergency support functions and their natural disaster recovery framework addresses disaster behavioral health and resources associated with that. And we'll also be touching on additional resources available at the local, state, and national level on disaster behavioral health that may not be associated with SAMHSA but that are important resources to be aware of in the communities that you serve.

Finally, towards the end of the webinar I'll be just summarizing some key takeaways in terms of incorporating disaster behavioral health into planning and preparedness. And then as Lewis
mentioned as well at the top of the webinar, we'll also have time for discussion and questions and answers.

So, with that, let's get started. What is disaster behavioral health? Well, as is on the slide here, the easiest way to explain disaster behavioral health is when disasters affect behavioral health concerns. So you see the diagram here where disasters overlap with behavioral health concern.

Let me back up a minute and say that the Department of Health and Human Services, the Office for the Assistant Secretary for Preparedness and Response, and later when we talk about resources, I'll be talking a little bit more about the resource that ASPR has available, but ASPR defines it as an integral part of the overall health and medical prepared response and recovery system. It includes -- disaster behavioral health includes the interconnected, psychological, emotional, cognitive, developmental, and social influences on behavior, mental health and substance abuse and the effect of these influences on preparedness, response, and recovery from disasters or traumatic events.

Then when we talk about disaster. Of course most of you participating in the webinar will know what a disaster is, are likely very familiar. For the purpose of this conversation I'm defining a disaster as any event with crisis or emergency implications that this can be natural and human caused. So when we're thinking of natural disasters under disaster behavioral health, we are thinking of hurricanes, tropical storms, typhoons, tsunamis, earthquakes, tornadoes, other severe storms, flooding. When thinking of disasters, we're also thinking of public health emergencies. And then when we think of human-caused disasters, we're thinking of incidents of mass violence which can be terrorism, mass shootings, they can be transportation disasters, they can be technological or chemical emergencies, particularly with public health implications such as the Flint water crisis in Michigan. With human-caused disasters, we can also think of large-scale incidents of community violence, whether that's following traumatic events such as shootings that happen in communities, such as what we saw recently in Minnesota and Louisiana and Dallas.

So it's a pretty wide range of the types of disasters but all of these events have behavioral health implications. And there are three concerns that we primarily look under with disaster behavioral health and those are when preexisting behavioral health concerns are aggravated or triggered by a disaster event, when new behavioral health concerns emerge after an event, and when access to care is affected by the event. And we'll touch on those further in just a moment. So a general overview of what we talk about when we talk about disaster behavioral health.

So let's talk about who is at risk. Who is most at risk for developing disaster distress? There is a common saying in our field which is that when disasters happen, no one is untouched by it. We're all impacted in some way. However, there are three groups of individuals who are primarily at risk for developing distress, and those are in three general categories.

Survivors living or working in impacted areas; that could also include people attending school in impacted areas. It could include visitors in an impacted area, whether those are tourists or people who just happen to be in an area where disaster occurs. So when a disaster impacts these people, we typically refer to them as survivors but it's just generally people who are in that impacted area, whether it's a single neighborhood that might have been impacted or even a wide area it could be multiple states from a single incident.

The second category are loved ones of victims. And that is whether those individuals are inside or even far outside of an impacted area. If you know someone [INAUDIBLE] it could also include pets, by the way. Whether you're inside or outside of the disaster, if you have lost someone or a pet to a natural or human-caused disaster, you're at significant risk for distress or other mental health concerns related to that loss because that's likely considered atraumatic loss.

In this category, though, we also need to think of loved ones of survivors and responders because even if you didn't lose someone to the disaster, if you have a loved one that you know is in an area impacted by a disaster, particularly when you can't get in touch with them during the disaster or immediately following the event -- again, that could be inside or outside of the impacted area; it could even be in another country -- when you can't get in touch with that person or you don't know what their status is, you're at risk for significant distress.
And then the third category, our first responders, rescue and recovery workers, who all of us know -- many of you participating in the webinar might be in this category. We are talking about a full spectrum of response, recovery and rescue work. That could be first responders like police, fire, medic, emergency responders. It could be hazmat teams, K9 units. It could also be volunteers deployed to assist with rescue recovery, whether spontaneous volunteers in a neighborhood or other site or it could be deployed volunteers from volunteer organizations active in disaster, like with the American Red Cross, the Salvation Army, and groups like that. It could be faith-based recovery workers who are volunteering and respite care, providing emotional and spiritual care.

So a pretty wide range of individuals under that category. And even though first responders, rescue and recovery workers were all typically trained in the work that we do and many of us have been deployed numerous times so often we know what to expect, we're still at risk for distress and other mental health concerns because sometimes you just can't prepare. It might be your first deployment. It might be a response to a disaster which you never have been exposed to the type of event in which you're serving. There could be something going on in your life that makes you more vulnerable to distress for that particular deployment. So there are a number of factors that add into the risk for distress for first responders, rescue and recovery workers.

So those are the three general categories. Within those three categories -- and I've already touched on this a bit but there are other considerations that elevate those risk factors [Inaudible] what was your predisaster level of functioning like? Did you have preexisting mental health concerns? Or it could be interpersonal violence or other social emotional issues going on like bullying for children and youth. It could be domestic violence. It could be other types of intimate partner violence and sexual abuse. If something is going on in your life before a disaster, particularly if you haven't gotten support for that issue, and then a disaster happens, you're at an elevated risk for distress.

Within that category, too, in terms of pre-disaster level of functioning, if you have had a history of challenging or difficult recovery from a past disaster, we also consider that part of your pre-disaster level of functioning. So if you have survived a disaster, whether it's a hurricane or a shooting -- again, particularly if you've had a difficult recovery from that disaster and then another disaster happens, you're at elevated risk for distress. And particularly if you re-experience a similar type of disaster. So if you experienced a shooting in the past and another shooting occurs, you had a difficult recovery from that past disaster, you're potentially more vulnerable to distress in the more recent disaster event. And, again, that could be inside or outside the impacted area.

We know that in terms of the history of difficult recovery from past disasters, if you have experienced, again -- again, I'll use a shooting as an example. If you've experienced that in the past and then another shooting happens, it could be hundreds of miles away but you hear about it in the news, you see you might see graphic images or sounds associated with it, that could be very distressing for that person. So that's also an additional risk factor that we look at, is the history of the challenge organize difficult recovery from past disasters.

Another risk factor is degree of exposure during the event. Even if a disaster happens in your neighborhood, you may not be at risk for as much distress if you actually witnessed devastating scenes during the disaster. So when we talk about the degree of exposure, the more loss that you experience related to the disaster or if you have been injured or if your life has been threatened or, again, if someone you know or care about has been injured or lost their life, if you've lost property, you've had damage to property, those are all elevated risk factors for distress because the degree of exposure is greater than others who may have been impacted. So that's another factor.

Another factor, we touched on this a moment ago, increasingly an area of concern under disaster behavioral health because of our ever growing 24/7 news cycle, media obviously can be a source of information and connection. It can be a source of allowing us to cope when disasters happen, when we connect with others, reach out. It can also be a source of stress. When we're overexposed, and, again, exposed to graphic or unsettling images or sounds associated with the disaster. And with media exposure, we're also thinking of especially children or people with cognitive impairments who when they see a disaster happening, they may not fully grasp exactly what the
parameters of that disaster are including if it's a news story about a past disaster or if it's a news story that is constantly showing a shooting or a terrorist attack. Children or people with cognitive impairments may not understand that that's past footage. They may think it's happening in realtime. And that's just one example of how media exposure can be a risk factor for distress.

And then with risk factors we also are looking at access and functional needs. And I'll touch more on that specifically in a moment. I do want to take an opportunity to give a definition of access and functional needs for the purpose of the webinar at this point. I define access and functional needs according to information that I have from FEMA-- and I'm summarizing here. The information from FEMA is that access and functional needs are when children, youth, and adults have unique physical, sensory, mental health, cognitive, and/or intellectual disabilities and/or needs associated with those areas that must be addressed [inaudible] and/or their caregivers can function safely, effectively, and when appropriate without assistance.

So a very succinct definition of access and functional needs but I wanted to, for the purpose of this webinar, provide that basic definition as we move forward because I'm going to touch on it again here in a moment.

Let me talk about what the distress reactions are among those risk factors that I talked about a moment ago, survivors, loved ones, and responders. The vast majority of people who experience a disaster are going to be able to bounce back fairly quickly, particularly with support from loved ones. And that includes individuals and families with access and functional needs. In all of these risk factors -- excuse me, warning signs are applicable, again, to anyone who experiences a disaster.

There's a seminal study that we still often cite in disaster behavioral health which is a research -- a compilation of research on a team led by Fran Norris. The study was done in 2002 so it's a little dated but still relevant. And Fran Norris and other researchers compiled data in terms of the mental health effects of numerous disasters across the world, natural and human caused. And in this compilation of research it showed that overall when you look at people who are impacted by disasters, 1% of that impacted population will have minimal reactions, 51% will have moderate reactions, and moderate and -- the minimal and moderate reactions are considered sort of mild to mild reactions to a disaster.

The study found that 23% of those impacted will have severe reactions and 17% will have very severe reactions. So roughly 60% of folks impacted by the disaster, the majority, will have mild-to-moderate reactions that will likely go away fairly quickly, again, particularly with support from loved ones. But up to 40% of those impacted will have -- at risk having severe to very severe reactions and those folks may need additional support in order to bounce back to how they were functioning before the disaster event.

You see a range of symptoms here which, again, go from mild to moderate to severe to very severe: trouble sleeping, difficulty concentrating, irritability. And then the symptoms start to get a little more severe: withdrawal and isolation, feelings of hopelessness. There could be setbacks during anniversary events or other event triggers, like what I talked about a moment ago. [Inaudible] for people impacted by disaster can include increased risk for substance abuse, which could be a risk for addiction as well. And that could be alcohol, tobacco, prescription medications. Another severe reaction can be persistent anxiety to the point where it becomes -- it significantly impairs functioning. And then we see with disasters the risk for depression as well, which can include suicidal thoughts, ideation and attempt.

I want to highlight, though, that another important thing to remember with distress reactions is that many survivors and loved ones and responders also experience what we call posttraumatic growth following a disaster. After disasters there is a sense of community, there is a sense of togetherness. We mobilize support and resources. And those almost euphoric effects in the immediate aftermath of a disaster can help inform a successful recovery. We mark -- a successful recovery from a disaster is marked by a sustained and stronger sense of community over time, a community feels like it has been made stronger by the response after the disaster event. We can see -- successful recovery is also marked by individual and family integration of what may have been a stressful or traumatic time into an
integration of that time, into one's personal narrative. So, in other words, the event becomes a part of your story, not the whole story.

So I just want to highlight how distress reactions -- we also see post-traumatic growth in terms of the aftermath of a disaster.

So let's talk about individuals and families with access and functional needs. Some of these unique risk factors include people with multiple access and functional needs. And that's important to remember because when we look at this from the whole person approach, so we're not just looking at what we may see on the surface but other concerns that may be underneath the surface, behind the person's risk factors. People can have a physical or mental disabilities and they could have language barriers. They might have unique access and functional needs related to whether they live in a rural or urban area. There might be homelessness involved in addition to other access and functional needs. There might be addiction. So the more access and functional needs that a person has, the more at risk for distress they may be when a disaster occurs.

Another unique risk factor is when transportation [Inaudible], particularly if those are significant to where they are sustained over time because that results in impaired or limited mobility, which, as we know, is people with access and functional needs and particularly people with physical disabilities or other -- or visual impairments or deaf or hard of hearing, those types of unique access and functional needs. It's particularly important to sustain, without disruption, access to transportation and their access to their support systems that they need throughout the disaster. And related to those disruptions as well, we also see heightened medical health concerns related to medication supply, access to medication supply, power outages, etc.

Another risk factor is marginalization from health and social services before, during, and after disaster events. That may be perceived or actual lack of support because in many communities, there may not be adequate health and social services for people with various access and functional needs that could be in schools. That could be in healthcare settings. It could be houses of worship, other community [Inaudible] nonprofit groups.

When all of these institutions fail to adequately address access and functional needs before a disaster happens, they risk marginalizing individuals and families with access and functional needs which again can elevate the disaster or distress when a disaster occurs because these are the institution we often rely on for support after a disaster.

Another risk factor is when services are slow to catch up with advancements and assistive technologies. I know when Lewis was giving the introduction to the webinar, I'm constantly amazed at the increasing ability for providers to allow -- to enhance access to services for people with disabilities, visual impairments, deaf and hard of hearing, and other access and functional needs. And some of these services that I mentioned, whether it's schools or care providers might be slow to catch up. So when agencies don't have the kind of technology that's needed to provide adequate support before a disaster, again, the disaster risks disrupting those systems even further.

Then another major risk factor for people with access and functional needs is when there's a lack of inclusion in preparedness plans, exercise, exercises, outreach and educational sources. And that includes in disaster behavioral health, preparedness, response and recovery. Because when individuals and families with access and functional needs don't see their needs included in drills, in preparedness plans, in resource that are made available to individuals [Inaudible], that elevates risk factor.

I always say that practicing preparedness helps us to feel calmer and more in control when disasters happen. And so when we have a lack of adequate inclusion in these plans and resources, it risks disrupting our sense of being able to be in control and feel calmer when a disaster happens. So those are just some of the unique risk factors for people access and functional needs.

Some of the heightened distress impacts in terms of these risk factors. A couple of these I mentioned earlier but are particularly strong among people with individual and families with access and functional needs that includes withdrawal and isolation, again related to disruptions and transportation,
communication systems, things that might cut off access to traditional social supports; heightens a
sense of isolation which can lead to social withdrawal in an aftermath or during recovery.

The overwhelming sense of anxiety, fear, and confusion with the Disaster Distress Helpline,
we have seen that with callers and texters to our service before disasters happen, when there have
been forecasts for severe weather we've often gotten contacts from individuals and families who have
access and functional needs and they're extremely worried about what the impacts of this disaster may
have for their medical needs and in terms of their power supply, their ability to evacuate safely and
effectively, etc. So those reactions can be heightened among people with access and functional needs.

Disasters, again, when things are disrupted, can lead to setbacks in treatment and therapies
for people with access and functional needs. These medical concerns might impact our -- I'm sorry.
These mental and emotional distress reactions might impact our physical health. That's for everyone
but, again, especially true for people with access and functional needs. And all of these can also delay
recovery. People with access and functional needs you might have heightened distress impacts, might
be more vulnerable for distress, can have more challenges during the long-term recovery process. And
so that's another reason why we need to pay attention to these dynamics.

But, again, here I want to highlight when we talk about resilience, people with access and
functional needs, again, like everyone else, we have a high degree of resilience. Most people with
access and functional needs are going to be able to bounce back fairly quickly, again, with support from
loved ones and, indeed, are going to be able to help other people access and functional needs through
informing everything that we're talking about here, and being a part of the recovery efforts.

And also I think that with increasing awareness and accountability among the entire spectrum
of disaster preparedness [inaudible] access and functional needs, we still have a long way to go. But
those are two factors that sort of mitigate against these distress impacts that I am mentioning.

Ok. So at this point I am going to hand it over to my colleague, Commander Seligman. That
was sort of a crash course in overview of disaster behavioral health. Again, if anyone had any
questions that may have come up, if you feel like I missed any points or if you want me to elaborate on
anything, please remember to post a question in the chat box or e-mail it according to the information
that Lewis provided earlier.

With that, I'll hand it over to Commander Seligman.

>> Jamie Seligman: Great, thank you. Good afternoon, everyone. My name is Jamie Seligman.
Again, I'm the Project Officer over at SAMHSA, Substance Abuse and Mental Health Services
Administration. Christian did a great job talking about the disaster reactions, more of the clinical and
emotional behavioral health keys to disaster survivors. Now we're going to try to talk about what
responders could use in the field if they come across these disaster survivors and, again, we could
discuss some of those resources and be able to break out specific populations.

Being deployed, I experienced the tsunamis, the Ebola crisis, Hurricane Katrina, all of these
disasters and traumatic events, each one is different. FEMA really has done a really great job -- each
you go to is not like any other one that you experienced.

>> Lewis Kraus: Jamie, sorry to interrupt you. Our captioner is asking that you move a little closer to
your microphone. She's having trouble hearing you.

>> Jamie Seligman: Ok. So being a responder in the field, we all know that we never know what we're
doing until we land or arrive at our duty station or at our assignments. And a lot of times I'm working
with populations that I might not be familiar with. So our SAMHSA disaster -- Disaster Behavioral
Health Information Series contains resources, collections and toolkits related to disaster behavioral
health. It targets specific populations, specific types of disasters, and other topics related to all hazards
and all resources are in the public domain or have been authorized for non-commercial use.

Basically what that bullet means is that we're able to look at government websites, state
websites, federal websites, local agency websites. And we're able to add to our collection.

>> Lewis Kraus: Jamie, this is Lewis again. I'm sorry. I'm going to have to pause you here. We have
lost the CART closed captioning. This is very important for access. Let's hold on. There we go. I see
you, Christine. Ok.
Jamie, can you just do some tests to make sure she can hear you.

>> Jamie Seligman: Sure. I'll just go back and look at the slides.

Contains resource collections and toolkits pertinent to disaster behavioral health, targets specific populations, specific types of disasters and other topics related to all-hazards disaster behavioral health preparedness and response, and all resources are in the public domain or have been authorized for non-commercial use.

>> Lewis Kraus: Ok. That sounds great. Thank you.

>> Jamie Seligman: No problem.

So right now what we're looking at is our screen shot of our DBHIS web side. The easiest way to get to our DBHIS website is to Google SAMHSA and put DBHIS. Again, we'll give you the website at the end of the presentation but I just wanted to let you know how I even locate where our SAMHSA DBHIS web page is located. So Google, DBHIS, SAMHSA, and you'll get there.

And we have all of these different theories. We have acute intervention, animal disasters, children and youth, disaster responders, an array of different series and topics. Currently right now our most -- our newest addition to our resource is the Zika virus. So again, sometimes we come up with these installments as these epidemics or disasters or traumatic events occur [inaudible] these installments to assist the general public at large. Today we're focusing on our DBHIS installments of people with disabilities and other functional and access needs and our Disaster Response Template Toolkit.

So are people with disabilities and other access functional needs, DBHIS covers ways that emergency management government agencies, nonprofits, first responders, disaster responders can make sure to include people with disabilities in their disaster plans, communications, and response. Information for people with disabilities and other access and functional needs about preparing for and recovering from disaster. I know when I get deployed to a disaster setting, not everyone will be familiar with what resources are for children, not everyone is familiar with resources for people with languages other than English. So again, sometimes we have to work in situations that we're not fully aware. And what our DBHIS system does is gives you the most current up-to-date information about a specific population.

Examples from our DBHIS disability resource. Right here is our ADA Guide for Local Governments: Making Community Emergency Preparedness and Response Programs accessible to People with Disabilities. So we pulled this off the DOJ.

We also pulled from our state partners a guide for including people with disabilities and disaster preparedness planning. So we got that from the Connecticut Development Disabilities Network.

Again, we're looking for resources that have a behavioral health link. That's what separates us from other libraries of resources or other networks. We're looking specifically for disaster behavioral health in a specific population to get to the masses of who is looking for these resources in the field.

Another example would be our Disability and Health Emergency Preparedness. Again, this is from our HHS partner, CDC. I know when I've been out in the field working with children, children is not my specific -- I haven't worked with children in a clinical setting for a very, very long time. So I know as a responder I'm going to be a little rough to have to work with children. And what our DBHIS series does is provide resources and information that help me get up to speed and making sure that I'm able to maximize that disaster survivor's ability for resources to assist them in whatever their specific needs are.

So again, our SAMHSA did a series of installments. We kind of add at least one to two every year. And what we do, as a team, we really try to figure out what is hot and relevant and what is needed in the field. And we kind of do it by majority rules. So again, Zika for this year was pretty popular. There wasn't that much out there from a behavioral health perspective. I just wanted to give you a little bit of background about some of the theories, not just about our persons with disabilities but other resources that you may need but not really -- you're not an expert in it.
SAMHSA -- ok. Now we're moving over to our SAMHSA Disaster Response Template Toolkit. So basically this is, I think, one of our most unique toolkits out there, our template or series out there, where you can take the documents that we created and make it your own of we'll discuss that as we go forward. When we're talking about our Disaster Response Toolkit for Program Administration, we're talking more of the supervisory perspectives. It could be an IRCT. It could be logistics. It could be planning. It's more of an administrative type of resource. Again, it outlines responsibility for program administrators in management plans, can be adjusted according to the program's on going needs assessment. It ensures that all the interrelated components of the disaster response plan work together. It's got accountability so that each department and staff member is clear on their roles and responsibilities.

Some of those components include needs assessment, communications, outreach strategy, staffing, fiscal management, quality assurance. Whatever you feel is a supervisory role that you're playing you could add from these templates and add whatever you need to add to it or delete or keep. You could put your phone number in there. You could put your emblem of FEMA, ADA, whatever it may be. It's basically a template that we created that you could use to add on from or teach from the web.

Here are some of the public education materials. These are more I would say for disaster survivors. So say we needed to create a postcard letting disaster survivors know that we have services, we're giving away food or we're helping in basements. Whatever material you pick, put your emblem on there put your contact information, add whatever you need, take out whatever you need. It's already done for you. We did all the work for you. And I know we get a really good response for people who don't have enough time to create these types of materials but that's what we did. We helped elevate these tip sheets for the general public.

So again, some of the things we created were brochures, wallet cards, door hangers, flyers, postcards, tip sheets, newsletters. I know we have tip sheets for talking to children. So what you could do is if you needed to add a different population, talking to children and older adults, or working with people with other functional and access needs, you're able to add additional things to those templates.

Another thing we also started to do again with social networking, social media -- again, I'm a little old school. I've been doing this for over 15 years. I really don't know anything about creating a blog. And actually, my supervisor just asked me, "Hey, can you do a blog?" I actually went to my Disaster Response Template Toolkit and looked at how to create a blog. So again, it wasn't in a disaster setting but had to do something to do this blog and I was able to pull up my own resource and figure it out from there. Again, a lot of this may be for management as well. Public service announcements, program websites, social networking web pages. How to do Facebook, Twitter.

So here are our websites. Feel free to use them. But another way you could also do it, as I discussed earlier, is to put DBHIS and disabilities under functional and access needs, put it into a Google search and you'll be able to pull it up. But our DBHIS collection will have all of those other topics that we discussed earlier. That's very, very helpful. And if you wanted to learn more about the resilience and stress -- Christian was briefly touching on that -- that's a great place to start. It's a one-stop shop of all of these resources looking at different perspectives.

Then we have our SAMHSA DTAC, Disaster Technical Assistance Center. Basically if I'm you in the field, you want to know how can SAMHSA help you in the field. How can SAMHSA help you as a team leader? How can SAMHSA help survivors in their time of need? SAMHSA's Disaster Technical Assistance Center offers tip sheets, podcasts, webinars, web links, publications, studies, articles, including resources in other languages other than English, created by federal agencies, grantees, non-government organizations, and academic institutions. It also helps including with disaster preparedness and response, acute interventions, promising practices, and working with special populations. It provides training and technical assistance for disasters for FEMA, Emergency Management Agencies, crisis counseling, assistance and training programs, and identifies for disaster preparedness and best practices [Indiscernible] within emergency management and public health.
Again, this SAMHSA DTAC page has everything you need, webinars, podcasts. We did -- an example would be we did one on -- working with disaster from mass casualty events after the Boston marathon. We were able to get a webinar up in basically one week after the Boston marathon. And that was very helpful to the medical reserve corps and other responders who did respond to Boston for that tragedy.

In addition, we also have our SAMHSA Disaster App. So this is really, really cool. A lot of our DTAC materials that are on our web page are on the disaster apps. We launched it in February 2014. We have had over 16,000 downloads. The Disaster App provides actions for trauma and disaster-related resources for all phases of behavior, health response, before, during deployment. But what separates our disaster app from other disaster apps is that we embedded our behavioral health treatment service locator which allows users to search for mental health and/or substance use treatment facilities by zip code. And you could query it by types of facility, if it's substance, mental health, medical, patient, age groups and more.

All content can be pre-downloaded before deployment in case limited or no internet connectivity at the disaster site. So whenever I go to conferences, I just say -- this is the best thing. When I go to [Indiscernible] conferences, I always say first thing you need to do is download the disaster app. It's free. And, again, you can click on this slide or just go to Google, hit disaster, SAMHSA Disaster App, and it will take you the website. Most importantly, it's free. It works on the iPhone, Android, and Blackberry.

As a federal responder, there was a funny situation where I couldn't download the Blackberry because federal restrictions don't allow you download our app. But we were able to get waivers for that. So if any federal agencies want to do that, I could assist you with that process. It was quite challenging but we were able do it.

And now I'm going to hand it over to Christian.

>> Christian Burgess: Ok. Thank you, Jamie. I hope everyone is not on resource overload yet. A lot of great resources already from SAMHSA. And now we're going to focus on the program that I oversee for SAMHSA, which is the Disaster Distress Helpline or DDH.

So we've already touched on the fact that disasters, all disasters, have psychological impacts on a significant proportion of people who experience them. And SAMHSA created Disaster Distress Helpline in 2012. And that was after a period of many years when our country saw several large-scale disaster events, the September 11 terrorist attacks, Hurricane Katrina, the BP Oil Spill following the Deep Water Horizon explosion in the Gulf Coast. And after the series of major disasters, SAMHSA works to create the country's first national crisis hotline dedicated to providing 24/7, 365 emotional support and crisis counseling for anyone in the U.S. and territories experiencing distress or other mental health concerns related to natural or human-caused disasters.

Our service is available immediately. This is not a service that stands up when a disaster happens. We are always available, which is important to remember for long-term recovery. We don't go away. We don't pull up stakes and leave a community when something runs out or when services come and go. We are always available. So if someone is experiencing distress related to the September 11 terrorist attacks 15 years later, we are there for that person. We are a 24/7, 365 year-round resource.

[Inaudible] based on research that shows there are five particular interventions that when disasters are proven to be very effective in supporting people impacted by that disaster. And those five principles are -- these are the things that are shown to most effectively help people in distress, after a disaster. That is when you're providing a sense of safety, you're providing a sense of calm, so a calming presence; you're helping to instill a sense of self and collective efficacy. So you're focusing on the individual strengths that a person has and brings to recovery but also strengthening and reinforcing the idea that you're never alone. There are always people there to support you. The fourth principle is related -- it's a sense of connectedness. So there are services there to support you. There are people there to support you. You're not alone. And then a sense of hope that recovery is possible and that you can restore your functioning to the level it was before a disaster happens.
So based on those five principles, again, SAMHSA created the Disaster Distress Helpline in 2012. It's comprised of a national hotline, 1-800-985-5990 and texting service whereby users text the key word TalkWithUs with no spaces in between the words. They text that key word to the short code 66746. And whether it's through the hotline or texting service, when people reach out 24/7 for support, they will be connected with a trained crisis counselor from a network of independently operated crisis centers located through the U.S. who will provide emotional support in crisis counseling based on whatever the presenting issues are of that particular person.

As Lewis mentioned at the top of the webinar in my introduction, the Disaster Distress Helpline is a sub network of the National Suicide Prevention Lifeline, which means we work with the same crisis centers that the lifeline uses in their network. And that allows us to ensure that the crisis centers that are answering the calls and texts for the disaster stress help line have a level of accreditation and training to make sure that their staff are equipped to provide effective support to people in distress following disasters.

[Inaudible] a subsidiary of the not-for-profit Mental Health Association of New York City, we administer this network of crisis centers for SAMHSA in that we set the standards, trainings, and practices for these crisis centers that they must adhere to in answering calls and texts for the DDH. Our network is much smaller than lifeline. Lifeline actually works with over 160 crisis centers across the country. In all likelihood, those of you participating in the webinar, you have one of these lifeline centers in your city or state.

Our network as a sub network is much smaller. We have four crisis centers. That's f-o-u-r, number 4, crisis centers in our network. And those crisis centers are located in L.A., Los Angeles, in Miami, Florida, in Orlando, Florida, and in Rochester, New York. So those are the four crisis centers that we work with for the disaster and stress help line. We work closely with these trainings to make sure that they are providing the most effective and evidence-informed support possible for individuals and families impacted by disasters.

A few other important things about the Disaster Distress Helpline. It is meant to complement not replace or duplicate local and state or other national crisis hotlines. So we worked very closely with the hundreds of other crisis lines and information referral lines like 211s and 311 that are around the country. We worked very closely with them.

While we specialize in disaster crisis counseling, all of these issues overlap and so we work with lifeline, with the domestic violence hotline, we work with all the local and state crisis lines, at all levels, when disasters occur because all of these crisis hotlines and information referral services are mobilized to provide support following disaster events.

And in regards to information referral, it's important to understand that the Disaster Distress Helpline does not specialize in information referral in terms of where to go for shelter or where there might be food distribution or how to volunteer. We specialize in providing crisis counseling and emotional support for people in distress. Obviously, again, there's overlap there. Oftentimes related to someone's distress they may need information referral. But the 211 and 311 networks around the country, that's what they specialize in, information referral. So sometimes when someone reaches out to us and they are looking for more concrete resources, we’ll provide crisis counseling [Inaudible] also provide them with information to their nearest 211 or 311 information referral centers so that they can get more specific support with information referral.

Another important point with the Disaster Distress Helpline, we are multilingual. So when we talk about access and functional needs, if English is not your first language, we provide 24/7 live crisis counseling in Spanish through our hotline. When people call our hotline, Spanish speakers can press 2 and they will be connected to a crisis counselor who speaks Spanish.

And we also provide 24/7 live crisis counseling via texting in Spanish by texting the key word hablanos to the same short code, 66746. So when Spanish speakers text hablanos to 66746, they will be connected with a Spanish-speaking crisis counselor.

Callers to our hotline also have the ability, if English is their second language, to connect with our counselors in over 100 additional languages spoken in the United States through third party
interpretation services. So if you or someone that you serve speaks Chinese, speaks Russian, Korean -- again, over 100 other languages commonly spoken in the United States, you call our hotline, you indicate what language it is that you're most comfortable speaking in and our crisis counselors will connect live with an interpreter 24/7, 24 hours a day, seven days a week. Sometimes there are less commonly spoken languages in which an appointment is needed with an interpreter but for the most part, again, the vast majority of languages, second languages that are spoken in the United States, will be able to connect to you live with one of our counselors in over 100 other languages through these third party services.

It's also important to mention that our hotline and texting services are available to all U.S. territories, Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, Saipan or the Northern Marianna Islands. All of our services are available to these U.S. territories as well, 24 hours a day, seven days a week.

And then people who are deaf or hard of hearing, we want to emphasize, of course these individuals can use 711 or their preferred relay provider to connect with our hotline or utilize the texting option.

In terms of TTY service, it's important to say that we are actually right now in between providers of TTY. We do normally have a TTY option [inaudible] assistive technology for people who are deaf and hard of hearing. However, it is still an important service. Our TTY number is 1-800-846-8517. However, our previous provider just stopped providing that service and so we're working hard to restore our TTY. Later on I'll give you our website and once we do restore our TTY service, which will be soon, we will have that on the website. But in the meantime, I want to emphasize that people who are deaf or hard of hearing or who may have speech disabilities can use our texting option or in terms of connecting with a hotline counselor can use 711 or your preferred relay provider.

So that's a basic overview of our services. What happens when someone calls or texts? This is important to demystify any crisis line but particularly the Disaster Distress Helpline. The Disaster Distress Helpline, the foundation of our training, our crisis centers, is the National Child Traumatic Stress Network or NCTSN, their psychological first aid training, free online training available to anyone in the United States. I don't have that website on the slide here. The NCTSN, psychological first aid online is a six-hour interactive online training for providers, for the general public. It's available at www.learn.nctsn.org. And our crisis counselors are trained as a foundation for the support that they give to callers and texters.

However, [Indiscernible] the administrator for SAMHSA of the Disaster Distress Helpline, we adapted those five intervention principles that I mentioned previously and that formed the basis for psychological first aid. We adapted those into a core training curriculum for our crisis centers that utilize what we call a four-by-four approach in providing emotional support to our callers and texters throughout all phases of the disaster. And those -- it's four steps of crisis counseling using four elements.

So the steps are when someone calls or texts us, we engage them through providing warm support and compassionate presence at the start of the session. We explore healthy coping and social supports that are available to the caller and texter in distress. We will connect them with community-based resources such as the treatment providers that Jamie mentioned. It could be a FEMA crisis counseling program if one has been set up in an aftermath of a disaster. It could be with their 211 or 311 [Inaudible]. There are a number of resources. It depends on what the unique needs are of the person who is reaching out. But that's the thirst thing that we do. We do provide resources. And we'll also educate people about those resources.

An important thing that we do in the connect phase is we also educate people. You see on the slide there's a circle that says Psycho-Education. Oftentimes it's important for people to understand what to expect from providers, especially in the aftermath of disaster because a lot of our callers and texters often say, well, I've tried this person and they didn't have anything that they could help me with; I tried calling FEMA for disaster assistance but they said I wasn't eligible; I tried calling my 211 but I only got a busy signal. So a part of what we do to help a person feel calmer and understand their
situation is to also educate them that oftentimes after a disaster resources are swamped. So it may take time. Oftentimes the financial assistance eligibility may not have been established yet. A disaster declaration may not have been issued yet for a particular area. So try FEMA again after a period of days or weeks. So we do our best to help educate people about these resources as well.

And then the conclusion part of the call or text is also very important because we want to summarize what we talked with them about and help them come up with a plan for next steps if they need one and then remind them that we're available 24/7 should they ever need to reach out for support again. Because recovery takes time. And for some people they may hit roadblocks or other things may come up that in the future that triggers distress in them again. So we want to make sure they know they can always call that.

So those four steps use four elements of crisis counseling which is active listening, that warm support and compassionate presence, the normalized reactions. We want people impacted by disasters or if they're calling on behalf of a loved one like a child or someone else they're caring for, we want them to know that distress reactions are common and that it doesn't mean that they're abnormal if they're still struggling a year later or if they can't sleep after news of a shooting. So we normalize those reactions. We validate their feelings whether that's anger or confusion. And then, again, we provide psycho-education on resources, on their stress reactions as needed.

So that's what a caller -- call or text may look like. That can be five minutes of interaction or it could be an hour-long phone call. Our crisis counselors are meant to meet the person where they are, attend to their needs, and go from there.

It's important to mention here that with the Disaster Distress Helpline our crisis counselors are trained in crisis assessment intervention and referral as a part of lifeline. So if someone is presenting with symptoms of suicidal ideation, attempt, or harm, threat to self or others, they are equipped to provide crisis assessment and make emergency referrals to their local 911 if needed. It's very infrequent for the Disaster Distress Helpline because most people impacted by disasters aren't in an acute state of crisis but it can happen and so we are trained in that.

And also, a guiding principle of the Disaster Distress Helpline is that we treat every caller and texter with respect regardless of perceived or stated in the session raised ethnicities, sexual orientation, gender identity, immigration status and so on. So that's very important that folks understand that we treat every caller with respect.

I'm running out of time. I just want to go over additional resources with the Disaster Distress Helpline available to participants. We do have materials that we can send you for free at no cost. We have brochures and wallet cards that are in English and Spanish. We can distribute these electronically. These resources are 508 compliant, including the resources that Jamie mentioned earlier in terms of being accessible according to 508 compliance standards set forth by the Department of Health and Human Services. I can also make accessible versions of these materials available such as in Braille or large print. I can make those available upon request. So I'll give my contact information at the end of the presentation and if you have needs in those areas, please let me know.

We also do have additional brochures on common wellness and mental health concerns experienced by survivors and responders such as getting a good night’s sleep or relief from stress. There's an image on the screen that's a capture of the other brochures we have available. So any materials, please let me know if you as a provider are ever in need of bulk copies for use at shelters and site operations. I'm happy to send those to you at no cost.

We have a website as a part of SAMHSA's website, which is disasterdistress.samhsa.gov. On the website you will find resources for providers, risk groups that I mentioned earlier, and for the general public, education and information, as well as disaster-specific resource pages on particular distress risk factors and warning signs for earthquakes, for tornadoes, for hurricanes, for incidence of mass violence [inaudible].

We're also on social media, on Facebook, /distresshelpline on Facebook or on Twitter which is @distressline. Please connect with us on social media now before a disaster strikes so that you know you can turn to us on social media when disasters do occur and share our resources.
Some additional resources. One is that in FEMA’s Emergency Support Function 6, the HHS is a support agency for ESF 6 which covers mass care emergency assistance, housing and human services, and HHS is the coordinator and the primary agency for Emergency Support Function 8 which covers public health and medical services.

So as the coordinating agency for ESF functions as well as the recovery support function of health and social services, the assistant secretary for preparedness and response, ASPR, developed a Disaster Behavioral Health Concept of Operations which you can download and review on the ASPR website, www.phe.gov/preparedness/planning/abc. And those are all forward slashes.

And on the slide here there’s a screen capture of the CONOPS. So for providers in the webinar, I encourage you to go to ASPR, download it so you become familiar with how HHS facilitates those functions for FEMA.

Additional local, state, and national resources available to you. Every state in the U.S. has a designated State Disaster Mental Health Coordinator. These are typically assigned roles through your State Department of Mental Health or Department of Health and whatever that equivalent is in your area. Every territory also has these functions. These are important individuals to know and be familiar with. Because when major disasters occur, they will be able to help you coordinate disaster behavioral health response and recovery as well as prepare for these disasters in terms of exercises and other preparedness functions during all disasters.

SAMHSA Regional Administrators are there in every FEMA region as well, one through 10. The FEMA Office of Disability Integration Coordination, in terms of access and functional needs. Also important resources to be familiar with.

Your medical reserve corps unit, which Jamie mentioned, every state has a volunteer organization active in disaster, VOAD Emotional and Spiritual Care Resources, and, of course, there are private/nonprofit medical, mental health, public healthcare providers, all who serve people with individual and family and access and functional needs. So important to become familiar with all of these providers and your local crisis contact center. I can provide contact information to all of those resources when we share our contact information at the bottom of the slide here.

One final resource. The National Library of Medicine Disaster Information Management Research Center. The website is on the slide here which is sis.nlm.nih.gov. If you go to that website, you will be able to sign up for their e-mail listserv and receive all types of resources that are relevant to individuals and families with access and functional needs, including one which was shared recently from the Management Research Center which is a series of behavioral health videos in American Sign Language available on YouTube that were put together by the National Association of County and City Health Officials. So that’s a sample resource available through the DIMRC.

Ok. Takeaways. I’m wrapping up here. From all of these resources learn to identify your local, state, regional national stakeholders and establish points of contact with these individuals to include these stakeholders in your preparedness, response, and recovery planning and preparedness. Promote resources in disaster behavioral health to individuals, families and communities that you serve and as a resource for self-care. And, of course, connect with DBH, disaster behavioral health, providers on social media and through other communications before, during, and after disasters.

Help us fulfill what the National VOAD community calls the four Cs: communication, coordination, collaboration, and cooperation. Help us fulfill those by including and addressing disaster preparedness [Inaudible] access and functional needs in your planning and preparedness efforts.

Sorry for the rush. Running out of time. I know we want to make time for any questions and comments.

Apologies for running over, Lewis. Now we’re going to go into Q&A.

>> Lewis Kraus: Thank you so much, Christian and Commander Seligman. That was jam-packed with information. I’m sure everybody’s real little grateful for that.

Everyone, audience, please enter your questions now in your chat window while we are getting ourselves prepared to answer all of that.
One of the first questions, of course, is will the slides be available. They will be available as will the recording of the entire session next week, as usual. I am now aware that the slides for today were not up in preparation for this session. So apologies for that. We'll get them up there as soon as we can. Certainly all of the kinds of information that you've been receiving here that Christian and Commander Seligman were providing had a lot of detail that you would want to get, including their e-mail addresses and phone numbers. I'm going to read those off so that we can get them into the closed captioning.

So for Commander Seligman, you can write him at jamie.seligman@samhsa.hhs.gov. His phone number is 202-384-3204.

And for Christian Burgess, you can get ahold of Christian at his e-mail, cburgess@mhaofnyc.org. And Christian's phone number is 212-614-6346.

All right. So one of the first questions that we have is, Where would we find a list of training opportunities for partners?

>> Christian Burgess: Jamie, would you like to take that because I think that that is relevant to the Disaster Technical Assistance Center.

[No Audible Response]

>> Jamie Seligman: Jamie might be on mute.

>> Lewis Kraus: Jamie, are you there?

>> Jamie Seligman: Hello?

>> Lewis Kraus: We hear you now.

>> Jamie Seligman: Can you repeat the question again?

>> Lewis Kraus: A list of training opportunities for partners. In particular, they're clarifying on the West Coast. They're saying Region 10 but I believe they mean Region 9 because that's our region.

>> Jamie Seligman: A lot of our training opportunities, it's with our Crisis Counseling program, Assistance and Training program with the [Indiscernible] with FEMA. You have to be an invited guest through the State Coordinator. So we really don't have control over that. It's usually the state representative who then would invite someone. But we normally invite the state. We don't have additional -- like we don't have local partners or any other federal partners. Hopefully that answers your question.

>> Lewis Kraus: So should they find -- is there a particular person at a state level that they should go to to try to make a connection?

>> Jamie Seligman: Yes. They can call me up. I would encourage -- I believe we're allowed to disseminate the state disaster coordinator information to partners. So feel free to e-mail me or call me and I will double check on that and get you that information.

>> Lewis Kraus: Ok.

>> Christian Burgess: I want to jump in while Lewis may have also been temporarily disconnected, just real quickly to add to that, Jamie, I know with the crisis centers that we work with through the Disaster Distress Helpline, we often utilize the Disaster Technical Assistance Center, which is the webinars and podcast that are available to supplement the training that we provide. So I wanted to encourage folks in the room to definitely explore the resources available at samhsa.gov/dtac because there are a number of if not in-person trainings but certainly a host of resources available online through samhsa.gov/dtac.

>> Lewis Kraus: Ok. Sorry about that. I was kind of disconnected for a moment.

All right. We are running out of time. We realize that many of you may still have questions for our speakers. I apologize if you did not get a chance to ask your question. You can contact them there at their information there. You can also contact your regional ADA Center at 1-800-949-4232.

For being here, you will receive an e-mail with a link to an online session evaluation. Please, please, complete that evaluation for today's program. We value your input. We want to demonstrate to our funder the value of these sessions.
We want to thank our speakers today for sharing their time and knowledge with us.
A reminder to everyone that today's session was recorded and it will be available for viewing
next week at www.adapresentations.org/archives.php.
Thank you for attending today's session. We look forward to seeing you on September 8 for
our next webinar, FEMA Promising Practices: Fire Preparedness and Post Disaster Accessibility Issues
in the Home.
Have a great rest of your day. We will talk to you next month.
Thank you very much, Jamie and Christian.
Bye-bye. Have a good rest of your afternoon.

>> Jamie Seligman:  Thank you.
>> Christian Burgess:  Thanks a lot, Lewis.