

REALTIME FILE

Pacific ADA Center

ADA NATIONAL NETWORK LEARNING SESSION

THE LATEST IN AMERICAN RED CROSS EFFORTS TO INTEGRATE PEOPLE  
WITH DISABILITIES IN EMERGENCY PLANNING AND RESPONSE.

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>> Lewis Kraus: Welcome to the Emergency Management and Preparedness Inclusion of Persons with Disabilities Webinar Series. I am Lewis Kraus from the Pacific ADA Center. The seminars are brought to you on behalf of the ADA National Network. The ADA National Network is made up of 10 regional centers federally funded to provide training, technical assistance and other information as needed on the Americans with Disabilities Act. You can reach your regional ADA Center by dialing 1-800-949-4232.

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Also another note. This webinar is being recorded and you will be able to access it on [adapresentations.org](http://adapresentations.org) in the archives section next week.

This is the fifth 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 series covers topics of emergency preparedness and disaster response, recovery and mitigation, as well as accessibility and reasonable accommodation issues under the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the ADA, and other relevant laws.

Upcoming sessions are available at [www.adapresentations.org/schedule.php](http://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 a.m. Pacific time. By being here you are on the list to receive notices for future webinars in this series and those notices go out two to three weeks before the next webinar and open that webinar to registration.

You can follow along on the webinar platform with the slides. If you are not using the webinar platform, you can download a copy of today's presentation at [www.adapresentations.org/schedule.php](http://www.adapresentations.org/schedule.php).

At the conclusion of today's presentation there will be an opportunity for everyone to ask questions. You may submit your questions using the chat area within the webinar platform. And the speakers and I will address them at the end of the session. So feel free to submit them as they come to your mind during the presentation.

To submit your questions, type in the chat area text box or press control m and enter in the chat area. If you are listening by phone and not logged in to the webinar, you may ask your questions by e-mailing them to [adatech@adapacific.org](mailto:adatech@adapacific.org). And that e-mail address is [adatech@adapacific.org](mailto:adatech@adapacific.org).

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Today's National Network Learning Session is titled The Latest in American Red Cross Efforts to Integrate People with Disabilities in Emergency Planning and Response. This webinar will outline the American Red Cross Disability Integration program that has rolled out across the U.S. to Red Cross regions and divisions. Current Disaster Relief Operational successes such as the video relay phone installations and sensory kit distribution will be discussed along with the challenges that arise during relief operations. Best practices such as daily stakeholder calls and state disability integration coordinators will be discussed to assist the audience to plan for Disaster Relief Operations.

Our speakers today are Mary Casey-Lockyer. Mary is currently the Senior Associate for Disaster Health Services at the national headquarters of the American Red Cross. For over seven years she has fulfilled this role for program development and continuous quality improvement for Disaster Health Services at national headquarters and

she manages a cadre of 2,600-plus Disaster Health Services volunteers as a Disaster Health Services Manager and Chief with the Red Cross, she has been on 19 national deployments, most recently to the Disaster Relief Operation in Saipan and supporting other Red Cross Disaster Relief Operations from National Headquarters' Disaster Operations Coordination Center. She is also supporting Red Cross long term recovery efforts in Puerto Rico and the U.S. Virgin Islands as a Subject Matter Expert for community health.

Shari Myers is the National Disability Integration Coordinator for American Red Cross at their national headquarters. Shari is currently leading American Red Cross in the development of a National Disability Integration Network and Disaster Cycle Services Disability Integration program. She has managed disability integration activities for multiple response operations from the historic flooding in Baton Rouge in 2016 to the 2018 Hurricanes Florence and Michael, with every other major disaster in between. Over nearly a decade of disability community-focused disaster response, she has developed a body of knowledge which earned her reputation as a Subject Matter Expert in disaster services for people with disabilities.

I am now going to turn it over to you, Mary and Shari.

>> Mary Casey-Lockyer: Thank you, Lewis. We'll move the slide.

Good morning and good afternoon, everyone. This is Mary Casey-Lockyer. We're very excited to be here. As Lewis said, I lead the Disaster Health Services program at national headquarters. I was also an Emergency Response Coordinator for a large hospital outside of Chicago before taking that role and a critical care nurse by background.

I am very, very excited that we can have Shari with us as our National Disability Integration Coordinator. It was a little iffy earlier when we put this program together. So that's why you saw my name on the announcement. But Shari is here and wonderful and we're so happy to have her.

So, again, thank you, Lewis. We're looking forward to a great presentation.

Shari, I'll turn it over to you.

>> Shari Myers: Thanks, Mary. We are very excited to be here and I'm especially excited to be here since we were not certain whether I would be or not. I've had some recent health challenges. So I'm really grateful, doing better, and glad to be able to join everyone today.

Mary and I published an article that explains kind of how we support and what access and functional needs and health concerns and that sort of thing we're able to support. And most of the time we can support in our Red Cross congregate population shelters just about anyone who comes to us. The exceptions are very rare and we really want to try and always be improving our ability to be there in support and empower anyone who comes into our shelters. So we're going to take this opportunity to tell you how we approach that and just kind of let you know some of the new things we've been doing as well.

Mary, I think we have you set.

>> Mary Casey-Lockyer: Right. Just as a point of history for everyone, in 2010, FEMA, Federal Emergency Management Agency, published a guidance called Functional Needs Support Services in General Population Shelters that spurred all disaster response agencies to be as inclusive as possible. And since 2010, I, along with many, many of my colleagues have been working very diligently to bring this to fruition and we've made really huge steps, the Red Cross has made huge steps, since Shari has been with us.

So this presentation objectives, we are going to review disability integration

definitions and philosophies, define planning for accommodating access and functional needs in congregate shelters, outline Red Cross sheltering program and disability integration, and highlight response best practices and resources.

And over to you, Shari.

>> Shari Myers: So, in the guidance that FEMA published they defined functional need support services. And individuals requiring functional needs support services may have physical, sensory, mental health, cognitive and/or intellectual disabilities affecting their ability to function independently without assistance.

In the aftermath of several catastrophic level disasters in the beginning of the 21st Century, sheltering was put to extreme tests, starting with the 2001 World Trade Center attack and massive flooding over the Midwest in 2003, quadruple hurricane strikes on Florida in 2004, and, of course, culminating in the 2005 back-to-back Hurricanes Katrina, Rita, and Wilma. Red Cross sheltered more people over that five-year period than ever before and I think to bring it into more recent history, that continues today with the multiple disasters that we see each year.

In 2017, of course, we had Hurricane Harvey, Hurricane Irma, Hurricanes Maria and Nate, which was not as big an event as the rest but an event nonetheless. We had several very devastating wildfires in California and a couple of other states as well. So we know that this is a trend. And we don't get into what's causing it. We just know that it's something we have to be prepared for. We continue to look for best practices and to try to institute the best possible, most inclusive means of providing shelter and wrap-around services to people who are affected by disaster.

In that five-year period there were hundreds of independent good Samaritan shelters opened. Those are not affiliated with Red Cross but we also, I think, seek to help advise those people who want to open those shelters on the best ways to do that.

Resources get pressed to the limit every year now in every disaster. So gap in planning and service delivery, those things become glaringly apparent, particularly for people who have access and functional needs and often those, as we know, may be a result of some type of disability. But that's not all that falls into that category. So we'll discuss that some more as we move forward, but children, pregnant women, people who lack access to transportation, there are many, many people who fall into that category of access and functional needs. And so we want to be inclusive of everyone and include the whole community in planning, preparing, and mitigation after a disaster.

Next slide, please. I can do that myself. I'm sorry. I forgot. [Laughter]

>> Mary Casey-Lockyer: Go ahead. I changed it.

>> Shari Myers: Thank you, ma'am.

Access and functional needs are universal. More often than not when we go down the list -- and I'm about to tell you the definition but we see that most of the time every client in our shelters, every person who survives the disaster is going to have some kind of access and functional need. These are met through the provision of physical, programmatic and effective communication access to the whole community and accommodating individual requirements through universal accessibility or specific actions or modifications that includes assistance, accommodation or modification for mobility, communication. If English is not a first language or if we need sign language interpretation, that kind of thing, transportation, safety, health, health maintenance, or any situation which limits an individual's ability to take action in an emergency.

On our next slide we just have an image of several icons indicating some of the various needs that may arise, one for people who are deaf, hard of hearing, people who are blind or have low vision, people who need glasses, there are so many, many things that arise, accommodation for people who use a service animal, mobility issues. So that's really all that's on the next slide.

>> Mary Casey-Lockyer: So we also want to discuss medical needs versus access and functional needs. Functional needs do not necessarily equate to a medical condition and do not require a medical shelter. This is part of our philosophy. If you come to a Red Cross shelter and you have a mobility aid such as a walker or a cane, we will absolutely welcome you. If you come to a Red Cross shelter using oxygen, either an oxygen concentrator or oxygen canister, absolutely we will welcome you. So we have a real philosophy of accepting anyone who comes to the front door.

Placement in medical shelters can result in separation from family, friends, neighbors and caregivers. If people are separated from their support system such as their neighborhood, maybe they live alone, maybe they use some oxygen, maybe they use a cane but they live alone in their neighborhood and they need to be near their neighbors as their support system.

Also, if we push everyone with functional needs into a medical sheltering or medical type entity, we can jeopardize the health and safety of the entire community by creating unnecessary surges on emergency medical resources.

This slide here is just depicting a shelter matrix that Shari and I established around what kinds of health needs can be accommodated in a congregate population shelter. This is not the complete matrix. If you'd like the complete matrix, you'll have our contact information at the end of the presentation. We'd be happy to send it to you. I'm just going to give you an example. If you are under hemodialysis, you go to dialysis center three times a week, certainly if you're stable and we can get you transportation to an alternate hemodialysis services, you're more than welcome in the Red Cross shelter. Even if you have something called peritonealdialysis which is usually done in the evening or overnight in one's home, certainly that can be done in a shelter, in a clean environment which we can provide. Even if you have a disruption of your dialysis services we can provide diet control or help you choose foods that will provide diet control.

So as you can see from this slide, we have that matrix. We'd be happy to share it with you. If you just e-mail preferably me, I think I have it, but if you could e-mail me, I could be happy to share it.

So how do we address functional needs support services?

Identify durable medical equipment suppliers to procure mobility equipment. We do this in a just in time fashion. We also have some equipment in our disaster field supply centers which comes to the shelters when we transport the shelter trailers to the event area.

Partner with a free loaner service or source: hospital beds and bedside commodes. Hospital beds are tough to get. Many people rent people their homes when they need them. But I'll tell you, I know where a lot of older hospital beds are kept in some basements of hospitals. So if you're planning for responding, you might want to ask your hospital if they have any older beds that might be able to loan to sheltering. Bedside commodes are easy to get. They can be found in big box stores and pharmacies.

When you're planning, we ought to plan for transfer boards. And we do have

those in shelter trailers. But transfer boards are not thought of very much when we talk about access and functional needs. We think about the wheelchair. We think about the walker. But we have to transfer the person from the wheelchair to the cot or to the bed.

Also, locate sources for ASL, American Sign Language, and foreign language interpreting. Interestingly enough, ASL interpreters might be easier to get but foreign language interpreting, where are you going to find that? My suggestion is you look at your community colleges. Many community colleges have different language offerings. And they may have faculty who would be willing to interpret.

And you need to prepare for communication in a variety of formats. And I think that Shari will talk a little bit more about that but certainly large print. English is not their native language. We need to really consider how this will all work.

Shari, you're up.

>> Shari Myers: Thanks, Mary.

So some examples of accommodations. We can modify kitchen access for people who have chronic conditions that require access to food outside the usual meal times so that they have the ability to use kitchen facilities within the shelter or an area designated for preparing snacks and additional foods that they may require at different times of the day. We want to be able to provide for as many of those dietary requirements as we can. And we're constantly learning and growing in the way that we provide our food service delivery.

We have reached out and will continue to do so to local blind advocacy agencies, schools for the blind, for way-finding assistance for people who are with low vision or are blind, to get around the shelter to acclimate to it. If you're going to be there for a while, it's good to be able to kind of know your path. We provide some items in some of our shelter kits that will allow for marking a wall, for knowing where to turn towards your cots and how to find your way to your section of the dormitory.

We provide assistive technology for visual, non-verbal, or non-English communicators. We have begun to set up in every shelter laptops and stand-alone video phones. And we have access to Smartphones with apps that will help us with video relay interpreting so that until we can get an interpreter in the shelter, we do have a way to communicate. And we have gotten much more involved and connected, I believe, with local organizations for people who are deaf or hard of hearing so that we can act quickly. There are a number of agencies, nonprofits, that provide disaster relief and disaster services for people who are deaf or hard of hearing and our partnering with them has improved our ability to make sure that we are ready to communicate from the outset and to provide whatever kinds of assistive technology we need to. We've also provided laptops with communication apps for people who are non-verbal.

And providing quiet space for those who need it. We have a system created by International Paper. They are temporary walls that can be put up to provide quiet space if a stand-alone room doesn't exist in a shelter facility and have made certain -- especially across the last few disasters we have had those areas set up in every shelter and provided some additional occupational therapy items. We also have sensory kits which contain a weighted blanket and some sort of fidget or manual simulation type of toy, might be a stress ball, and noise canceling or noise-reducing headphones so that those who need some assistance in coping with the sometimes chaotic environment of a shelter will have that. We are still compiling numbers as far as how many of those we distributed over our

last six or seven operations in 2018.

And I can tell you that in California for the Camp fire we distributed over 50 of those sensory Kits. And typical planning, say, for a person with autism and how many we might see in a shelter environment is one in 50. So that's significantly higher given our population during Camp fire which I believe at most was 1,300, 1,500.

So those are some of the things that we're doing and we'll talk some more later about some of the other ones.

>> Mary Casey-Lockyer: Shari, I'm just going to add that the blue walls, they're called, are also used as privacy screens for some of our clients who may need to have a bedside commode. And so we have done that to create a private space for someone who may have difficulty managing to get to the restroom. So we do utilize those, too. And we have utilized them in our last 2017 and 2018 disaster seasons.

>> Shari Myers: Right. We use them for a variety of things. I believe Red Cross out of Kentucky was to develop those blue walls and they come in handy for a lot of things.

Our next slide we'll talk about community planning. It's important to review and update existing plans. And plans are only as good as the ability to execute them. So we know that we have to engage at the local level and bring people to the table, the whole community to the table, to participate in identifying and sheltering issues, service delivery issues, whether that's speeding, whether it's distribution of emergency supplies. And we analyze community preparedness and want to identify those gaps in planning so that we can fill them in and be more and more comprehensive, I guess, in the way that we address these things.

Identifying resources and capacity in a local area is so important and it's critical to building resilience and building those relationships that help us to provide for all sorts of access and functional needs. Every community is different. And we'll be in it various phases of planning for functional access needs.

A good place to start is by reviewing existing -- what they used to call special needs plans. And we don't use that term but just integrating appropriate components into those community plans for general population sheltering. As we said, we are striving to provide our services in the least restrictive environment and to include as many as possible, as many people as possible, in that. Sometimes it can be a struggle with public health. It takes a differing view of how to accommodate people with needs. And it's more for them a medical situation. And that's why it was important for Mary to go over the difference between a medical need, an actual medical need that requires medical attention, and an access and functional need.

Planning requires having more voices at the table so that we are thinking outside the box and we're tapping into local knowledge and stakeholders who have experience and can bring to the table, you know, their expertise in telling us what's the best way to meet the needs of their community.

Mary, we're back to you.

>> Mary Casey-Lockyer: I'm going to take up shelter planning. Really, this is a whole community effort. I think the former administrator of the Federal Emergency Management Agency coined that phrase. And I think it's very important for everyone to realize that this is not just a Red Cross issue. This is a whole community issue. And Red Cross can be a facilitative leader and bring everyone together but the community needs to recognize that they need to prepare for all individuals in the community. So really thinking broadly when

you're planning for shelter accessibility.

What does that actually mean? Include community members with disabilities and other access and functional needs. This is crucial. They know best how to meet their needs. What do we need to do to help you meet your needs? Our first question. What can we do to assist you to meet your needs? Or what do you do on a daily basis to meet your needs?

It's very important to include community members with disabilities. I know it's sometimes difficult because of staffing or other priorities to do this. I know we had a special group in Illinois, when I was still in Illinois, and sometimes it was hard to get everybody to the table for these kind of planning sessions but an effort should be made to bring the community together. Pizza doesn't hurt.

Also, accessibility gaps may need to be identified during planning and addressed at the time of the disaster. Sometimes you can't fix things during blue skies or non-disaster times as Red Cross likes to call it. But have a plan, a just in time plan, on how to fashion a ramp or some other needs or bring in accessible toilets or showers. You need to have that plan in place before the event.

Now, I'm going to talk about Red Cross sheltering philosophy. We believe that shelters must be, first and foremost, places of comfort and safety which accommodate the broadest range of needs in the least restrictive setting for all the clients. I'm not quite sure if shelters are comfortable. We try to make them so but the important pieces here, the broadest range of needs in the least restrictive environment.

Shari alluded to some of our government partners don't quite have the same kind of philosophy. So we try to work with them to educate them about what the responsibilities are of the community under the Americans with Disabilities Act.

And shelters must be accessible to those affected. Shelter workers and managers must be strong advocates for their clients. This is really important. And, again, this is -- you need to be an advocate for the client. If other agencies, including government agencies, want to separate clients from the least restrictive environment. Sometimes the client agrees. And that's self-determination and so we go with that. But sometimes we need to educate our other partners in the sheltering world.

And clients must be supported and empowered to remain independent and proactive participants in their own recovery. That's, again, very much our philosophy. We're here to assist you. We're here to empower you. We're here to advocate for you in your own recovery. And we will help you traverse -- and it's very defensively traverse disaster response. Even the FEMA application for individual assistance is not necessarily disability friendly. And so we may have to assist clients on how to fill out or answer some of the questions in that FEMA application.

And I am going to turn it over you, Shari.

>> Shari Myers: Thanks, Mary.

So next we'll talk about shelter layouts. I'm going to keep this fairly brief because it's pretty easy, pretty simple. Cots need to be placed so routes are accessible to people who use mobility devices, service animals. We need to be sure that we allow enough room for lift devices if we need them, the bedside commodes Mary talked about. Any type of equipment that a client may need to assist them with their activities of daily living while they're in the shelter. Typically the guideline is to allow up to 100 square feet for a person who may have some additional equipment, additional needs.

One of the things that our disability integration teams do is we visit shelters regularly so that they can monitor equipment being moved or, you know, how are we doing. Is our population getting to the point where we've crowded someone and we need to look at some different ways to serve people so that they have the space that they need? Families typically, you know, are going to stay together in the same area of the dormitory. And sometimes they themselves will kind of get things arranged so that they're a little crowded. But it's up to the shelter client to say I need a little more room. But we go out and talk to people and make sure that they have what they need, that they haven't found another need for a piece of equipment that we need to get for them. So we're constantly monitoring what's happening in that shelter so that we can better serve people as we go through the disaster response phase and until the shelter closes.

I'm catching up. Give me just a second.

The Red Cross' process for understanding client needs is to identify and address those needs individually. At our registration and intake we have a form that we use to document needs and potential barriers to recovery. The sooner we can identify those, the sooner we can begin to bring in partners and locate resources for breaking down those barriers and helping people move more quickly on to the road to recovery.

We want to assist individuals and maintain their usual level of independence in supporting their self-determination. If they need something, we want to be sure they know who to communicate with in the shelter to get it. And, again, that's monitoring, doing what we call cot-to-cot in making certain that we're visiting with people regularly to make sure -- and that's all clients -- to make sure that they have what they need and that they feel like they are moving forward. Probably one of the hardest things is the waiting for different things, you know, a disaster declaration, FEMA opening their resource centers, and being able to begin to apply for assistance and start moving towards getting back to what is typically the new normal. But we try to make certain that just in terms of that day-to-day independence that we're keeping in touch with people and making sure that they have what they need.

Go ahead, Mary.

>> Mary Casey-Lockyer: Sorry. I was on mute.

I want to talk about the framework which the Red Cross has embraced. This is developed by June Kales out of California. I want to give her credit for that. But it's called the CMIST. It's a really great acronym for our shelter workers and other workers, our caseworkers, recovery workers, and Health Services in mental health to kind of get their heads around access and functional needs.

C is for communication which can include English is not their primary language, hard of hearing, blind or low vision.

M is for maintaining health. Do they need medications replaced? Do they need mobility assistance?

Independence also could be mobility assistance.

Safety, security, and most importantly self-determination. Sometimes that's a little tough especially on healthcare providers because, you know, we always think we know what's best but we really push this model so that all of our Red Cross volunteers and staff understand that self-determination is very, very important.

And T is for transportation. A huge need. We saw this very greatly in the Louisiana Baton Rouge floods of 2016, especially in the rural areas. There's not a lot of

public transportation there.

So a challenge to everybody here is how do you plan for that in a community and how do you reach out and say, you know, this is going to be a problem, what is the community's plan for transportation?

I'm going to kind of go a little bit quicker. Because I think we're running up against the clock here a bit. But I'll talk a little bit about most common needs.

What do we see? What do we actually see in the shelters? We need prescription refills. We need consumable medical supplies, access to health and dental care. Do not discount dental care. On every operation I've been on we've had a need for oral health. Specific dietary requirements, this is more and more prevalent in how do we address that. Mobility issues. Another big push is personal care assistance. It could be that a person could care for themselves in their home but when they get to a shelter, it's another matter, it's quite a way walk to the restroom, maybe it's an outdoor shower. So we really have to be cognizant of the need for personal care assistance even if they didn't have one to begin with. And assistance with vision and hearing such as glasses and hearing aids. And hearing aids are a challenge.

I want to go back to personal care assistance just to confirm that --

[No Audio] Is needed in a Red Cross manage shelter, we will find a temporary worker to do that. Until that worker is found --

>> Lewis Kraus: Shari, this is Lewis. I'm sorry. Can you hold for one moment.

[Please stand by for captioner to reconnect.]

>> Lewis Kraus: Sorry about that. Shari, I think it was you speaking.

>> Shari Myers: Yes. Thanks, Lewis.

So some additional common needs that we see are the need for language interpreters, including American Sign Language. I spoke earlier about the video phones that we put into our shelters. We have I believe at last count we had 90 laptops and 30 mobile video phones. Laptops have the video phone apps on them. So that not only can we communicate in the absence of an interpreter standing right there in the shelter but we're able to help people stay connected to their family, their networks of friends and family. And that's critically important to the response process and recovery process.

Getting to appointments, getting to needed daily treatments. We have had contracts and some donational services from UBER and Lyft. We have been able to work in some cases with Paratransit and get people where they need to go throughout the course of the day.

Obviously, you know, North Carolina, Florida, and now in California we have people who have been in shelters for quite some time and so we want to make sure they do not face an interruption of services if the services aren't available locally, then, of course, we work with them to find other options. Florida in particular, and Panama City, and in California. With so much destruction and commercial buildings lost, dialysis centers were located and that kind of thing. Again, that's part of that daily monitoring. And that's Health Services. It's DI, Disability Integration. It's just staying in contact and in touch and connected with our shelter clients so that we can stay on top of needs and be certain they're met as quickly as possible.

Additionally, we see the need for assistive equipment. While there may be some limited stockpiles of equipment available immediately, we also put a lot of emphasis on connecting to community partners in steady stay, before there's a disaster so that we

are aware if we can go to rent or buy equipment. Sometimes we're able to get some pieces donated. But we also work with loaner clubs, Centers for Independent Living, veterans organizations, and that kind of thing, because oftentimes we're working or helping a client to work through the insurance process to get equipment replaced.

We see the need for assistance with eating, showering, sometimes a need for a different type of cot or bed. Access to community partners. We had some issues with people who are working in the shelter who don't understand who our partners are and who it's important to allow into the shelter. So we're working to correct those.

We worked very closely in North Carolina with Disability Rights North Carolina after some confusion but we got it all straightened out and really strengthened communication with them and partnership with them to ensure that people's needs were being met and that services were accessible and people had what they needed. And we'll be working with them also on some developing some new training.

Oftentimes there's a need for childcare. We have partners, children's disaster services -- I'm sorry, Save the Children and some other partners who helped to provide childcare. We want to keep families together. That's always a number one focus. And then the shelter spacing needs that we spoke about earlier, making certain that people with maneuver around as they need to and have the room to do that.

Mary, I think you're up. Or is that me?

>> Mary Casey-Lockyer: That would be you.

>> Shari Myers: Ok. Just a sec. You're right.

So key considerations in planning. We want to plan and respond with our partners. And partners are not necessarily someone with whom we have a formal agreement. It may be someone that we work with at the regional level, people that we work to plan with and respond with and understand each other's resources and capacity, what Red Cross' mission is, what their mission is, and work together to meet access and functional needs, to ensure accessibility, to provide to our government partners the best possible information on a facility that they may designate as a shelter. So we're really working hard right now to improve the way we collect the information and the way we present it to our partners.

We have endeavored to build into our new sheltering system, which we haven't yet been able to unveil but we're getting there, the DOJ Emergency Shelter Checklist. As Mary was explaining earlier, sometimes you may identify an issue when you're looking at a facility before a disaster but you really can't do anything about it until something actually happens and you have to open the shelter. But we're trying to make certain that we have all of that down in our records on these facilities so that we know what we need to do before we open the doors.

Functional need support services guidance does not require stockpiling supplies but we do need to be able to secure that equipment when it's needed and need to know the resources for getting any sort of supply that we need.

We need to include functional need support services at all phases of the disaster cycle. Preparedness at the start.

And also what we're putting some focus on, too, is daily type of disasters, the home fires and things that effect people either as a single family or multiple families in an apartment complex and that sort of thing, helping people to prepare for that. That's a whole other webinar but we do have a program for installing bed shaker alarms.

So anything that you hear us mention that you have questions about, if we don't get to them today, please feel free to e-mail us and we'll be happy to answer.

And we're also really striving to train and deploy a diverse and inclusive workforce. We had somewhere in the neighborhood of a half-dozen volunteers who are deaf or hard of hearing who deployed in the last of 2018 and not all in disability integration. Some worked in logistics, and some in casework. We provided interpreters for them. Some of those were volunteers some were paid interpreters. But all registered ASL interpreters. And we want to keep growing that diverse and inclusive workforce, critically important to us. And it's critically important to us being able to serve our communities.

>> Mary Casey-Lockyer: Just a comment on the inclusive workforce. This is Mary again. We have placed on our volunteer database a section where volunteers can actually identify the accommodation that they might need in order to be a volunteer. I think that's a huge step forward. We don't have all the bells and whistles worked out yet but it's there. And our disaster workforce readiness individuals understand how important it is that we not only meet the needs of clients but that we deploy a very diverse and inclusive workforce.

So when you're looking at response key considerations, really assessing shelter and other service delivery sites for accessibility and make any necessary modifications, I think this is kind of interesting because we talk a lot about shelters but there's many other service delivery sites that need to be assessed for accessibility. And I know that our disability integration cadre actually do do that. And even if the facility or the multi-agency resource center is not actually managed by Red Cross, we still go out and help our partners understand what is needed.

Evaluate programs and services for accessibility, including effective communication measures such as on-demand language interpreters and varying types of communication devices.

Again, we spent a lot of time and effort on the shelters but we also are looking very heavily on our recovery and what does that mean, our recovery processes, and also on the other side, our preparedness. We have a child preparedness program called Pillowcase Project. Actually I think it's finished. Great efforts to be able to give the Pillowcase Project to a very inclusive classroom.

Again, it's very important, this third bullet point, to simply ask the client what we can do to help them with their needs. Again, they're the best resource for how they do things at home, how they get their needs met.

We have to be flexible and innovative. Lots of times you'll hear that Red Cross follows a lot of rules. And we have a lot of rules. But sometimes you've got to break those rules to do the right thing. So we are supported by senior leadership in making sure that we get to ya for the client.

And also, of course, make safety a priority. We've had some issues -- not necessarily clients but volunteers have tripped, fall hazards, and we really need to make safety a big priority.

I think the next one is yours, Shari.

>> Shari Myers: It is, Mary. Just real quick I want to add -- you mentioned the Pillowcase Project. We also just introduced with many, many, many stakeholders participating in the creation of a training course for our Pillowcase Project instructors to address the needs of everyone in a classroom, to be inclusive and how to kind of tweak their presentations as needed so that everyone can access that educational component for children. I think it

turned out really well and it's going to be a very valuable, continued to be very valuable program but one that's now much more accessible than it was before.

So the Red Cross process as far as disability integration goes, probably should have been more appropriately entitled Disability Integration program. But as we said in the beginning, I'm a National Disability Integration Coordinator. And I work with the national team at our headquarters in Fairfax. I don't live there. I live in cold and frigid Minnesota. Our infrastructure is that we have divisional advisors. We have seven divisions. And in a couple of places we are still seeking the right person for our advisor. We may have had one who has left the program. But we're working on that.

Regional Disability Integration Advisors, we have pretty well filled most of those positions but we're also kind of tweaking and refining to make sure we have the right person, someone who understands thoroughly the importance of what we're doing here and how to make certain that our services and programs and facilities are accessible and how to ensure that we're interacting with people staying in our shelters and in our communities and make certain they have what they need.

Formal and informal partnerships with disability community stakeholders and organizations. Where capacity allows and Centers for Independent Living are available to assist, we work with them as much as possible. We also are always engaged where there may be a Disability Integration Advisor for local emergency management, whether that's state or county. We engage with them and that brings, usually by association, brings other stakeholders to the table. So it's an ongoing process. It's one we continue to work on and hope to engage more and more people from within our various communities to make certain that we have as many voices at the table as possible and that we're addressing all of the needs that may arise.

And as far as training goes, we've been somewhat limited by the number of responses that we've been involved in. Things tend to get put on hold but we do have just in time training. We have training called Everyone's Welcome developed in association with Portlight Strategies when they were working with Red Cross. And we try to ensure that we have inclusive language and disability integration throughout all of our care training. I typically review trainings before they actually go through the approval process and end up being implemented.

We have something called Disaster Institutes that each division is responsible for. And those are put on usually around this time of year and on into the spring and early summer as we approach hurricane season yet again.

Right now in development, our next Disability Integration training will be a fundamentals course. We will provide much more background and history on the ADA and its application in disaster response and move from there into how we function on an operation and then the activities that we're engaged in during steady stay.

>> Mary Casey-Lockyer: Some best practices -- I also want to just say -- comment that disability integration is a team sport. And I want to thank all of the colleagues and staff and Shari for all of the wonderful work that has been put into this initiative around really providing functional need support services for our clients.

So, again, a team sport. Lots of people I see here on the call have contributed tremendously to this effort and will continue to contribute to this effort. But I did want to put forward that, again, this is a team sport. There's a lot of people on this call who have done a lot of work around this. So thank you.

Best practices in response. Well, we have a national MOU, Memorandum of Understanding, partnership with National Disability Rights Network and collaboration with Protection & Advocacy Services and Red Cross to identify and resolve accessibility issues in shelters. As Shari alluded to, we welcome those agencies to come to our shelters and help us make them as accessible as possible.

We have local collaboration with Centers for Independent Living and other stakeholder organizations to meet immediate needs, distribute emergency supplies, and facilitate short and long-term recovery. I was very honored to be able to talk with about 30 disability network agencies and providers in Saipan. It was a great meeting. And we hope that it was just one step forward to assisting the Red Cross chapter there to have a really inclusive plan. So it was a really great idea.

Here's some additional response best practices rapid deployment of the disability integration cadre, disaster health services and Disaster Mental Health leadership cadre and workers to support mass care. We try to get these people in as quickly as possible.

Immediate setup of video phones and video relay apps, and abled laptops in shelters, I think it's a tremendous win. We've been very successful with this I'd say in 2018, started in 2017 but really successful in 2018.

And, of course, the distribution of sensory kits to children and adults needing support to cope with the shelter environment. Another huge win.

And the next slide is you, Shari. Nope. Yup.

>> Shari Myers: Yup, it is. And let me quick echo your thanks to everyone. It truly has been a very large group effort. And hopefully that group continues to expand and evolve. We really are appreciative of all the help that we've had in moving this program forward.

And just real quickly on the video phones, I think our maximum number of video phones in shelters this past year was 60. And with no difficulty, no fanfare, no nothing. When the shelter is being set up by our tech people, our disaster tech people, they go in and they set these laptops up or they work with partners to get the stand-alone video phones in place. And it's just made a tremendous difference.

Resources. The list of resources is far longer than this one. So this is just kind of a brief sampling. FEMA has its guidance on planning for integration of functional need support services in general population shelters. At one point in time, 2017, we had begun to work with them and a whole lot of other partners to give that an update. It was stopped in its tracks by all of the response operations that we ended up with in 2017. There's been some discussion of picking it up again, so stay tuned. Hopefully that does get a much needed overhaul here in the next few months to a year.

Tips For First Responders, 5th Edition. These are especially good for first responders in terms of -- I'm sorry, EMTs, police, search and rescue, people who are out there on the frontlines.

Serving Children in Disasters. And there are links on the slide to all of these resources.

And Infant Feeding In Disasters. Helps with helping people kind of keep their momentum going, especially in breast-feeding and making certain that infants get the nutrition that they need during a disaster and that we are supporting people who need private space for that and that kind of thing.

And we've come to questions and discussion. If we have time, Lewis. I don't

know.

>> Lewis Kraus: We have plenty of time. Thank you so much, Mary and Shari. That was great. We've had quite a number of responses or people who have attended because of how interesting and important the presentation was to be. So you've done a great job of presenting all of that.

And I do want to let people know that the slides are available now up on the [www.adapresentations.org/schedule.php](http://www.adapresentations.org/schedule.php) page. By tomorrow it will be up on the archive page. So some of those bits of information, the resources that they put up there or their contact information, which I'm going to leave up here while we answer questions. You can go and get that from there.

All right. There are quite a few questions. So let's start to take some of those. First of all, there was a question about in planning. How are needs addressed for larger people? Do you have bariatric wheelchairs or beds in your inventory?

>> Mary Casey-Lockyer: Shari, I can take that. Yes, actually we do. We have quite a few -- we call them universal cots. But we also have inclined head cots which are sometimes called medical cots. And it's not really the connotation we want to give. So we call them inclined head cots. Because it's very difficult sometimes for bariatric clients to lay flat. So, yes, indeed, we have that in our inventory. We also have ability to get just in time.

I will say that the inclined head cots, they don't -- the manufacturers don't keep a large inventory. So I think that that's a very interesting dilemma. Although we might order 500 from a vendor, we can't always get them just in time but we can -- but we have quite a few. I can't give you an exact number. But we have a lot of inclined head cots at a bariatric standard, and wheelchairs, too.

>> Lewis Kraus: Ok. Great. Thank you.

A series of questions here about the interpreters and the conversation about the interpreters. First of all, does Red Cross have an interpreter pool?

>> Shari Myers: I would say sort of. We have a volunteer who had taken over in organizing assistive communication and technology for us. And she is herself a registered interpreter. And so she's able to call upon and tap into networks for getting the word out about a need for interpreting. So that's kind of our pool at this point. Although, every time we do use either a volunteer or a paid interpreter, we do make note of that and so we are trying to kind of build a pool to pull from.

>> Lewis Kraus: And that was a follow-up question from the same person about does Red Cross pay for sign language interpreting services in those cases where you're saying paid.

>> Shari Myers: Yes. Yes, we do. Particularly when we're providing interpreting for a volunteer. In fact, I was just going through some invoices from Florida. We do pay interpreters. Obviously, you know, we want to be stewards of the donated dollar that we receive and use that judiciously but we also want to make certain that as we build that inclusive workforce, more inclusive workforce that we provide those services as needed. And sometimes it's as simple as having an interpreter who is available for meetings, our operational meetings each morning and meetings that may occur in the evening to kind of wrap up the day.

But we've also paid for and employed interpreters who stay with a volunteer for the entire day. Sometimes that interpreter is interpreting for the volunteer but also helping them communicate with clients. We have several families in the shelter out in California for the Camp fire who have deaf family members. We had a deaf volunteer with

some vast casework experience who was able to go out there, with the help of a couple of interpreters, communicate with those families and make sure that they had everything that they needed. And we are currently providing interpreters for shelter meetings that folks are holding with the clients in the shelter.

>> Lewis Kraus: Ok. Great.

And finally, along these lines, so the person is asking about the video sign language interpreter. So does that mean that the person is able to communicate with a deaf person using microphone and video or how does that work?

>> Mary Casey-Lockyer: Typically a client who is deaf or hard of hearing who has an account with one of the software providers or at providers, they're able to log in and make contact with family members and friends. So we have that. But then as far as the access to video relay interpreting, yes, they're set up so that say a shelter caseworker needs to sit down and talk with a family and they need interpreting, they will use the microphone and have the interpreter on the other end for the client.

>> Lewis Kraus: Ok. Great. And let me just remind everyone that you're welcome to ask your questions. Just type them into the chat window and we're just going to plow right through them.

All right. The next question is: What is in the sensory kit that you had on the slide during the examples of accommodation?

>> Shari Myers: Those typically have a weighted blanket of six pounds, which is a weight appropriate for most children, not infants or toddlers but older children and also for adults. We can work sometimes to get something heavier if it's needed. Sometimes we work that through our Health Services area to provide some funding for that. They also will have noise canceling or noise-reducing headphones and some kind of manipulation toy, you know, stress ball. At one point we had play dough but I think most of them now have stress balls in them. We try to avoid the metal fidget toys and things like that. We want to be safe and make sure that we don't present any choking hazards or anything like that. But that's the typical kit. And it comes in a tote bag so that it can be all sort of packaged back up again and kept under the cot or next to the cot. But they're not loaners. We give those out to our clients and they're theirs to keep.

>> Lewis Kraus: Ok. Great. The next question and comment, the person says that they spoke with someone from international paper company and they told me they are no longer selling those blue rooms that you are describing. Do you have any other source for those?

>> Shari Myers: That is news to me. So that's something that I'll have to look into and see where we go with that. We have I think probably a decent stockpile of them.

>> Mary Casey-Lockyer: Yeah.

>> Shari Myers: But, again, I had not heard that. I will look into that and see what we need to do about it.

>> Mary Casey-Lockyer: And I had not heard that either. And we have a large supply management cadre for the organization and they help us identify where we can get certain products. So we'll have to get them on that.

>> Lewis Kraus: All right. The next question, and I'm going to do part of the answer but here you go. How was Saipan prepared or outfitted with its limited resources on site to support the community after the big typhoon? What did they really need to be shipped into support? Hawaii would have some of the same challenges.

And before you answer, I do want to mention that we are actually working on,

and hopefully with Mary's help, trying to get a webinar together from people in Saipan. So hopefully you'll get more detail about that as soon as we can set that up.

Mary, do you have an answer to how Saipan --

>> Mary Casey-Lockyer: Yes, actually. It's first time I actually saw the FEMA -- so FEMA did come in in support, oh, gosh, a lot of product for access and functional needs. It took a while. It's unfortunate but it took a while. But FEMA really came in. I was in the warehouses. I saw much of their product around access and functional needs, good products for children, good sanitation products. I believe that FEMA really supported in Saipan.

I will tell you, the culture of Saipan was very, very impressive. Very resilient individuals. And really the family is the center of care for all types of clients who may have functional needs or access needs. We saw a quadriplegic gentleman who was being so lovingly cared for by his wife. They did not have power. So they did not have air-conditioning but she was wiping him down to maintain his body temperature which is sometimes very difficult for a quadriplegic. But just wonderful attitudes. Wanted to stay on their property and knew that they were going to help each other. So I think a little bit of a different culture than we have. They do not have an assistive living facility there. They don't even have a cat scan. So very different. But just everyone pitching in together to help each other. Very impressive.

>> Lewis Kraus: Ok. So we have about 13 minutes left to go and we have quite a few questions. So we'll have to kind of go almost lightning round here for a little bit. Let's try that.

Next question. As you prepare for transportation in a disaster, how do you handle individuals in wheel chairs who require specialized vehicles?

>> Shari Myers: You want me to take that one, Mary?

>> Mary Casey-Lockyer: Sure.

>> Shari Myers: Ok. Typically -- of course, Red Cross is not responsible for evacuation and that sort of thing. But we are trying, again, to be better partners to our government partners and help them in planning for those things. But when we're looking at providing transportation for people in shelters, we have rented vans that are wheelchair accessible. We have been able to tap in sometimes, as I've said before, to paratransit services, working with UBER and Lyft. We have managed to work with them when wheelchair transportation is needed. We're able to provide that as well. So we're constantly looking for new solutions to that question, new answers but it's an evolving process. We all know there are challenges in everyday transportation when a wheelchair access is needed. But we're trying to move forward with that and continue to improve those services.

>> Lewis Kraus: Ok. Sorry. I'm just running through these questions.

Do you have a list of medical and ADA items for resources needed for a shelter and which are just in time and those that can be prepared in advance?

>> Mary Casey-Lockyer: I'll take that, Shari. There is something called a commonly used shelter items, the QCCUSI list. It was developed by FEMA. And actually you can just go online. I think it's readily available. Through your Google Search. So it's QCCUSI. We generally take a look at that. We have kits, inventory kits, that we put together. Again, it's mostly just in time to Disaster Health Services. And we also try to get the needed equipment through what vendors may be open at the time.

I would have to say in general, in the continental United States, we haven't

had too much trouble with that because even 30 miles down the road, even from that tornado, there was availability of those types of supply.

Now, we have struggled a little bit more in the California Camp fire because it's a very rural area and the whole town of Paradise was wiped out including, you know, doctors' offices and pharmacies. I think it's a very interesting look at a rural disaster that has impacted so many people. And I think we need a little more work to think about the rural environment when something like this happens.

>> Lewis Kraus: Ok. The next question. Whatever happened to the action plan that came out of a multi-day disability stakeholder meeting last year?

>> Shari Myers: I'll take that one. We have the report that was prepared during that after action review. A number of circumstances have not been able to move forward quite as quickly as we had hoped but it is something that we are going back to and we will be working on with those stakeholders who were present over the coming months.

>> Lewis Kraus: Ok. Next question. What do you do when EMAC nurses are brought into your shelters and they facilitate institutionalization. I'm not sure what EMAC stands for. Maybe you can clarify that, too.

>> Mary Casey-Lockyer: I'll take that one. This is Mary again. Emergency Management Assistance Compact. It's usually an agreement between states. I agree that this is a challenge. It is a challenge. We talked a little bit about the differences in philosophy. So we try very hard to advocate for the client, number one. But number two, we try to educate. We had quite a few EMAC deployments come into North Carolina and we had a group that was oriented by the Red Cross Disaster Health Services leadership. And then there was a group that wasn't oriented. And the group that was oriented really meshed very well and had really no difficulty with providing functional needs support in the shelters.

There is a lack of education, I would say, in the public health community around functional needs support services and the responsibility, the requirement, of the ADA, in a disaster response. I think you also have to look at the medical versus the non-medical model. Many of those nurses come from a medical model. They don't know anything else. They haven't been educated in anything else. So when we did give those EMAC nurses our orientation, our philosophy, our CMIST models -- not ours -- we had good results.

Again, it's how do we get the word out to non-Red Cross entities? It's a struggle sometimes but also it's part of initiatives, of presentations we certainly had one at the National Association of County and City Health Officials in the preparedness summit. And we tried to reach a lot of emergency preparedness public health individuals there. And we had a panel, a very wonderful panel, around Hurricane Harvey and others. So we just have to keep trying, just have to keep pushing ahead, keep educating from the local level all the way to the federal level.

>> Lewis Kraus: Ok. From the general to the specific. What about Hoyer Lifts for individuals that need assistance for moving from changing table to bed? Do you have changing tables for adults, not just for kids?

>> Mary Casey-Lockyer: If we need something of that kind, we will get that. We will get the equipment. And, yes, we have had Hoyer Lifts in the shelters. We will get that equipment again. And we might have to provide personal care assistants so we can get that equipment.

And also, I really have to have the families' assistance because sometimes

we need assistance with actually making the right kind of movement with the client. They have very specific needs that we might not be aware of but that the family or the caregiver, if the caregiver is there but just needs the equipment, great, they're more than able to help. We applaud that. And we assist them as needed. So we just get the equipment that's needed.

>> Lewis Kraus: Ok. Next question. If the Red Cross does not have sufficient volunteers in an area to open shelters and this leads to a local government human service office opening the disaster shelters, can these shelters potentially get access to equipment such as the laptop for video communication?

>> Mary Casey-Lockyer: Shari, you want to take a stab at that?

>> Shari Myers: Yeah. Certainly we would advocate to them for installing that type of equipment and probably would want to help them connect with the appropriate people to get it installed. I don't know that it's something where we would take our own equipment and set it up there. We certainly would do everything that we could to facilitate that.

Again, sometimes, especially with government partners, there's a certain amount of time that feels like it's wasted discussing whose responsibility is that. So I would hope that we would be as cooperative as possible in helping to provide those services. Partnerships that we have with various groups that help us put those apps on our laptops and provide us with access to them I think could be replicated amongst government agencies as well.

>> Lewis Kraus: Ok. Now, for those of you who are writing about asking about the full matrix that Mary shared, Mary mentioned that you can write to her to get that if you want that. I think that's probably the best place to put it unless, Mary, you want to provide it and we can put it on to the archive if you want to provide it to us as well.

>> Mary Casey-Lockyer: That's a great idea, Lewis. I can do that. But if you e-mail me, I can also send it to anyone.

>> Lewis Kraus: Ok. Next question, how do you work with people with invisible disabilities such as slow comprehension disorders or slow responders that take a while to understand how to relay their needs?

>> Shari Myers: I think as we talked about earlier, we're really striving to train not only shelter workers, not only DI workers but our shelter workers, our caseworkers to be alerted to those situations where they need to allow extra time, to not get frustrated and allow people the time and the space that they need to provide answers to questions, complete forms, and just being sensitive to those types of needs and needs for different ways of communicating. And mostly just, you know, allowing more time. Not rushing someone through something. And not prompting.

We have resources that we make available to our shelter workers and our disability integration teams, any volunteer or employee, that come from the community to help them identify how to respond. We use resource from United Spinal on assisting people with various types of disabilities. And I know that there is a section in there for people who may need some additional consideration for responding to questions that are being asked and that sort of thing.

>> Lewis Kraus: Ok. For those of you who are asking questions about how do you get the sensory kit or where do you get the sensory kit, I'm going to suggest that you write to Mary or Shari about this in an e-mail and have them just reply to you about that. So we don't take that time here.

We really don't have much time left so let's do this as our last question here. Can you tell us about the effectiveness of the FAST or Functional Assessment Service Teams in the shelters?

>> Shari Myers: I can take that, if you want, Mary, based on recent experience in California.

>> Mary Casey-Lockyer: Yeah. I just want to make a comment before you do that, Shari. The FAST teams are, I think, a great partner. We just need to remember that they identify needs and help provide resources but they actually do not give hands-on care. So it's just understanding what their capabilities are.

Off to you, Shari.

>> Shari Myers: Thanks, Mary.

In California, what we found was that the FAST teams were an excellent partner going into the shelters and helping us make certain that facilities were accessible, helping us to approach government partners about what was needed to make a facility accessible if we needed accessible shower trailers, accessible porta-potties, accessible hand washing stations, that sort of thing. And just really kind of good at standing in tandem with us in saying this needs to happen to make this facility accessible. They're a valuable, valuable partner. I wish we had more of them in other states as well because I do think -- that partnership seems to make things happen a little faster sometimes when we're dealing with government. That's my thoughts on FAST teams.

>> Lewis Kraus: All right. Well, we realize that many of you still have questions for our speakers and apologize if you didn't get a chance to ask your question. There are a lot of questions lined up in the queue but I want to be mindful of everybody's time and the time commitment that everybody had. If it's an ADA question, you're welcome to call your regional ADA center at 1-800-949-4232.

You are going to receive an e-mail with a link to an online session evaluation. Please complete that evaluation for today's program. We really value your input and we want to make sure that our funder understands the importance of the session that we are putting on.

We want to thank Mary and Shari today for sharing their time and knowledge with us. It was a great session.

A reminder to all of you that today's session was recorded and it will be available for viewing next week at [www.adapresentations.org](http://www.adapresentations.org) in the archive section.

Our next webinar, February 14, titled Feeling Safe Being Safe Going Forward. We're going to learn about the latest in this first online emergency preparedness training series developed by people with intellectual disabilities. We hope you can join us. Watch your e-mail two to three weeks ahead of time for the announcement of the opening of registration for that webinar.

Thank you all for attending today's session. And thank you, again, to Mary and Shari.

Have a good rest of your day, everyone.

>> Mary Casey-Lockyer: Thank you, Lewis.

>> Shari Myers: Thanks, Lewis. Thanks, everyone.

>> Mary Casey-Lockyer: Thanks.