

PACIFIC ADA CENTER

**EMERGENCY MANAGEMENT AND PREPAREDNESS - INCLUSION OF
PERSONS WITH DISABILITIES WEBINAR SERIES**

**“FEMA PROMISING PRACTICE: WHOLE COMMUNITY INCLUSION
EMERGENCY PREPAREDNESS PLANNING
AT THE STATE LEVEL”**

**Rich Foster, Betsy Kagey, Jennifer Hogan
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>> Lewis Kraus: Happy new year, everyone. 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 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. I am putting that in the chatroom window for you.

FEMA's Office of Disability Integration and Coordination, ODIC, covers the same 10 regions with regional disability integration specialists. More information about FEMA can be found at www.fema.gov. When you get there, type in ODIC into the FEMA website search. I have put that in the chat window as well for you.

This webinar series will share issues and promising practices in emergency management inclusive of people with disabilities and others with access and functional needs. The webinars will provide an exciting 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.

This year's topics will cover emergency preparedness and disaster response, recovery 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 will alternate monthly between ADA National Network Learning Sessions and FEMA Promising Practices.

We encourage you to review the series' website and familiarize yourself with the full array of sessions available in this series at www.adapresentations.org/schedule.php. This is where you signed up. These monthly webinars occur on the second Thursday of the month at 2:30 Eastern, 1:30 Central, 1:30 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. The notices go out two to three weeks before the next webinar and open that webinar to registration.

For those of you now who are new to this series and software, I am now going to review some of the features of the webinar platform before we begin today's session.

In this session only the speakers will have audio. The audio for today's webinar is being broadcast through your computer. Make sure your speakers

are turned on or your headphones are plugged in. You can adjust the sound by sliding the sound bar left or right in the Audio and Video panel. If you are having sound problems, go to the audio wizard, accessed by selecting the microphone icon with the red gears on it in the Audio and Video panel at the very top. If you do not have sound capabilities on your computer or prefer to listen by phone, you can dial 1-800 -- sorry. 1-805-309-2350. This is not a toll-free number.

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If you experience any technical difficulties during the webinar, send a private chat message to the host by double clicking on Pacific ADA Center in the participant list. That tab will appear in the chat panel. Type your comment in the chat text box and enter. If you're using keystrokes, keyboard F6, arrow up and down to locate Pacific ADA center and select to send the message. You can also e-mail us at that address I gave earlier, adatech@adapacific.org or call 510-285-5600.

Today's speakers are from the state -- hold on. Sorry. You can follow along the webinar platform with the slides. If you're not using the webinar platform, you can download a copy of today's PowerPoint presentations at adapresentations.org/schedule web page.

The session is being recorded, as I mentioned, and will be available after the conclusion of the session, about 48 to 72 hours.

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

Today's "FEMA Promising Practice: Whole Community Inclusion Emergency Preparedness Planning at the State Level" webinar will cover two state efforts:

Utah, we'll summarize the new model of planning resulting of a taskforce of trusted leaders of Community Based Organizations that advocate for people with disabilities, local leaders of refugee communities, and representatives from public health and emergency management. The taskforce considered the problems of how to locate and communicate with the whole community during a disaster.

The Georgia Emergency Preparedness Coalition for individuals with Disabilities and Older Adults developed a network and preparedness resources not only for individuals with disabilities and older adults but for the emergency preparedness and response planning agencies throughout the state. Speakers will provide information on how the coalition strives to integrate key concepts of inclusion, integration, equal access, self-determination, physical access, effective communication, and reasonable modifications in all preparedness planning.

Our first speaker today from Utah State Department of Health is Rich Foster. Rich retired from teaching and joined VISTA where he was assigned to work on the preparedness program for Salt Lake City. He was later employed by the Utah Department of Health as Preparedness Coordinator for People with Disabilities and Other Access and Functional Needs. He has been in public health and emergency management for six years.

Rich?

>> Rich Foster: Yes. Thank you, Lewis. And thank you, everyone, for joining with me today to talk about this very crucial topic that I think is really the most important issue in emergency management. We're going to talk about planning with the whole community, disaster preparedness and communication.

If you're not an emergency manager, let me tell you what it is that we do or one of the things that we do, anyway. We plan for disasters. That means that we study worst case scenarios: 7.0 earthquakes or all earthquakes, hurricanes, super storms, the floods of North Dakota, and now we have to add acts of

terrorism and catastrophic disease. We want to know the effects of these disasters on people and, of course, on property as well. Then we plan and we practice. We design policies. And we train and we exercise all the help people get -- to prepare for disasters and then to help them survive those disasters when they occur and then to help them recover from those disasters.

Emergency managers would be the first to tell you that we do not do enough for people with access and functional needs. In this webinar we'll discuss some simple steps that we are taking in Utah and I hope that emergency managers all over the country can take to improve their service to everyone.

Step 1. Let's begin by eliminating discrimination in our thinking and vocabulary. Labels like handicapped, disabled, at-risk, vulnerable, special, and any others that you can think of are counterproductive and discriminatory. I have heard people in emergency management say things like: Labels don't matter; we know who we are talking about. Well, that may not be true. Unfortunately some emergency managers still think that we're talking about us and them; that is, us or almost everybody and them, a small number of people who require special handling. We know that that kind of thinking is discriminatory.

People with disabilities is a legitimate legal term that describes people who are protected from discrimination by state and federal law. In a disaster context -- and this is very important because everything we say from this point will be in a disaster context. In a disaster context everyone must be notified, evacuated, transported, and sheltered equally. Don't think special just equal. And after a disaster, everyone must be treated equally when it comes to reparation and access to funding and assistance.

If you're already typing a question, remember, we're talking about disaster context. I'm talking specifically about protections with the ADA and other federal and state laws guarantee in a disaster. I don't mean to belabor that point. Moving on.

Even the term "people with disabilities" is inadequate because more people have life-limiting conditions than is commonly recognized and variation in human ability is ordinary; it's not special and it affects or will affect most of us at some point in our lives.

The term "people with access and functional needs" is people first which removes some of the objections. And second, it is fluid. It describes a class that expands and contracts based on the situation. And in a disaster, the class of people seriously injured will greatly expand. Third, it allows for the inclusion of people with life-limiting conditions that may not be included in an ADA definition of people with disabilities.

Step 2. Plan "with" not "for" everyone in the community. Form a work group.

Federal law mandates inclusion. What does that mean? Here are three laws that require federally supported agencies to integrate people with access and functional needs, including people with limited English proficiency, into all levels of emergency planning.

The Pandemic and All Hazard Preparedness Act makes state and local preparedness awards contingent upon explicit mechanisms which obtain public comment and get input on emergency planning. One such mechanism is an advisory committee or taskforce.

People who have limited English speaking, reading, or writing ability are today is have limited English proficiency, or LEP. Executive Order 13166 states that LEP populations qualify for antidiscrimination protection under Title VI of the Civil Rights Act.

In a disaster, the Post-Katrina Emergency Management Reform Act states that everyone must be able to understand disaster warnings and follow directives. In other words, information must be culturally and linguistically appropriate and accessible by everyone.

The Utah Department of Health organized a whole community planning taskforce to meet the requirements of federal law. The taskforce was comprised of leaders of the Foundation for the Deaf and Hard of Hearing, Foundation for the Blind and Vision Impaired, refugee community organizations, people with mobility impairments, representatives from the Division of Workforce Services, and representatives from the Utah Division of Emergency Management.

The taskforce met to consider how to pre-locate people with access and functional needs and how to communicate with the entire population prior to and during a disaster. In other words, we met to address the preparedness needs of the whole community.

In case you haven't figured it out, whole community is a code word which means everybody, including people with access and functional needs.

So get started. Make some phone calls. Call those contacts you've made over the years. You'll be surprised at the response. You'll find out that people really do care about emergency preparedness and they're eager to help. And when you start getting those responses, ask who else should you invite.

Here are two pictures of organizational flowcharts. The picture on the left depicts the old model that is still being used for disaster planning, unfortunately.

It shows information being passed down from the feds to state emergency planners, local emergency planners, and first responders.

The picture on the right, the new model, is circular. It depicts the way guidance should be shared by all participants which include Community Based Organizations, churches, members of the whole community.

In the old model, information goes one way and stops before it reaches the people who have the most need and the most offer in the planning process. In the new model, information is free. It's free-flowing and reciprocal. As emergency responders, first receivers, and emergency management personnel, we may think that we are the experts but when it comes to communicating, evacuating, transporting, and sheltering people with access and functional needs, they are the experts. We can learn from them. Not only do we have a legal responsibility, because of these laws that I just mentioned, to include them but it just makes sense to use their knowledge.

Remember we're changing our thinking. So I want to spend just a second on panacea of "special needs" registries. Registries don't work. Worse, they can be counterproductive. They create an unrealistic expectation of service which can discourage people with access and functional needs from providing for their own preparedness. People who are registered may believe that they do not need to create a personal response network; for example, thinking that the state or some local authority has done that or will do that for them.

A more serious indictment is that I have talked to people in emergency management who say that a statewide registry in some way also relieves them of some responsibility. In a recent webinar from Pacific ADA, Dr. Paul Hewitt of Oregon National Laboratories reviewed a county in Alabama which has had a registry for approximately 10 years. Dr. Hewitt concluded, and I'm paraphrasing, that no matter what the administrators did to improve or promote the registry, the county registered 7% to 8% of the eligible population. Well, that parallels the results in Utah. We've had a registry for about 10 years. And we've registered approximately 6% of the population, of the eligible population.

Dr. Hewitt also mentioned the legal requirement for service. I'm not sure people have thought about this but once a person with a disability is identified, administrators are required under the ADA to provide a reasonable accommodation. So not only does the registry agency create an expectation of service, they create a legal liability. So let's close the book on invasive registries and find another way. If you would like the complete webinar from Dr. Hewitt, contact Pacific ADA Center for the archive.

All of that being said, if you're familiar with federal grants -- and if you're an emergency manager, you are -- you know that there's a requirement for

identifying and locating people with access and functional needs. It just makes sense because emergency planners need to know who they are working with.

So how do you do that without a special needs registry? Pre-location, working with the community resources. Not all people with access and functional needs are affiliated with Community Based Organizations but many are. And these organizations are respected by their clients. They advocate for and are invested in their members' well-being. They are prepared and willing to work with emergency planners. And they can serve as conduits of preparedness with their communities prior to a disaster.

You know how to contact their members in realtime during a disaster. This is the key to disseminating linguistically and culturally appropriate information. There are proven methods of assisting the aid of CBOs. The website here is a good place to start. I know you don't have time to jot it down but I'm sure we can show that again at the end of the presentation.

Other community resources. When we were forming the task group or the taskforce, we found out quickly that people with certain access and functional needs often belong to advocacy organizations but the number of people with mobility impairments is so large and so diverse that there is no organization that represents everyone. So emergency managers need to work with other organizations to learn about this part of their constituency: CERT, neighborhood watch, churches, charities, and because over 40% of people with access and functional needs live below the poverty line, food banks are a valuable resource.

Step 2 is plan with not for the whole community. And to do that we need to, number one, identify and locate people with access and functional needs and people with diverse racial and ethnic backgrounds in our communities. We need to find out the preferred channels of communication, social networks, ethnic media and places of worship. We need to find out the common beliefs about disasters, their perceptions of risk and rescue, and their level of trust in messengers and service providers.

Number two, we need to form sustainable partnerships to build trust with community representatives. We need to talk to our local community leaders. We need to -- interviews and focus groups. These are great places. They offer a wealth of detail about community beliefs. Speaking with local community leaders and representatives is critical to understanding why communities behave or respond in certain ways in an emergency. Collaborate with advocacy organizations, churches, state, local public health and schools, town hall meetings, church socials, neighborhood events, health education, preparedness fairs, etc. These are all places to establish links.

And three, we need to design and test exercises that reflect the community and incorporate scenarios that explicitly involve people with access

and functional needs including LEP. And trusted individuals, the representatives of the whole community, need to be present at the table to develop, implement, and evaluate preparedness and response policies.

Now, I have a tabletop exercise that was specifically designed for people with access and functional needs. It focuses on them. If you're interested in that tabletop exercise, you can contact me.

Step 3. Use the skills of trusted leadership – trusted leadership and individuals and organizations in communication. They're the conduit for passing information.

Disaster communication with the whole community. State and local emergency managers are required by law to deliver disaster information in realtime. And as we have seen, federal and state laws require that information be delivered equally.

Now, this is a difficult proposal when you're talking about translating into 32 or more refugee languages. So the taskforce determined that in addition to broadcast media, the most effective way to relate warnings and emergency public information was through the use of social media. We designed a system to communicate with refugees in realtime. It's called the Real Time Information Network for Refugees in a Disaster. It requires the cooperation of refugee community organizations, the state refugee resettlement authority, whatever name that goes by, and the Office of Emergency Management.

As refugees arrive in Utah, they're greeted by a resettlement agency case manager who introduces them to the community organization of refugees from their own country. Currently there are 32 groups like that in Utah.

The Office of Refugee Resettlement employs a liaison who is in contact with these refugee community organizations. The liaison teaches the trust of leaders about resources available during times of disaster. In most cases the leaders speak English. And the leaders are in contact by text and telephone with their community. They are the trusted sources of information. As new populations arrive, new refugee groups are formed and the liaison updates the contact list of trusted individuals quarterly, submits it to the division of emergency management.

In a disaster it's the Division of Emergency Management who relays changing and vital information to the public using broadcast media. They now also contact the liaison in English who contacts the community leaders in English who contact their own members in their own language.

Here's a flowchart that makes it look easy. And it is if the process is set up ahead of time and exercised and all participants are onboard. That

requires -- now, I think the most interesting thing about the RTIN, that the taskforce developed, is that we can use it as a template for contacting other people with access and functional needs in real time in a disaster in which case state and local emergency managers would work with the trusted leaders of Community Based Organizations, churches, and CERT, for example.

In 2009 the Utah Department of Health assembled and distributed 72-hour emergency kits to new arrivals or refugees. In 2011, the program was expanded to include people with access and functional needs. Using volunteer labor from CBOs, over 4,000 kits have been delivered. The kits are stocked with basic emergency preparedness supplies. Kits were originally designed for pandemic flu, mitigation. But in Utah we live under the threat of earthquakes and wildfires so we've expanded them to be all hazard. Recipients receive a short orientation on how to use the kits as well as information on basic emergency preparedness.

The department prints and provides brochures in 12 languages. We attend health and preparedness events where we distribute these and other brochures. And FEMA has many different brochures available for free. We distribute those as well anytime we have the opportunity to do so.

Step 4. The last step that we're going to talk about that emergency managers can take to improve service to everyone is to build capacity. Now, this is a confusing term. What it means is that you create policies and personnel, create an agency that will adapt to changing situations in the future but will not lose its focus, will continue on through the future whatever the future may bring.

One of the best ways to do that is to promote diversity in staffing and leadership. If that is all you do, you've done a great deal towards building capacity. An agency or organization should look like the community that you serve. That's just common sense. You build capacity by establishing clear procedures for hiring people with access and functional needs as well as bilingual personnel and volunteers.

So we've looked at four steps that emergency management can take to better serve all members of the community. They were, number one, eliminate discriminatory thinking and labels from our vocabulary. Number 2, plan with not for the whole community. Number 3, use trusted local leaders for disaster communication. Number 4, build capacity. Make sure your organization looks like the community you serve.

I'm available to help anytime I can. Thank you very much.

Lewis, I'll turn it back over you.

>> Lewis Kraus: Thanks so much, Rich. That was a very nice presentation. Thank you.

All right. We're going to move on now -- before we move on, actually, let me remind everybody that if you have questions that you want to ask at any time but now that Rich is done and you had questions about Rich's presentation, please feel free to enter those into the chat and we'll deal with all of the questions at the end of the session.

Now we're going to turn our attention to the state of Georgia. Our next speakers are Betsy Kagey. Betsy is at the Academic and Personal Projects Liaison in the Emergency Preparedness and Response Section of the Office of Health Protection in the Georgia Department of Health. Dr. Kagey's work entails emergency planning for those with access and functional needs, public health emergency preparedness collaboration with academic institutions in Georgia, and environmental health issues associated with disaster response and recovery. Dr. Kagey is a member of the Georgia Coalition for Emergency Preparedness for Individuals with Disabilities and Older Adults.

Our second speaker from Georgia is Jennifer Hogan as the Disaster Preparedness Coordinator for the Georgia Division of Aging Services. Jennifer Hogan works with older adults, the 12 Area Agencies on Aging, and state and local partners to coordinate disaster preparedness planning for older adults and people with disabilities. Jennifer has over 10 years of experience preventing fraud, abuse, neglect, and exploitation of older adults and people with disabilities. She is a certified Mental Health First Aid Trainer. And she is also a member of the Georgia Coalition for Emergency Preparedness for Individuals and Older Adults.

I'm going to turn it over now to Betsy and Jennifer. Take it away.

>> **Betsy Kagey:** Good afternoon. This is Betsy. I'm going to do the first part of this presentation and Jennifer will do the second part. I'm going to move ahead. The background is there. Lewis just provided you with that.

What we're going to do is go over a little bit about what we would like to present today and talk about the coalition. But our objectives, essentially is to get an understanding of the Georgia Emergency Preparedness Coalition for Individuals with Disabilities and Older Adults, how it was formed, what our objectives are, our mission state. Also be able to describe some of the coalition's network and resources that we have been working on for the last eight or nine years and get an understanding, or at least a look, a first look, at our Functional and Access Needs Toolkit which we put together for the state of Georgia.

This is a map of Georgia. Just in case you didn't know, we're on its southeast part of the United States. We have a coastal area which is wonderful during the summer and during hurricane season not so wonderful. But we also go into the mountains and the northeast part of the Georgia as well. We have

almost 10 million people within the state of Georgia residing, a lot of them within that little yellow area, which is Atlanta. And we have very rural areas. We have suburban areas as well as urban areas along the coast as well as Augusta and Atlanta and several other major cities. There are approximately about 12.4% individuals who have been identified having one or more disabilities. That comes to about 1.2 million people. There are a million older adults which live in Georgia as well.

I'm in public health emergency preparedness. As Rich was talking about, we do a lot of preparing for and planning for disasters that happen within our state. We have a lot of them. We have hurricanes on the coast which entail planning for evacuation and sheltering. But it's not only just the general population but it's everybody including the healthcare systems and everything else.

If you hadn't heard by now, we had a wonderful ice storm last January and February which essentially shut down the city but also identified several major areas where we need work on providing access to medical care as well as just keeping people warm during power outages and things like that.

We also have areas with tornadoes. We've had drought in Georgia. It became an emergency event in 2007 where several areas were looking at possibly having no drinking water in about 30 or 60 days. So we dealt with drought. We've also dealt with wildfires. And we have also dealt with planning for pandemic influenza. We deal with influenza every year. I hope everybody's gotten their flu shots. And this year we have also been involved a lot with planning for Ebola response. And being in the same state as the CDC, it really hits home for us.

What I'd like to talk about is our coalition's mission; then I'll tell you a little bit about how we formed and what we do.

The coalition is essentially to serve as a clearing house for information for both the emergency management people as well as individuals with disabilities and older adults and the organizations and agencies which support them to promote and maintain an active dialogue. I think Rich talked a lot about planning in a silo. And that's been I think all across the country early on. What we've done with the coalition is really sort of opened the discussion and have an active dialogue which deals with issues that are pretty much universal throughout the United States but how they come across in Georgia. Then we provide subject matter expertise from the community of individuals with disabilities in older adults but also from emergency managers and planners.

The coalition was formed after Katrina. There was apparently -- this was before I got to Georgia. It was about a year before I got to Georgia. It was formed in 2006. There was a large meeting in Washington discussing some of

the issues associated with lessons learned from Katrina. It was coordinated originally through several different state agencies and through primarily the state ADA coordinator's office. And the partners within the coalition include state, local, volunteer, and Non-Governmental Organizations. And our audiences are primarily disability service providers, local emergency management agencies, local first responders, individuals with functional access needs, and people with disabilities and older adults.

When I say local, if you are in the field of emergency preparedness and response, what you learn really fast -- and I used to work at a county health department and preparedness. Now I work at the state. But what you learn right off the bat is that all response is local and all emergencies start at the local level. So bringing all of this information in the conversation down to the local level is one of our biggest objectives; also to provide technical guidance and assistance for our local partners and then to identify and implement best practices which we take a look at what's going on within the state but also with other states and they're planning. And you will find out as we go through and as Jennifer talks about some of our resources, we are working with other states and work on best practices.

Now, the next slide is a list of coalition member agencies and organizations. It's a sample list. We don't have everybody up there. And those who are members who are not on the list, I apologize if you're listening in but you just couldn't fit it all on one slide.

You can see from the list we have state agencies. And the Georgia Emergency Management Agency, the Georgia State Department of Health, the Department of Behavioral Health and Developmental Disabilities, the American Red Cross. We also have representation from the ADA Coordinator's Office and from the disability community including individuals with hearing impairment as well as persons who are autistic as well as developmental disabilities and from the blind community as well.

So there are a lot of different types of agencies and organizations which are on the coalition itself. We have monthly meetings and essentially try to move a lot of our agenda along. In doing so, we follow the ADA guiding principles. I think Lewis had mentioned this at the beginning of this webinar. It includes inclusion, integration, equal access, self-determination, physical access, reasonable modifications, policies, practices and procedures, and effective communication. And I don't think they're necessarily in any order because I think effective communication, we have found, is one of our primary goals in getting information flowing both ways.

We have several working subcommittees. They include training and technical guidance. This group is made up of coalition members which is sort of a mix between the preparedness community and disability community. And we

are putting together training and educational curriculum for both organizations who represent individuals with disabilities and older adults but also for the emergency preparedness and response community. The education really has to go both ways.

We also have community outreach. This specific committee is responsible for sharing disseminating information within the coalition to individuals with disabilities and community network organizations and agencies. What we do is try to put it in a format that is essentially accessible. We have in Georgia a group called the Georgia Reading Radio. We have the agencies as well as the coalition Community Based Organizations have put together segments for the blind. Within Georgia, that they can access and find out what each agency does but also provide information during emergencies as well.

We also have a committee on Functional Assessment Service Team. In the development of that. We're in the process of just exploring that. That deals with being able to essentially take a look at persons coming into a shelter and rapidly assessing what their functional needs would be.

The last part is the -- the last one listed is the Committee on Functional Needs and Support Services Resources within Georgia. That was primarily set out to address issues of shelters and provide functional and access needs in the shelters. But it has become a toolkit for the whole state. And what's interesting and what we found out about it -- and Jennifer will talk more about this as we go along -- is the fact that when we put the -- when we put this toolkit together, a lot of the information that we had really resided in different agencies. We have a shelter guidance which is sort of a combined effort between the Red Cross, Department of Human Services, Department of Public Health, Georgia Emergency Management Agency.

And none of this information really sort of got out to the public as far as how shelters were managed, who was responsible for what. So this is really first time it's been put together down on paper to explain to not only the general public but really all of the local emergency managers as well. So what we had been doing is trying to provide information in formats that is accessible but also to cover areas that we need not only at the state level but also at the local level.

What I'm going to do right now is turn this over to Jennifer. She's going to talk about the specific projects and resources that we have developed for Georgia.

Take it away, Jennifer.

>> Jennifer Hogan: Our working committee works throughout the year to create the resources that we've identified needing in the states. We work hard to talk with local partners, public health, emergency management, as well as

advocates and determine where the gaps are and then identify which committee would work on that issue and move a product forward that would fill the gaps.

One of the first projects -- sorry. I'm getting over a cold. One of our first projects was to develop a Georgia-specific tips guide. With permission, we took a tips guide that was developed by New Mexico, Texas, and Oklahoma I think were involved. We give them credit for creating it but we took what they had and made it Georgia-specific. We used the language we used in Georgia. We added what we felt needed to be added. Then we started to distribute that to our first responders so that if they were in a situation -- you know, they don't necessarily work with autistic individuals on a daily basis so if they found themselves in a situation at a fire or at a crash scene with someone who potentially has autism, they could use this as a reference guide. Just quick, easy to look at, and hopefully give them some tips to do the best that they could for that victim in that situation.

So -- it's definitely not something I could have developed on my own. I bring certain expertise to the table but other coalition members were needed to bring their expertise, come together and create something that would work for all the populations in our state. We distribute hard copies at meetings, conferences. Then we also have electronic copies available for free on a website that we'll reference in a few more slides. That's been a great product. People love it. Wherever we go they clamor for copies.

An additional resource that we developed was a brochure, "The Emergency Preparedness Brochure for Individuals with Functional and Access Needs." That brochure is emphasizing staying informed, preparing and planning, and developing a personal support network. We felt like that was an important part of planning for individuals with functional and access needs. So we developed that brochure so something existed like that in the state and have also been distributing the brochures at meetings and giving away free copies on the internet.

A few additional resources that we've developed: Our community network. We knew there were a lot of people, agencies and organizations that work with people with disabilities that would not necessarily want to come to a meeting, didn't have the time to come to our monthly meetings. It wasn't necessarily appropriate for them to come because of the technical things that we discussed there. So we wanted to make sure that they were getting the information that we were developing since we're developing it for individuals with disabilities or older adults who want to make sure to get that out. So we developed the community network through an e-mail listserv. We distribute press releases or brochures or other products that come through our committee announcements, educational opportunities, anything and everything that we think is helpful we try to distribute. Then they can give it to their staff or their clientele as they see -- as appropriate.

We've also -- are exploring the idea of doing monthly calls with people on the network. Again, just trying to make sure that they know what's available to them and their clients. They can ask questions and have it be a little more engaging. So we're trying to engage the network of agencies and services in Georgia just in a different way through the community network. There's around 100 agencies and providers that are involved in that network and we're always increasing that number or recruiting to increase that number.

The next accomplishment has been participation in local and state drills. A few years ago we had a lot of drills across the state but none of them involved people with disabilities, older adults, or someone with a functional and access needs. So we've been trying to increase the participation of individuals with disabilities at those drills and we have been able to do so. The Red Cross does annual drills. They are now including individuals with disabilities at all of those drills. And we're starting to work with other partners at the local level, the local emergency management, to increase some of their participation in their drills. So we're excited about that because each drill gives us an opportunity to learn what we could do better to accommodate individuals with functional and access needs or disabilities.

Next, it was mentioned before but we partner with the Georgia Radio Reading service. They do monthly radio broadcasts on preparedness, the prepared radio broadcast. So they're monthly, getting information out to people who are blind, have low visibility, or may not be able to read. If they sign up for the service, then they get a free radio and are able to hear various news and programs, the newspaper read to them. So we're excited that our information is a regular monthly broadcast to reach those individuals. Then if we have something that happens in the immediacy, like if a tornado comes through or there's some other weather, we will get that information out and they will usually read that over the air as well.

Our next accomplishment is what we call our statewide durable medical equipment cache. We realized after several drills and having some conversations that one of our biggest concerns with shelters was are we going to have the appropriate durable medical equipment on hand or at least somewhere in the state where we could access it as soon as possible for someone showing up at a shelter that may need a walker, a replacement cane, a shower chair, some of the more basic items that are more universal.

Our state -- the Georgia Emergency Management Agency met with a durable medical equipment nonprofit recycling organization, Friends of Disabled Adults and Children. They were able to work out an arrangement where it would store the equipment in the proper conditions, maintain it since that's not our expertise but it's theirs, be able to mobilize the equipment if an event happens in the state, and then help us to distribute the equipment appropriately. If it needs

to be fitted or sized or whatever, they can set it up and fit it appropriately. So we're excited to have that now as a resource in the state.

We created a presentation, a get ready toolkit for older adults and people with disabilities. It's a disaster checklist of supplies and also a preparedness plan that they can complete themselves. So we do a training to train service providers to do a presentation to get their clients to fill out their paperwork together to fill out the supplies, see what they need to buy, to be prepared, and increase preparedness of individuals at the local level. We have a brochure that lets people know what a weather radio is and what kind of accommodations could be used with the weather radio: a strobe light or a tool that can vibrate a bed or chair in order to wake someone up in an emergency. A lot of people didn't know that those tools existed so we just summarized it in a quick, easy-to-use brochure to get the word out on what they could do to sustain for themselves.

And last week we developed a communications access option chart. It's actually a very large, poster-sized chart, that goes through every type of equipment that can be used in communication and what situations that might be appropriate, some resources on where to purchase that item so that an agency could look at their options and start to build up their supplies for communicating with individuals who are deaf, hard of hearing, or have speech difficulties. Since there's a lot of options out there and cost effectiveness always a concern, we just wanted to lay out all the options and all the way that they could build up their resources.

So those are some of our accomplishments. Next one I'm going to go into in a couple of slides is our functional support services toolkit. We've been using the term "functional and access needs." In Georgia we've made a couple of assumptions, that an individual with functional access needs can function perfectly well in a general population shelter with proper support and that it's a better environment for them to be with family, friends, neighbors in that general shelter if at all possible. So whether they have a physical, sensory, mental health, cognitive disability whether they have a functional or access needs like being an older adult who maybe can't take a lot of steps up, up a flight of stairs or late stage pregnancy or maybe someone who is in need of equipment, all of those accommodations, we're working towards being able to accommodate them fully in shelters around our state.

In Georgia, we don't have shelters that are already set up. Depending on the event and where it is and where people are concentrated, the Red Cross will work with local Emergency Management Agencies and the Department of Human Services to open one of many pre-identified shelters in that area; usually a gym or a, you know, a church fellowship hall or something of that equivalent will be pre-identified and determined at that time which would be open.

With the functional needs population, persons who have needs, looking at they might have communication needs, medical care, assistance in maintaining independence. They may need some type of care giving supervision to make sure they don't fall out of their bed or chair or something or transportation. In Georgia, we have 159 counties. And that sometimes means 159 different ways to do it which can be a challenge when you're trying to ensure that all of these needs for people with functional access needs are being met. So that's why when FEMA develops their guidance on planning for integration of functional needs or services in the general populations shelter guidance. And that was published. We took a look at how we could ensure that that was going to be implemented in Georgia. How could the local 159 different emergency managers -- what did they need to be successful in implementing the guidance for shelters that were being opened in their area during an event.

When we looked at those issues, we felt like developing a functional and access needs support services toolkit was our best option. So developing a toolkit that could help an individual at the local level who's planning, help them know who in Georgia provides services that they would need to help a functional access needs individual. You know, how sheltering works, as Betsy mentioned. Where could they get durable medical equipment locally? What does that mean? What is a personal assistant service? And where could they find someone locally who would provide those items? So as they're planning to meet those needs locally, it's really a toolkit that can connect them to what those things mean and who they can begin that process of planning with either at the local level or the state level or the regional level. Because we have some regional planning that occurs as well.

So that toolkit was published earlier last year. It has just begun to get out. We're still communicating with individuals about the resources but we're excited about where that's going to lead for meeting the needs of individuals in our state. This is also online. A free copy. It, as well as all the other resources that I mentioned are available on Georgia's ADA coordinator's website, which the link is at the bottom of this page, the ada.georgia.gov.

Having the state ADA's office on our coalition has really been crucial, I think, to our success. They've given us a lot of leadership. They've been able to provide resources to print a lot of the items, all of the items, that we have printed. They have given us some support with translation when those were needed.

If you're thinking about forming a coalition, I definitely suggest you reach out to the equivalent partner in your state because they can be a great resource. All our publications are in pdf's and also html so that they can be read by a lot of the electronic readers that some individuals use.

Something else that we have recently developed is a Facebook page. So, again, that we could spread the word about different things that we produce,

weather alerts as they come up, webinars that come up such as this one. We are now in the realm of the social media in that way. Feel free to go on Facebook, enter our name, and like us. You can get that information on a regular basis. We're excited by the realtime opportunity that that gives us since Facebook has been used in disasters, especially the ice storm was used to connect and help some people with functional access needs get off the interstate or get some supplies to them on the interstate where they were stuck.

Some additional planning activities that we're involved in. We are working to increase our shelter training to increase capacity. So working with our American Red Cross to include the FNSS, Functional Needs Support Services information in their training so that all their shelter staff will be more versed in case a situation arises where that's needed.

We are exploring a Functional Assessment Service Team to provide resources in shelters.

And lastly, we're working to expand shelter training drills and exercises that are inclusive of everyone to ensure that we're meeting the needs at shelters.

So the key is definitely a Georgia Coalition for Emergency Preparedness for Individuals with Disabilities and Older Adults, is partnerships. We have a wide variety of them, a very active and regular attendance. We communicate clearly and freely there when it comes to the words we're using and the message we're sending. We focus on preparedness resources like the tips guide and brochures. We're very excited about our functional and access support services toolkit; all of that coming together to be inclusive of the whole community.

We'd love to talk to you more in-depth at any time in the future. If you're just wanting more information or a copy of something, we can help -- in case the links don't work for some reason, Betsy and I would be happy to follow up with any questions you have.

That's all I have. Back to you, Lewis.

>> Lewis Kraus: Ok. Betsy and Jennifer, thank you so much. That was a great presentation.

I do want to remind everyone that you can submit your questions in the chat window. We'll be getting to those. I also want to remind you that these presentations are available on the ADA presentations website, adapresentations.org under the archive. Right now they're under schedule but within the next day or two they will transition to the archives.

With that, let's go through a few questions. I want to start off with one that's very important. Unfortunately the first person who asked a question left but

there have been a couple of questions about what Rich brought up about special needs.

The first person said: The terminology we emergency manager and planners use is not meant to be derogatory; it's quick and easy language used to bring immediate attention to that class of people. We understand the equality of people but those who are functionally challenged often need a quicker response than those without special needs or functionality.

So that was also echoed by someone else who asked a question, did -- know

-- say we should not refer to the disabled as special needs is? Did I misunderstand him? If we don't refer to him as disabled, what is politically correct to use?

Let me start off the answer first; then I'll turn it over to our speakers. Those two questions really speak to an important factor here in emergency preparedness and management. FEMA's guidance that Betsy and Jennifer were just referring to, the FNSS document, really sort of lays it out. And you may want to go to that. I put that address up on the website -- or the chatroom. Go to fema.gov website and put in FNSS. We are talking about functional needs, and we're talking about access and functional needs. And that's the way in which people are being understood now. This is not a politically correct issue. That phrase is not relevant here. This is more of a more specific and clear understanding of who it is we are talking about and what their needs are. So I would definitely refer you to look at FEMA's guidance because that is the impetus for this change. If you haven't made the change, you need to look at that soon and start to think before that change.

Rich, do you want to add anything to this?

>> **Rich Foster:** Yeah. Thank you, Lewis. I certainly agree with everything that you just said. Let me say in response to the two questioners I understand what is it that you're saying. I think that we have to be very, very careful that we don't give the perception of discrimination. So I think it's very easy to change our vocabulary and eliminate certain words that are offensive from our vocabulary and use the words that Lewis just mentioned, people with access and functional needs, which is not a fancy, neutral, and is yet very descriptive of the people that we're talking about. Out of that sense of being overly cautious, I think it's important that we eliminate certain phrases that might have a tendency for other people to think that we're being discriminatory. We certainly want to avoid that.

>> **Lewis Kraus:** Please, add in.

>> Betsy Kagey: For the people who are listening, if you go back sort of through the history how access and functional needs came about, what happened was that in planning a lot of the planning was planning for persons or individuals with disabilities was based primarily on their disability and not what they need and not what their functional needs were during an emergency. So there was a paradigm shift that took place. And instead of defining the person by the disability, it was looking at the access functional needs of not only that particular person but people during an emergency. We're talking about transportation, about mobility issues which cover a lot of different types of people's needs during an event. So it really took a shift off of looking at the individual and the individuals with disability and really looked at what it is we actually need to plan for which are those functional and access needs.

>> Lewis Kraus: Thanks, Betsy.

Ok. Next question. Rich, do you work with the Utah Department of Transportation on any of the emergency preparedness planning efforts? And what role do local transit providers play in the planning process?

>> Rich Foster: We don't have a member -- we don't have a representative from transportation on our taskforce. That is an area that we have talked about. So the answer to the question is, no, we don't but yes, we should. It's something that we are looking at doing right now. Sorry. I wish I could say more about that but that's where we stand right at this moment.

>> Lewis Kraus: Well, then that's a really good input from our listeners.

Next question. Where can we get brochures for distributing to people with disabilities?

I think that -- I'm going answer this one quickly. Betsy and Jennifer presented a couple of their documents and you can contact them. If you need -- there are general brochures. It depends which kind of brochures you're talking about and what you want to do. Or if you want to create your own. And there's guidance on how to do that in a variety of places. Hopefully that's a quick and dirty answer.

Betsy and Jennifer, your documents, is there a way that people can get to those documents? Would you like to have them available on our ADA presentations link to your presentation? What would you like to make available?

>> Betsy Kagey: All of our documents are accessible on our state ADA Coordinator's website. The website is <http://ada.georgia.gov>. If you go to the state ADA Coordinator's Office website, there is a tab that says "emergency preparedness": It comes under other areas or whatever, resource I think is what it is. Under that tab it will bring you to the emergency preparedness section. And

all of our documents as well as brochures, as well as the tips booklet and toolkit are on there. They're open access for anyone who would like to use it.

One of the things we learn in emergency preparedness is that we share. We work with other states. We don't steal. We borrow. We share. We pass on information. There's also a copy of the tips guide. And the tips guide, which is really interesting, is it's a relatively small guide that's been laminated and has a ring that holds it together. The tips guide originally essentially for first responders and it was set up to have them have it within their ambulances or their fire trucks or within the fire station and easy access.

>> **Lewis Kraus:** Ok. I wanted --

>> **Betsy Kagey:** Does that answer your question?

>> **Lewis Kraus:** I think. So yes. Thank you.

The next few questions are targeted to Betsy and Jennifer when you were describing your coalition and what not. I believe you have somebody from your coalition on who wanted to mention that brain injury was also the -- the TBI community was also part of your group.

Somebody else asked: Were there any Centers for Independent Living part of your coalition member or agencies?

>> **Jennifer Hogan:** No, we don't have them. I think some of them are on our network list but not directly on our coalition at this time.

>> **Lewis Kraus:** Ok. One other person asked a similar question about one of your resources. By having a monthly broadcast -- I think this is referring to the radio broadcast. For those who are blind and visually impaired, what do you suggest for those with hearing loss or deafness and can't hear the radio for the monthly broadcast?

>> **Jennifer Hogan:** We actually have something that's just been developed in the past couple of months. We've been working on video blogs. So we have a person who is signing the information. It shows up in a video format. I don't think we widely distributed that yet but I think it's up-and-coming. So we didn't mention that but we have been working on that to continue to increase our outreach to deaf and hard of hearing who sign.

>> **Lewis Kraus:** Ok. I did just receive an e-mail from Marcie Roth from FEMA who wanted to add into the discussion about special needs. Her guidance was refer to people with disabilities or the access of functional needs of people with or without disabilities. So that was her guidance to add into our conversation before.

Ok. The next question -- I'm at Walter Reed National Military Medical Center in Bethesda, Maryland. Do federal commands such as this get involved in community development in regards to emergency planning or individual access needs? If so, in what capacity? I'm a contractor here but I'm working on my CEM.

>> **Betsy Kagey:** I think a lot of that work would be local. We worked with federal partners -- matter of fact, we have our regional FEMA rep who comes to our coalition meetings. So the communication goes top to bottom to bottom to top as well. What I would suggest you do is to take a look at your local Emergency Management Agency. Every Public Health Department has a emergency planning section as well. A lot of this planning is sort of parallel throughout the United States. If you would like, you might want to look at your Emergency Management Agency. Take a look at your CERT teams as well as what else is going on in the community level, the local level to find out how to see what's going on from that perspective.

>> **Lewis Kraus:** Ok. The next questioner asks: Has there been any studies on post disaster decline of functional access needs in seniors? She asks -- it says -- as we've been looking for info on seniors specifically post-disaster and dementia increase.

>> **Rich Foster:** That's a really good question. I don't know of any research that's been done in that area. It would certainly be research that I would like to see if it were available but I don't know of any.

>> **Jennifer Hogan:** I'm not aware of any either.

>> **Lewis Kraus:** All right. Sounds like we have a research question that's out there.

The next question: Does the state of Georgia have its own PAS plan and MOUs or contracts with PAS providers for non-federally declared disasters?

>> **Jennifer Hogan:** So we don't have MOUs -- we don't have a statewide MOU. So we would encourage local emergency management agencies to have an MOU with a local provider or regional provider or statewide provider since they're the first planner. We would also work with the Red Cross in real time if there was a personal support need to provide that.

We've also been discussing how to smooth the transition if a person is on a program in one part of the state and gets evacuated to another part of the state, smooth the transition from that program from the coastal region to the Augusta area and make sure that they are continuing to get services, that that's just a quick transfer. So we've been working on some of those issues.

>> **Betsy Kagey:** There's a lot of planning that's going on outside of the coalition from the different agencies. You've mentioned transportation and things like that. A lot of work that's been going on with our Georgia Emergency Management Agency under what are called emergency support functions, public health happens to be the emergency support function where we deal with health and medical but there are other support functions that come through the national response framework. A lot of work that's going on looking at that is going on through our healthcare preparedness program as well: tracking patients, going from one area to another, but also trying to make sure that services are available where these people get evacuated to but also having the smooth return to their homes.

>> **Lewis Kraus:** Ok. One other person mentioned -- by the way, I wanted to tell you that I -- in regards to the resource -- preparedness resource lists and what not, the -- our sister ADA Center from southeast put up that link. I put it up on the website, a link for finding those kinds of lists and documents. That's there for you as well.

Next question -- we're getting close -- we'll take the next one or two questions and then we'll have to end. But the question is: How do we work with people with allergies who may be not covered under the ADA, however they have specific restrictions and needs in shelters?

Either one of you want to take that one on?

>> **Betsy Kagey:** Notice how fast we jumped in on that one. Food allergies - and I think that is something that is considered on intake, discuss with the Red Cross on their intake forms and things like that. I am not sure about other types of allergies.

>> **Rich Foster:** I'm not aware of anything either. With respect to -- nothing specific with respect to allergies. I suspect that the people to talk to about that would be the Red Cross.

>> **Betsy Kagey:** You also may go to the medical supply that may need to be provided by the pharmacies as well.

>> **Lewis Kraus:** Right. And also, I would suggest that, again, for the writer of this to go to the FNSS document to find out some general ways to deal with this. The guidance that you're hearing, you've heard today, with including the local communities, that will be somewhat of your answer. The other part of it about maybe there's allergies that people have to particular pets or what not. You can ask this question of your ADA -- your regional ADA Center at that number that I placed on there earlier. They will have what the ADA -- they will be able to answer for you what the ADA would say about that. Because there is

shelter guidance from the Department of Justice about this. That's 800-949-4232.

All right. Do we have one more question? It looks like we might have one more -- oh. A couple of points here. One person did mention that there is research after the 1993-1995 Midwest floods, found that elderly displaced in their homes suffered a rise in death rates. So there's a response from the community here about the earlier question; also an increase in -- and additions in domestic violence.

And the final question for both of you is: What type of arrangements does -- do Utah and Georgia have related to paying ASL interpreters during a disaster?

>> **Betsy Kagey:** We're working on that as far as trying to get that down to the local level as well. We also have one of our coalition members called All Hands On, a husband and wife team working with CERT teams as well as individuals who are deaf on joining CERT teams to help out during emergencies as well.

Paying for sign language, for ASL interpreters, is something that we have been looking into as far as not only -- trying to get it on to the media as well. I think we had it once during the ice storm but it wasn't continuous and we heard from the Deaf and Hard of Hearing community that that wasn't acceptable. We've been trying to work on that as well.

>> **Lewis Kraus:** And I'm going to add in there before Rich, if you have anything, do refer back to the previous webinar that we had on effective communications from Colorado. There was some guidance in there on that one as well.

Rich, did you want to add anything before we close?

>> **Rich Foster:** Yeah. With respect to refugee languages and interpreters, that's a very complicated issue. As I said, you know, before we were talking about as many as 32 different languages. Although there are interpreters available, we don't have at this point -- we haven't set up a mechanism at this point where we can pay those interpreters. Again, that's something that I think needs to be looked at by the Red Cross who are responsible for sheltering and by departments of workforce services or refugee resettlement agencies. They're the ones who are ultimately going to be responsible for paying for interpreters. But as far as I know, we don't have anything -- we don't have any procedures set up right now.

>> **Lewis Kraus:** Ok. Thank you, both. I want to tell everybody -- remind everybody that you're going to be receiving an e-mail with a link to an online

session evaluation. Please complete the evaluation for today's program. We really value your input and we feed it back to our speakers and also to our funding agency to make sure that they understand the impact that we're having. And then we take it on as well and try to improve our sessions based on your feedback. So please do fill that out.

We want to thank our speakers today for sharing their time and knowledge with us. I want to remind you all that today's session was recorded and it will be available for reviewing within 48 hours at the www.adapresentations.org/archives.php. You can also get to an archive of the webinar by going to fema.gov and entering ODIC in the search box. They will have it online as well.

Thank you for attending today's session. We look forward to seeing you on February 12. Our next webinar, an ADA National Network Learning Session on what large scale planned events can teach us about inclusive planning for disasters; lessons learned from the 2014 World Series championship parade and civic celebration in San Francisco. If that doesn't sound appealing, I don't know what does.

Have a great day, everybody.