

PACIFIC ADA CENTER
EMERGENCY MANAGEMENT AND PREPAREDNESS – INCLUSION OF PEOPLE WITH
DISABILITIES WEBINAR SERIES
FEMA PROMISING PRACTICE: ENGAGING EMERGENCY MANAGEMENT LEADERSHIP
TO BE CHAMPIONS OF DISABILITY INTEGRATION AND INCLUSIVE PLANNING
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>> Lewis Kraus: Welcome to the Emergency Management Preparedness Inclusion of Persons with Disabilities Webinar Series. I'm Lewis Kraus from the Pacific ADA Center, 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 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. FEMA's ODIC covers the same 10 regions with regional disability integration specialists. For more information about FEMA, you can get that at www.fema.gov and then type odic into the FEMA website search.

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

The series alternates monthly between the ADA National Network Learning Sessions and FEMA Promising Practices. Upcoming sessions are available at www.adapresentations.org/schedule.php. And that is listed on your chat window if you need it. These monthly webinars occur on the second Thursday of the month at 2:30 Eastern time, 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 for registration.

For those of you who are new to the webinar series and its software, we will now review some of the features of the webinar platform before we begin the session today.

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 and your headphones are plugged in. You can adjust the sound by sliding the sound bar left or right in the Audio & Video panel.

If you are having sound quality problems, go through the audio wizard, which is accessed by selecting the microphone icon with the red gear symbol on the Audio & Video panel. If you do not have sound capabilities on your computer or prefer to listen by phone, you can dial 1-805-309-2350 and use the pass code 555-2153. Note that this is not a toll-free numbers and your local numbers can be found at www.adapresentations.org/local_numbers.php. This webinar is being recorded and can be accessed on our www.adapresentations.org site in the archive section next week.

You can follow along on the webinar platform with the slides. If you're not using the webinar platform, you can download a copy of today's PowerPoint presentation at the www.adapresentations.org web page.

This session is being recorded, as I said, and will be available for review next week.

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

The Whiteboard where the presentation slides are shown can also be resized smaller or larger by choosing the dropdown menu located above and to the left of the Whiteboard. Our default is "fit page."

You can resize or reposition the chat, participant, captioning, and Audio & Video panels by detaching and using your mouse to reposition or stretch/shrink. Each panel may be detached using the icon in the upper right-hand corner of each panel that looks like several lines and triangle pointing down.

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 web platform. We will address them at the end of the session, so feel free to submit them as they come to your mind during the presentation.

On the screen is the way you can enter your questions. You can submit them there in the chat window or press control m and enter text in the chat area. If you're listening by phone and not logged in, you can ask your questions by e-mailing them to adatech@adapacific.org.

If you experience any technical difficulties, send a private chat message to the host by double clicking Pacific ADA Center in the participant list. When the Pacific ADA Center appears in the chat panel, type your comment in your text box and enter. If you are using keyboard, use F6, arrow up and down to locate Pacific ADA Center, and select to send your message. You can also send your message to adatech@adapacific.org or call 1-510-285-5600.

Before we begin today's session, let me first introduce the session and then I want to introduce you to Dr. Jeff Stern.

Today's FEMA Promising Practice session is entitled Engaging Emergency Management Leadership to be Champions of Disability Integration and Inclusive Planning. The Commonwealth of Virginia has learned that a whole community approach to emergency management requires leadership that promotes and champions inclusive emergency planning in disability integration. When leadership is not convinced of a necessity of whole community planning, inclusive planning, policy changes, and disability integration is extremely challenging.

However, when leadership becomes champions of the whole community, emergency management, significant results can be achieved. This webinar will review how the Virginia Department of Emergency Management achieved and engaged supportive leadership and the resulting successes in whole community emergency management.

So before we begin the session today, I want to introduce Dr. Jeff Stern, Director of Virginia's Department of Emergency Management who was appointed in 2014 by Governor Terry McAuliffe to lead the Virginia Department of Emergency Management and in this role he also chairs the Virginia 9-1-1 Board and is the State Administrative Agent for all federal, homeland security and emergency management grant programs in Virginia.

After Hurricane Katrina, he was selected as a White House Fellow, a non-partisan leadership development program, serving for a year as Special Assistant to the Interior Secretary. He was also part of a hand-picked team assigned to write the 2007 National Strategy for Homeland Security at the White House Homeland Security Council and then was appointed by President George W. Bush as Executive Director of that council. And he received an Outstanding Service Award from the Secretary of Homeland Security for that work. He is currently a member of FEMA's National Advisory Council, the U.S. Department of Commerce's FirstNet Public Safety Advisory Committee, the National Homeland Security Consortium, the National Capital Region Homeland Security Executive Committee, and serves on the National Emergency Management Association's Board of Directors.

So, Dr. Stern, we would like if you would like to say a few words, please.

>> Dr. Jeff Stern: Thank you very much, Lewis. This is Jeff Stern. I appreciate that kind and generous introduction with my CV there, but I really am proud of the work at the Commonwealth of Virginia not just at the Department of Emergency Management but with the 139 local emergency managers that represent over 323 roughly local jurisdictions in the Commonwealth of Virginia and our partners in the nonprofit and private sector world to come together and address the issues of disability integration and inclusiveness.

And one of the things that I'm really proud of is that last year we were given an award from [Inaudible] strategies on some of our efforts to integrate. Now that includes working specifically in our planning processes on disability integration and also putting our money where our mouth is. And so last year through the Department of Emergency Management, Governor McAuliffe announced specific grant awards that were targeted towards developing capabilities for planning and in shelters related to disability integration and inclusiveness.

We've got great challenges here in the Commonwealth of Virginia. They are similar to challenges that those of you in other states or in the private sector face. And I'm just really proud of our combined efforts. And we're very much committed to it from the Governor's Office on down, even above my level. So this is something that is not political. It's doing the right thing for our fellow citizens and in many cases ourselves and our families.

I'm probably preaching to the choir. I challenge any of us to think about either ourselves, our close family members or friends that don't somewhere have some kind of need for inclusiveness or a special need or what we call in Virginia just citizens that need assistance for whatever reason. And I know the terminologies have changed over time but really, that's how we like to think about it. When folks are in need, that's what we're there for, for everybody, for what the former administrator often called the whole community effort.

And I see that with FEMA also as a partner in my role on the National Advisory Council where it's always something that is discussed and there are representatives from a wide variety of stakeholders that make sure we are always looking through those perspectives.

So with that, I'll turn it back to you, Lewis. I'm very proud of the work that the speaker you're going to have on, Ms. Dawn Brantley, has been doing. We hired her about a year and a half ago to fill a specific role as our statewide sheltering coordinator to integrate a lot of these issues as we look to enhance our shelter and capabilities and I think we've looked at her role even beyond that to just be inclusive in our planning process.

So Lewis, back to you all. I'll listen in for the duration but I appreciate everybody that's logged in for this, that's taken time to address this issue.

Thank you.

>> Lewis Kraus: Great. Thank you very much, Dr. Stern.

So our speaker today is Dawn Brantley and she is the Sheltering Coordinator and Acting Director of External Affairs for the Virginia Department of Emergency Management where her responsibilities include developing a comprehensive, state-wide strategy approach for sheltering operations and ensuring sheltering programs are accessible to everyone. Ms. Brantley previously served as a Regional Inclusive Emergency Planner for the Hampton Roads Planning District Commission and as Emergency Programs Manager for the Office of Emergency Management in Anchorage, Alaska. She is also served as a Disability Integration Advisor in FEMA's Reservist program and is a certified ADA Coordinator.

So, Dawn, I am going to turn it over to you.

>> Dawn Brantley: Thank you, Lewis. [Inaudible]

I want to make [Inaudible]

>> Lewis Kraus: Dawn, this is Lewis. Hang on one second. Can you get a little closer to your phone? We're having a little bit of trouble hearing you.

>> Dawn Brantley: Is this better?

>> Lewis Kraus: Much better. Thank you.

>> Dawn Brantley: All right. I apologize for that. I was too far away from the phone.

Good afternoon. Welcome. I appreciate you guys taking time out of your day for this webinar. I am going to do my best to make sure that there is a very valuable use of your time this afternoon.

Lewis gave you an intro but I wanted to reiterate that my background is in emergency management. For the past five plus years of my career I've been very focused on disability integration. It's become a mission for me in everything that I do. I've worked at the local regional state levels and deployed once to support federal recovery operations. I responded to events ranging in scale from very, very small to statewide disasters, including winter storms [Indiscernible], Hurricanes Matthew and Joaquim, and special security events including our most recent presidential inauguration. So my perspective really is much more operational as opposed to academic or theoretical and I believe that will benefit this webinar because disaster response and emergency management is first and foremost an operational field.

So let's just get started today with why. Why is the question that really drives everything that we do. Why are we doing this? Why is it important? It really shouldn't be any different when we talk about what we do as a government agency. We need to focus on starting with why.

I know I don't need to go into why disability integration is important because if you didn't already know the answer to that question, you probably wouldn't be on the webinar right now. But why is it important to get leadership involved in the first place? Because that's who approves policy changes, new programs, and most importantly, funding for more programs.

Our chief deputy director said to me that if VDEM had not had passionate proponents among the staff, what we have done and the progress that we have made might never have happened. And that is absolutely true. Someone has to have or go out and gain the knowledge and has to do the work, make the proposals. But without engaged and supportive leadership, nothing would change in an agency because nothing will be approved or implemented. Anyone in a non-leadership position can tell you exactly how far they will get with a policy change recommendation or a program idea if leadership won't support it.

So why lead from the top? Leading from the top for us at VDEM means two different things. It's leading from within the agency and also leading across the Commonwealth with our region and our localities. Leading from the top accelerates success because when the top dog in an agency says ensuring accessibility of our programs is a top priority for the agency, then as that priority is routinely reinforced, it becomes the new standard. Leadership influences the culture of an agency and it can use those powers for good. They can use them to create a culture of universal accessibility.

I was asked to share what made VDEM start working on improving our ADA compliance in inclusive planning. In digging into how this came about, because I joined VDEM, at the end of April in 2015, and VDEM was well on its way to making great improvements in ADA compliance and integration and accessibility, I was surprised when I started looking at how it all came around to learn that VDEM wasn't forced into it. Nobody made them do it. It really was staff members, like Eileen Carr and Donna Pletch who saw the guidance coming out that Emergency Management Agencies needed to plan inclusively. They saw what happened in Sandy and other disasters and they knew that Virginia needed to improve. The problem was we had this recommendation and guidance coming out saying we needed to plan inclusively but there was next to no guidance on exactly how we could go about accomplishing that. So VDEM staff set out trying to improve what they could and learning more about what else we needed to be doing.

In 2013, VDEM began establishing the Access and Functional Needs Advisory Committee and began providing training to localities on the basics of access and functional needs. In 2014, the governor initiated the [Inaudible] review of hurricane preparedness for Hampton Roads. Hampton Roads includes numerous localities, including Virginia Beach, Colonial Williamsburg and Norfolk as well as 22 military installations and has a population of approximately 1.8 million people.

So this is a very populous region and it's also one of our most vulnerable. Part of that review and the ensuing report included the category citizens needing assistance. This category included transportation-dependent individuals, individuals who don't speak English well, and individuals with access and functional needs. The report generated from this review firmly established inclusive planning as a priority of the Governor's Office. The report specified areas that the governor wanted addressed including specific recommendations to utilize technology, to enhance support of individuals with access and functional needs, enhance mechanisms to relocate populations, and establish a routine method of communicating at the local level to citizens needing assistance during evacuation.

So these were all -- we got some very good recommendations out of this report but, again, we were left to figure out how to accomplish these without a whole lot of guidance and without many models available in other states. With the issue being an established priority now of the Governor's Office, leadership of VDEM began to place a greater emphasis on ADA compliance, whole community planning and disability integration. And with that we were able

to start making even more traction than we were already on our way to. The governor's engagement influenced VDEM leadership which, in turn, directly affected our progress as an agency.

So let's talk about targeting. What leadership do you target? What motivations for that leadership do you target? Are there specific actions that you need to take or challenges that you may face?

And within leadership there's always challenges but our leadership within our agency has not actually directed staff to do specific things to improve accessibility and inclusion. When staff had come to them and said, you know, this is the problem that I found and here is the solution that I'd like to propose. And leadership has listened and supported them in implementing those solutions.

Outside the agency, VDEM is in kind of a unique position. Virginia is a bill and rule state which means a local government only has the authority specifically confirmed by the General Assembly with the exception of activities essential to the purposes of government. So the General Assembly in Virginia has conferred to localities the authority to conduct public safety activities which includes emergency management and disaster response. And this means that the Commonwealth and VDEM do not have direct authority over local emergency management.

So VDEM has to lead by influencing, modeling, supporting, and setting that example. We recognize and appreciate that the local emergency managers know their locality better than any at the state level. They provide the direct services to our residents and our visitors where in most cases we as a state level agency do not.

Although we don't have the direct authority and day-to-day operations in planning we -- we are looked to for resources, contacts, and as a model. We don't want localities to look at VDEM and say if you aren't doing it, why should we. So we strive to walk the walk and lead through our actions.

So what leadership did we engage? I talked a bit about the governor's hurricane review and the impact that had. His office made it clear that this was a priority. And the effect down the chain of command was considerable. When I first came to Virginia, I went to work for Curtis Brown who was then the emergency management administrator for the Hampton Roads Planning Commission. In that position he valued and worked hard at promoting inclusive planning throughout the region of Hampton Roads. When Mr. Brown came to VDEM as the Chief Deputy Director, he carried that commitment with him. And while he was at VDEM, he and Dr. Stern helped to ensure that the Access and Functional Needs Advisory Committee was up, operational, and effective.

When I recommended daily disability partner calls during response operations, they ensured that the agency provided whatever support we needed to conduct those calls. And the position Sheltering Coordinator, which I hold now, they included access and functional needs responsibilities as part of that job. And when I asked for support to complete my certification as an ADA Coordinator, they were both completely supportive.

Mr. Brown has moved on now to be the Deputy Secretary of Public Safety and Homeland Security and continues to be a champion for disability inclusive emergency management in that role. And Dr. Stern, our State Coordinator, consistently requires that our activities within the agency be inclusive of our whole community. He talks about it and addresses it in all of our all-hands staff meetings. He checked in during response operations to see if there are issues that we need assistance resolving. And when suggestions for how to

make improvements are made, he is listening and supports the staff in executing those proposals.

VDEM leadership from the chief deputy, deputy directors, and the Planning Division, as you will see as we move through this webinar, have come to consider inclusive planning a critical part of what we do at VDEM. Even with an External Affairs Division, the External Affairs leadership consistently evaluates public information, dissemination methods for accessibility. For a while we were using Periscope but live captioning wasn't an option for Periscope and so we stopped using it because it wasn't an accessible messaging method. We provide ASL interpreters for all press conferences. We create ASL and caption videos of key messages during response operations. And Internal Affairs seeks out messaging that they can provide that's specific to our disability community. Because leadership is engaged at that level across VDEM, then we get more education to our co-workers and our stakeholders. And because our leadership has engaged at that level a willingness to support staff efforts, we have made truly substantial progress.

And in the next question, when we're talking about how to engage leadership, what really matters to them? How do you convince leadership to care? And this is what our leadership has shared with me about why it's important to them to ensure disability integration and inclusive planning. And all of them said without fail that it is morally correct, the right thing to do. You heard Dr. Stern say it in his introduction. And I heard it from all of our leadership that I spoke to in preparing for this webinar.

Donna Pletch is our Strategic Planning Branch Chief. She said this is just what every government agency should do. Susan Mongold, Deputy Director of Mission Support, her response was accessibility in individuals with disabilities are important everywhere else but not in emergency management. Why not? And Brett Burdick, Chief Deputy Director, said our focus doesn't necessarily need to be on those who can get out on their own. Those we enable them to get out. We need to focus on those who cannot get out on their own.

And across the board, the view -- ADA compliance and disability integration is a way to improve our planning and response operations. Ms. Mongold says we can accurately plan and prepare our individuals who live with disabilities as partners. And Donna Pletch says ensuring pro -- this will help us ensure the provision of the same level of service across the board. And Mr. Burdick said our role is to assist localities. And those are the localities who provide direct response to individuals. And we need to be able to set the example, create models, and lead by doing.

So as we began to move forward, we did and we still do encounter challenges to disability integration. The most significant and unfortunately often recurring issues include the fact that decision makers frequently don't have a complete understanding of access and functional needs or the operational requirements for addressing those needs. So typically the people at the table making decisions are not the individuals who are living every day with a disability, who truly understand what it means and what the concerns and the needs are. So when the people at the table, the ones being asked to make decisions, that impact accessibility of our programs and services, don't understand the why or the how behind disability integration, it can impede our ability to achieve the best possible outcome.

So the way that we try to address this particular challenge is to encourage decision makers to bring subject matter experts, we call them SMEs, to bring them to the meetings or consultant them prior to meetings, do education and relationship building before the decisions need to be made.

Funding and staff, this is probably going to be all the time at every level. There's just really never enough funding or enough staff to do everything we really wish we could do. As funding declines and positions are cut, like in all government agencies, VDEM will struggle to maintain what we have in place with fewer resources but I'm confident that we will be able to not just maintain but really work towards more progress.

And I shared with you earlier that VDEM has no directive authority over the localities. And therefore we have no teeth to require disability inclusive actions in planning. So we have to really work at inspiring and motivating change at the local level, the regional level, the state agencies through genuine leadership.

Politics plays a huge role in what we do day to day and during response operations. So right now the Governor's Office and the Secretary's Office prioritize whole community planning. But the next administration may not prioritize it as highly. We hope that they will but politics is always a consideration.

The knowledge factor. Challenge around knowledge is that we need to be able to educate people within our agency and outside of our agency. But these are people who are already doing 80 hours' worth of work in a 40-hour workweek. So asking them to seek out additional training and education opportunities can be very difficult.

Another part of the knowledge challenge is we want to include community members in our processes but oftentimes they aren't knowledgeable about emergency management and response operations. So that makes it difficult for them to effectively contribute to the planning process.

So how do we go about identifying and educating the community members to be effective contributors to disability inclusive emergency management? Guidance. So we're required to comply with the ADA in Section 504 of the Rehab Act. And I found that most emergency managers at all levels want to be able to do that. But there is limited guidance on how to do that.

We hear the recommendations like include the whole community in your planning. Ok. But who does that include? Do we need to involve 200-plus people in our planning process? If we have to do that, it's going to be incredibly difficult to really make any progress, to make decisions and take action.

How do we reach out to them? How do we identify the best individuals to contribute to the planning? Or we have the recommendation to provide bulk distribution to people who can't leave their home, to pick up items at a distribution point but how do we identify those individuals? Do we go door-to-door? If we have to go door-to-door, where do we get the staff?

So the models, we don't have a lot of models. We don't have a lot of guidance on the how. And that's one of the things that we're hoping we can help contribute to through things like this webinar. How we're doing it might help you understand how to do it in your own community as well.

At the state level we haven't experienced this challenge a whole lot but I did see it quite a bit as emergency manager. If someone is coming to an emergency manager or Emergency Management Agency to work to improve accessibility of their program, being adversarial and threatening is not the way to accomplish that. I know not every advocate or organization approaches emergency managers this way but some do. So I really recommend to try problem solving and partnering, working together. Because when someone starts out the conversation about disability integration and inclusive planning with I'm going to sue you if you

don't fill in the blank, really all you're going to accomplish is building a very solid wall between you and the emergency manager and reverse any progress that may have already been made.

Our leadership wanted to also share some direct advice to all of you on how to approach and engage your own leadership within your community or within your agency. Now, I may change the order of these a little bit but I will cover all of them.

First, take advantage of every opportunity you have to educate your leadership, your co-workers, and your stakeholders. The more people you educate about why we do disability integration, why inclusive planning is important, the what and also the how we do it, the larger your team of champions will become and the more people that we can get engaged in disability integration and inclusive planning, the better we're all -- the better off we're all going to be when response and recovery comes around.

And it is always -- as always, relationships and partnerships are something that you need to develop in advance of an event. And I know you hear that all the time so I won't go too much into that.

And in cooperative versus adversarial, we covered on the last slide but I want to reiterate if you come at it from a cooperative problem solving approach, you're going to be much more successful. You have to understand that emergency managers wear not just their emergency management hat. Most of them have four or five jobs that they're doing at one time. You may be working with a local emergency manager who only does emergency management part-time or who does emergency management to a city of 400,000 people and there's only two staff members who conduct emergency management. They're facing budget cuts, multiple competing priorities. And so when you come to them as a partner and problem solving, as opposed to an adversary, you're going to not only build a better partnership, you're going to achieve so much more.

Make it visible. So this came from Bret Burdick, our Chief Deputy Director. And he recommends that you work to make the needs around access and functional needs very visible. Interact with people who have disabilities. Otherwise you may not see or understand the problems yourself. For example, I don't see the world from the same perspectives as someone who uses a wheelchair every day or someone who is blind or deaf.

At training at EMI, Emergency Management Institute, I think it was just last year, one of our classmates who uses a wheelchair took some of us on a tour of one of the buildings. It's the building with the cafeteria on the second floor. And then it has a series of classrooms above it. And it was really enlightening to me. He pointed out things around and inside the building that I really never would have noticed but that created a serious problem for him.

So things like the sign on the outside of the building for accessible entrance was about 20 feet off the side of the building. And then the sign was the same color as the bricks. So you couldn't really see it. And then when you make it to the elevator on the side of that building, there's a chain going across this very narrow pathway to get into this service elevator. So if it's inaccessible, there's a number that you can call to have someone come unlock the chain but, again, the sign with the number is about 20 feet off the ground and the sign is about 8-point font. So I couldn't even read the number if I had to access it. And then inside the building, things that are as simple as a coat rack that's not accessible to someone who is in a wheelchair because it's just too tall. In the wintertime that can create a significant issue for someone who uses a wheelchair.

So ask people to do those types of demonstrations for your leadership, for your agency to show them what you're talking about and why this is important. Motivating

leadership to be champions of change takes, as Bret Burdick said, creating awareness and moving it from purely theoretical to something practical. Otherwise no one will put it on their plate.

Find a champion who understands what you are trying to do. Come to them with as complete a plan as possible. You are much more likely to be successful if the topic is timely and pertinent and also if you can come to them with a budget in mind, even a general estimate. Make a good case for what you're trying to do, what you're trying to achieve and why. And it may take some persistence but keep coming back and having the conversation until you succeed. Avoid assuming that you can't be successful and don't choose not to make changes because the solution is not perfect. Disability integration and inclusive planning don't require perfect.

So Susan Mongold, who gave us that advice, recommends that leaders be very careful not to assume that you won't be successful if you try something new. So instead of striving for perfect, strive for progress and then use that to champion even more progress. Because you have to start somewhere. So don't hold yourself back.

And, of course, all of this requires leaders who are willing to listen to staff and willing to support their efforts. If you don't have that engaging leaderships as champions of change and disability integration is going to be difficult at best. If you have good leaders in your agency, start with education and visibility, make a plan and present it to a potential champion, and then be persistent.

So now I get to share with you what VDEM has been able to achieve as a result of leadership being as engaged as they are in our agency and as supportive as they are. So I'm excited to share with you how we've turned our ideas at VDEM into action.

I talked a little bit about our Access and Functional Needs Advisory Committee, which is abbreviated AFNAC. And every time I say it, an image of the white duck pops into my head. The AFNAC group was established to bring together state agencies which serve different populations to assist VDEM in reviewing the Virginia emergency operations plan or Commonwealth of Virginia. They also assist in evaluating programs, activities, guidances, messaging, message dissemination, and they are invited to but not required to participate in our disability partner calls.

I'll give you a rundown of what our memberships in AFNAC looks like shortly. The AFNAC has provided representatives for the newly formed Virginia task force to advise on and ensure the task force is addressing access and functional needs. Many members of the committee take what we do and the work that we're doing and the information that we provide them and then they pass it down through their agencies, all the way down to the local level. And in doing this, they act as a force multiplier for both disseminating information and garnering input for the Advisory Committee itself.

Most importantly, VDEM is absolutely committed to listening to our subject matter experts. The members on this committee are subject matter experts for their respective community. And we recognize and value that. The committee is advisory. If they make a recommendation, it is not brushed aside. It is not ignored. It's incorporated into what we do at VDEM. For example, AFNAC members this year are reviewing the [Inaudible] for the first time. They will review annex and plans for mass care, public affairs, evacuation, recovery, and public health among others.

And we have had some challenges with this committee as we got it up off the ground. One of them is how to include more community and local representation without creating a

committee that is unwieldy. Think of it this way. There are too many cooks in the kitchen. We can't manage a committee with so many people on it that we're not able to make decisions and take action. At the same time, we do really need to and we want to expand membership to include more community level members. So we're working to find a solution for that right now.

And 2016, Virginia had 12 major disaster responses, eight activations of the Virginia Emergency Operation Center, six state of emergency declarations, 80-plus search and rescue missions, seven emergency response mission deployments, and one federal disaster declaration. So we were kind of busy. And these missions always take priority over daily operations. What that means is a lot of meetings get postponed or canceled and the work that we're doing takes much more time to complete. But in our industry that's really just par for the course for what we do.

In-person meetings also mean we can only get representatives from Richmond agencies because we don't cover travel and most people don't have the time to travel to Richmond for a two-hour meeting. So to address this, we're going to try out moving every other meeting to an entirely virtual meeting using [Inaudible] and if that works we'll look at moving to holding just one annual in-person meeting. So to have representation from offices outside our Central Virginia, Richmond area.

And then finally, ECOs versus SMEs. ECOs are Emergency Coordinating Officers. Every state agency is required to designate an ECO who is responsible for their continuity of operations planning and execution of that plan in an emergency event. This person is an expert on what their agency does but they're not necessarily the Subject Matter Expert for any particular community.

On AFNAC, there was quite a bit of heart burn over who should attend from each agency, the ECO or a Subject Matter Expert from the agency. So how that played out was that a lot of agencies elected to send their Subject Matter Experts but some included both their Subject Matter Experts and their ECOs.

The membership right now for the AFNAC community includes the Board for People with Disabilities, Aging and Rehabilitative Services, Blind and Vision Impaired, Deaf and Hard of Hearing, Behavior Health and Developmental Services. And the Department of Behavior Health and Developmental Services is taking their participation to just an extraordinary level. They've become fantastic partners and have started training, training their local level departments and providers. It's been fantastic. The Department of Education, Department of Emergency Management, Community Development, Department of Medical Assistive Services.

And one great success story occurred through the AFNAC. I deployed to Mississippi last February as a member of the Reservist Disability Integration Corps. And while I was there I had learned from Julie [Indiscernible], our team lead there, that many states have laws that require the replacement of durable medical equipment after a disaster.

And I just thought that was a spectacular idea. I came back and at the next AFNAC committee meeting [Inaudible] their emergency planner, I flagged him down and I started talking to him about this. And he got really excited. And he went out, went back to his agency, and he researched what was in place for [Indiscernible] and found that there is a policy for replacement of durable medical equipment.

In case you don't know, there's typically a five-year replacement period that if you buy for example, a wheelchair, then you have to wait five years before you can replace it. And then

if a disaster strikes, after a year or two years after you bought it and it's damaged or lost, that can cause some problems with getting insurance to pay for a replacement.

So he discovered they had a policy but it didn't really specify anything related to replacement after a disaster and a waiver for replacing the equipment. So he began to work with his own leadership. And in just under a year they have made a new policy change, established a new policy that's being adopted and implemented this year that specifies that [Indiscernible] will replace durable medical equipment that was lost or damaged during a disaster. So that's just a huge success that came about from us being able to talk about and address issues through the AFNAC Committee.

So also the Rail and Public Transportation, Department of Social Services, Veteran Services, Office of Attorney General. Another great partner on AFNAC has been the deaf and hard of hearing. [Indiscernible] served as one of our advisors within the Virginia Emergency Operation Center and he also does a great job of communicating information back and forth between his divisions and his staff and his agency and us at VDEM. We also include four local emergency managers because everything that we do at the state is designed to provide support to our localities. So it's important that we include them in everything that we do on AFNAC.

That was kind of a mouthful for one program. We're going to look at next the Functional and Access Needs Network. It is a list a self-registration list that's available to individuals, agencies, private companies, and organizations who are interested in receiving communications related to emergency management response and recovery. So these are all individuals who have disabilities or who are family members, people with disabilities, or they have their agency that service the disability community.

These agencies and companies and individuals are asked to help disseminate messaging to our disability community across the state and they function as force multipliers again. We have I think over 300 people on the list. We send them information during response, during recovery. And if we have important information day-to-day on preparedness to send them, then we send that out to them as well.

During Hurricane Joaquim we began conducting disability partner calls. And the calls serve multiple purposes. The calls serve to provide situation information directly to our disability partner. They serve to give our partners an opportunity to communicate to us at the Emergency Operations Center any issues or needs that they are seeing within their own communities and agencies. And it also provide an opportunity to immediately problem solve those issues and resolve the needs or when that's not possible, to pass them to the appropriate emergency support function within the Virginia Emergency Operations Center. And it also gives us an opportunity to solicit input, messaging and essential issues or concerns that we need to be watching out for.

These calls include ESF6 mass care, ESF8 public health, 17, voluntary agency, and 15, which is public affairs. They also include FEMA Region 3, disability integration specialists, and individual assistants. They include members from our Access and Functional Needs Advisory Committee, the Red Cross, Centers for Independent Living. We also invite Portlight Strategies, disability advocates in the impacted areas, any ADA coordinators that we can identify and contact, and the impacted locality emergency managers are invited as well as our regional VDEM staff who work directly with the local emergency managers.

So on these calls we work to pull together the people who are in an impact area and people who are serving impact areas to identify problems, anticipate problems, and to solve

them. The calls are conducted a minimum of once per day, more if needed, and they continue until it's deemed that they are no longer necessary. And that determination isn't made by any one individual. It's made as a group decision on the call.

Grant applications. As I said before, and Dr. Stern mentioned at the beginning, grant applications have been one way that we can really encourage and support localities, providing more accessible programs, doing more whole community planning. Our grant project proposals are rated through a peer review process. That's how they're reviewed, rated, and selected. The grant proposals are rated in several different categories and one of those ratings is whole community. So we ask does this address access and functional needs. If it's a planning project, does it include the whole community in the planning process? Will the project include accessibility or improved functional needs support services? In doing this, in including that rating as a consideration for which projects need funding, than we really provide that prioritization of how important this is for the state and localities.

In 2014, the State Homeland Security Grant Program application period was re-opened for several weeks because Dr. Stern wanted to get a more diverse application than what we originally received. One of the directives that he gave to localities and regional entities was that he specifically wanted projects that addressed access and functional needs. And in doing this he, again, made it clear from the state to localities that access and functional needs was a priority for him as VDEM senior leader.

The Virginia Mass Care Task Force -- I'm a little biased. I think it's a great effort. It's new for us. We established it as a guide, a way to guide the development of our new statewide sheltering strategy. We partnered with the Virginia Department of Social Services for the [Indiscernible], [Indiscernible] for short, has the responsibility for ESF6, a mass care in response separations. So we worked together with a large number of other agencies and community organizations to develop a new strategy.

In order to ensure that that new strategy properly addresses accessibility and access and functional needs we invited disability community representatives from across the common law. And it included ADA coordinators -- again, if I could identify them, Centers for Independent Living and disability service agencies and organizations. And to ensure -- ensure that everyone could participate. Because, again, really we're working on getting representation from across the Commonwealth. We do all of our meetings online. They are all web meetings. And we provide live captioning for every meeting where that's requested. And then whenever other accommodations are requested, we support those as well.

Our task force is also broken into smaller welcome groups that address specific issues. And one of those work groups is entirely dedicated to access functional and medical needs. More people sign up to assist with that than any of the others, including staffing and resources and all of that.

As we develop the new strategy for sheltering in the Commonwealth, universal accessibility and disability integration will be a top priority throughout the plan and development process. So we're building into the strategy resources for equipment, policies and procedures for ensuring people access, we're developing training programs, and staffing for provision of things like personal care services. We're also going to make sure these resources aren't just available for state-level sheltering. But we're also going to develop a system that allows localities to access these resources and programs so that we can develop and ensure the accessibility of local level sheltering service as well.

Functional and Access Needs Support teams. VDEM is working to develop a volunteer program for delivery of personal care services in shelters and for support with paratransit evacuations. The program is called Functional and Access Needs Support teams, or FANS for short. I created it while I was an emergency manager in Anchorage, Alaska, and began partnering with local volunteer groups like the Medical Reserve Corps to establish the program in Virginia. The program recruits individuals who are already trained and experienced in personal care services, and then trains them how to do that in support of evacuations and shelters.

The FANS team will be a locally owned program but it's deployable across the Commonwealth to statewide mutual aid. The functions of the FANS team include evacuation support. So, paratransit drivers are usually not allowed to leave their vehicle but during an evacuation, the evacuees need assistance with personal items, pet, service animals, locations, equipment, getting on and off the vehicle. So a lot of assistance needs to be provided and FANS teams volunteers will be able to provide that assistance.

Shelter support within the shelter, FANS teams can assist with functional needs assessments, non-medical assistance with activities of daily living, ongoing identification of equipment and service needs. And this really comes into play because a lot of times individuals coming into a shelter do not self-identify as having an access or functional need or some of them don't realize they're going to develop one or they run out of medication, all can happen particularly with longer term sheltering.

These teams are working directly with shelter clients. And so they have their eyes and ears out for evolving needs and new needs for equipment and services that may not have been identified at registration. They also serve as another set of eyes and ears in the shelter looking out for barriers and accessibility issues and then communicating that to shelter management.

At the end of the classroom training for sheltering support, which is about five hours for a shelter and three for evacuation support, the trainees complete with an overnight shelter exercise. Shelter exercise is a great opportunity not just for the trainees but also for the localities to exercise their shelter plan. We recruit volunteer shelter clients from community and we specifically recruit individuals with disabilities to spend the night in a fully functional shelter.

The training exercise gives the new FANS team volunteers the opportunity to practice what they've learned, gives the public the experience of a real disaster shelter, what it's really going to be like. And then they're asked to provide feedback on their experience and on the accessibility and functional needs support services and the volunteers themselves. So the locality gets the opportunity to test those functional needs and support services within their shelter plan and get feedback on it as well.

Funding is always a concern. When I created the program in Anchorage and we went through the first training class and the first shelter exercise, we actually did it with no funding other than staff time. Right now I'm working with Chris [Indiscernible], the Medical Reserve Corps Coordinator for the Thomas Jefferson Health District. And he is working to establish this program in the Charlottesville Albemarle County area, Stanton and Winchester areas. He received a grant through the National Association of County and City Health Officials to establish the program as a part of the MRC in that area. This program can be a stand-alone volunteer program but it may be better to consider establishing it within other programs like MRC or CERT which already had processes for background checks and credentialing, which is a pretty crucial step.

Keys for success is restrictive recruiting, people with experience in providing personal care. When you think about what these individuals will be doing, they're going to be transferring shelter clients from a wheelchair to a cot that may be six or eight inches off the ground. And doing that safely is important for both at shelter clients and a volunteer. They're going to be assisting people with very private things like toileting and showering, eating, changing clothes. And the volunteers really need to be trained in how to do this properly, again, for their benefit and for the shelter clients.

This is not a training that VDEM can provide. So the volunteers need to have it before they join the FANS team. It's a bit limiting but it is for the protection of the volunteers, citizens, and the agencies that operate the FANS team. We are looking at the possibility of having a contractor provide the training. Really gung-ho volunteers who don't have it but want to be part of the team. But we haven't looked too far into that at this point. And if you're interested in getting more information about that program, feel free to call or e-mail me.

When a health coordinator position was created, ensuring accessibility of the state sheltering program was written into it. It was written into the KAS, knowledge, ability, and skills [Indiscernible].

The employee work profile, the description of what that position does includes provision of resources for access and functional needs and assessing shelters for accessibility's inclusiveness in order to meet the needs of all citizens with particular emphasis given to those with access and functional needs. And so this really establishes access and functional needs as a priority for the sheltering coordinator position and it designates the sheltering coordinator as a person specifically responsible for ensuring that that happens, ensuring that those programs are accessible.

And in addition to my own certification, VDEM has two more staff members currently working on their certification and several more staff have expressed interest in starting their ADA coordinator certification as well. So with more trained ADA coordinators on staff, VDEM will have more people to help ensure accessibility during response operations to review local and state plans for ADA compliance, and to provide general guidance and training accessibility of emergency management programs.

Apparently I'm really proud of the disability calls because they're in here twice.

So finally, as we do our review of the [Indiscernible], again, the Virginia Emergency Operations Plan, COVEOP, I am involved in reviewing the plan [Inaudible] provided by AFNAC. This level of compliance hasn't been done for ADA compliance for the COVEOP before but I want to make this the standard from here on out.

So VDEM is not ready to wave the victory flag yet but we are making process. And we really hope that the advice from our leaders and actions that we're taking and that programs that we're initiating will be helpful to each of you in your own agencies, localities, and states.

If I can be of any assistance to you, please don't hesitate to reach out. It's my mission and my passion to assist emergency managers and understanding and achieving ADA compliance and equally accessible emergency programs and services. So don't hesitate to reach out to me anytime or to connect with me on LinkedIn and send me questions. I will help however I can possibly help you.

So with that, Lewis, I'll turn it back over to you for any questions.

>> Lewis Kraus: Great. Dawn, that was fabulous. What a great presentation. Thank you so much.

For all of you listening, don't forget, now is the time that you can submit your questions. Use that chat window there and just go ahead and type them in and we'll get to those in a moment.

Dawn, I wanted to -- and all of you, I wanted to let you know that because -- I'm aware there was a little bit of a choppiness in the connection for Dawn's audio and our closed captioner was having a little trouble catching up to some of the names that Dawn gave of people and maybe organizations. So when you think back on this or if you review some of the materials and you want to go deeper, do contact Dawn here at this information that she has on the screen right now to make sure that you can get, if you need any of that information, because it will not be in the transcript.

And just to get this into the transcript, her e-mail address is dawn.brantley@vdem.virginia.gov. And her phone number is 804-332-3432.

All right. Dawn, first question is -- one of the things about these fabulous starts in these kinds of efforts which has been really truly a great, great thing that you've got going here, is the issue of maintenance. How are you guys thinking about keeping it going a year, two years, five years from now? Maybe people will be different, maybe Dr. Stern won't be there anymore. Maybe somebody else might not be there anymore. Have you thought about how you maintain this attention to this?

>> Dawn Brantley: That's a great question. And hopefully Dr. Stern will be here for a very, very long time. But anytime there's a change in leadership -- we have a change in governor coming up, and we're not sure how that's going to affect us. But it's a really good illustration of how important leadership is in making this all successful. So if leadership changes, then we have to start working with the new leadership and going through that process of educating and advocating, making it visible, you know, those steps that we kind of laid out.

I may not be at VDEM either forever, for the next three years. But we're expanding -- we're trying to expand staff that supports Access and Functional Needs Advisory Committee and its programs. And as long as -- I feel like as long as it's written into the job description and the knowledge and skills and abilities that we're hiring for, we can help ensure that we're getting more people like me and Eileen and Donna who are passionate advocates at the staff level.

Of course, if we have staffing cuts and funding cuts, it can always impact, adversely impact, these programs. So what we've really strived to do is create low-cost, low-maintenance programs and policies that we can maintain through the ups and downs of funding and staffing.

Does that answer your question, Lewis?

>> Lewis Kraus: Yeah. I think that was a good answer. I think -- from other kinds of efforts, I think the more that it can get established and institutionalized, as it were, the more that it will survive any changes in individual personalities, in the strength of any personality whether it's Dr. Stern's or yours or whoever's. That's great.

>> Dawn Brantley: And I'd like to add, too, that having leadership and staff that are engaged and championing this is the other critical piece. It's not just me and Dr. Stern. It's Dr. Stern and Brett Burdick and Curtis Brown and Susan. It's the whole, you know, whole bunch of the leadership level and a whole lot of people at the staff level. So if one of us leaves, we still have lots of others who will carry that torch forward.

>> Lewis Kraus: Right. Fabulous. Ok.

Next question. And we're going to get -- these questions seem to get into the nitty-gritty here. The first question was, How can your policies be put to use on behalf of children in childcare?

>> Dawn Brantley: I guess I'm not sure which policies you're specifically asking about.

>> Lewis Kraus: This question came really early on in your talk. Maybe you can just speak to how children with disabilities might be sort of covered by the attention to what you're doing.

>> Dawn Brantley: Well, the policies and the programs that we're putting in place are based on the concept of universal accessibility.

So when you make, for example -- since I'm sheltering coordinator, we'll talk sheltering. So when you make a shelter accessible to an adult who uses a wheelchair or an adult who use as a white cane, then that also makes it accessible to every other adult and other child that needs that level of accessibility as well. So just like we focus on trying to do the low-cost, low-maintenance programs, we really focus on universal accessibility so that when we're making our programs accessible, they're accessible regardless of child or adult or what type of a disability your needs that you have.

I hope that answers that.

>> Lewis Kraus: Yeah. I think that's good.

Next question, about the grants program. Is the grant program for Virginia State only?

>> Dawn Brantley: The grant program for Virginia State only? I talked about a few grant programs. The State Homeland Security Grant Program is one that is administered by every state. It's a grant from the federal government to state administers and distributes the funds. And then projects are done at local and regional levels.

The grant for the FANS team that Mr. [Indiscernible] applied for was through the NACCHO and I don't know a lot about that grant but I believe they do preparedness grants at a national level.

>> Lewis Kraus: Ok. The next question is, which intake form does VDEM and/or localities use for shelters?

>> Dawn Brantley: That is different for every locality. So, again, localities operate their emergency management programs the way that best suits their locality. So [Indiscernible] recognized emergency management programs, we do self-rate about 138 different ways. A lot of them use the Red Cross and a lot of them use DSS but some have developed their own intake processes, probably 40% to 50% use the Red Cross, Registration process functional needs assessments.

>> Lewis Kraus: Ok. And what type of communication accommodations are being provided for survivors with hearing loss?

>> Dawn Brantley: At the local level, again, we provide [Inaudible] state level which would be for catastrophic events. So right now each individual locality may provide ASL interpreters, they may provide [Inaudible]. If there's a language communication issue, most localities have language services they can access. One of the things that we're going to be developing in partnership with the Virginia Department for the Deaf and Hard of Hearing has a creation of communications accessibility kit, very similar -- well, heavily based on what FEMA uses in their DRC to provide equipment that localities can access as soon as they're opening up a shelter, things like iPads with translation services, magnifying glasses, the equipment that you can just put the ear phones in your ears and hold the speaker, the microphone up to the speaker, and you can hear them better.

So we're really working on improving not just what we do at the state level but also what can we provide to the localities because they don't have the same level of funds that we do. So in the future we'll have those communications accessibility kits but right now we don't. But the equipment is available to the localities to request.

>> Lewis Kraus: All right. Next question. How do you get people with disabilities to volunteer to be part of your programs?

>> Dawn Brantley: I'm going to assume it was for the overnight shelter exercise. We've done that -- the way that we did it in Anchorage was to reach out directly to disability service agencies and organizations. Almost all of the volunteers in Anchorage who spent the night came from our Center for Independent Living Access Alaska. So when we exercise for the Thomas Jefferson Health District, we're going to do that very similarly. We'll reach out through the local disability service agencies and organizations. We'll go out and meet with people to answer questions and concerns about spending the night in the shelter.

If we recruit people for training and exercises, we really work through our FANS Committee and we work through our Functional and Access Needs Network which is our information distribution list. And those are people that have already initiated contact with us and expressed an interest in emergency management disaster preparedness and things like that.

>> Lewis Kraus: Ok. And let me remind everyone that there are quite a few webinars that are in the archives at our ADA presentations page, www.adapresentations.org, and one of them was a talk about doing these overnight shelters, as a test or a way to bring people with disabilities into an overnight shelter for a practice. So if you're particularly interested in that, go ahead and find that one and look into that.

Next question. Were you able to use the FANS team during the flood disaster in the Hampton Roads area?

>> Dawn Brantley: No. We had just started work on establishing that in Virginia. We did one training in mid-December which was well after the flood. And then we have three trainings in February. So we haven't had an operational task in Virginia in that program. So, you know, the one thing we have left. Sheltering in Virginia has typically been fairly small-scaled, short duration. And by December all of the shelters for Matthew were closed because we didn't really get hit the way North Carolina, South Carolina did.

>> Lewis Kraus: Ok. Next question. Have you seen similar plans and efforts by other states to tackle accessibility and disability inclusion?

>> Dawn Brantley: I have seen a lot of states that have done some really great work. California has done some great work, New Jersey, Washington. And so I'm always doing sort of random searches to see what is new and out there. Texas has done some great work as well. Just really excited to see so many different states.

I just got an e-mail from North Carolina, and they are considering doing a disability integration position at their state level. So I'm super excited to see that as well.

Yeah. And I would also, again, encourage people to look through the archive. There have been other states who have made presentations as well and sometimes on specific areas, sometimes on the broad issue of inclusion. So I think those will be very helpful to look at for you.

>> Lewis Kraus: Next question. What agency assists with the evacuation needs during a disaster for people with disabilities and how is it funded?

>> Dawn Brantley: Evacuations are done at the local level. So that answer is going to be broad and in general. It is whatever the paratransit agency is for that region or that locality. So for Hamptons Roads, since I have more knowledge of Hampton Roads than some other areas, we have Hampton Roads Transit which is the paratransit provider. And it is a government contracted provider of public services. You know, I really don't know enough to get any specifics about how they're funded. It's just paratransit is part of what they do every day. And so they then become the partner for paratransit evacuations and part of what they do.

In Anchorage, we had a contract with Anchor Rides. They actually came out and assisted in training the FANS team volunteers. They brought out equipment, and walked us through everything. When their contract was up for renewal, we actually wrote in part of that contracting process that they would provide paratransit evacuation support specifically. So that was another pretty successful effort that was a direct result of working with them to establish the FANS team. They realized how important that piece was.

>> Lewis Kraus: Great. Next question. In the current climate of uncertainty of public health and social service funding and support, what are the strategies that you found successful in educating people, policymakers and maybe those coming into new leadership?

>> Dawn Brantley: I am a fan of talking to people. I like talking. And I find that when you just come in and you find out what their background is and what their interests are, when you're engaging new leadership, those one-on-one conversations are the most effective. It's always good to do -- part of that question was about decreases in funding. So we don't have as many opportunities to do big fancy elaborate training. So what I like to try to do is tack on training and conversations to already existing training.

I hope I'm explaining it well. I want to give you an example. Our regional coordinators have region-wide meetings of local emergency managers. And so when I went around the state to do some listening sessions about sheltering gaps and capabilities, whenever it occurs, I just tacked on to the meetings that they were already having. And that gave me access, I believe, to more people more easily and at a lower cost ultimately.

>> Lewis Kraus: Ok. Great.

Another question here. This person was an instructor level volunteer with the Gloucester CERT SSU squad. They had an exercise in setting up shelter support during the Olson exercise in 2015. And they're asking what other TNG is available for shelter support. Not sure what it is. Maybe you know.

>> Dawn Brantley: TNG?

>> Lewis Kraus: Oh, training. What other training is available for shelter support?

>> Dawn Brantley: Ok. First I'm going to guess and say, hi, Robert. Gloucester is nearby to me so I'm glad to hear that they're on. And I think I've just lost the question. Can you repeat it again?

>> Lewis Kraus: They want to know what support -- what training support there is.

>> Dawn Brantley: What training support is available for access and functional needs?

>> Lewis Kraus: Yeah. They had an exercise and they want to know what other training is available for shelter support. And it's actually not Robert. It's Maryann.

>> Dawn Brantley: Maryann. Ok. There is quite a bit of training that's already out there. The state hasn't been developing any specific training. What I can tell you is the Central Virginia Emergency Management Alliance has done a lot of work at aggregating all of the available shelter training out there and compiling it into an academy format.

And the point of contact for that is Paul [Indiscernible] in Richmond. And I'm happy to connect you guys with that. But there is lots of great Red Cross training out there. I've put together a training partnership with Red Cross when I was in Hampton Roads that was specific to functional needs support services. I'm happy to provide that in Gloucester as well.

And since we're talking Gloucester, Hampton Roads area has 13 [Inaudible] shelter support units, and they provide durable medical equipment and consumer medical supplies for up to 50 beds. They're in trailers. It's all across the Hampton Roads region. It can be used for any sheltering events. So that was a great outcome. I believe it was the Urban Areas Security Initiative grant. And Gloucester has done a great job incorporating that into their sheltering plan. It's been a cool effort.

>> Lewis Kraus: All right. Very good.

We're going to have to sort of end the questions here. We realize that many of you still may have questions for Dawn. I apologize if you did not get a chance to ask her question. Her contact information is there on the screen if would like to ask your question.

You can also contact, if you have a basic ADA question related to emergency management, you can contact your regional ADA Centers at 1-800-949-4232.

You will receive 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 want to make sure that our funder understands that value as well.

We want to thank our speaker, Dawn, today for sharing her time and knowledge with us. It was an excellent presentation.

A reminder to everyone, the session was recorded today and it will be available for viewing next week at www.adapresentations.org/archives.php.

Thank you for attending today's session, everyone. We look forward to seeing you on March 9 for our next ADA National Network Learning Session: Emergency communications approaches during and after an emergency with representatives from the states of Arizona and North Carolina presenting.

Have a good day, everyone. Thank you all for joining us.
Bye-bye.