

Pacific ADA Center
Emergency Management and Preparedness-Inclusion of Persons with Disabilities
Thursday, August 13, 2020
2:30-4:05 p.m. ET

>> LEWIS KRAUS: Welcome to the Emergency Management and Preparedness: Inclusion of persons with disabilities Webinar Series.

I'm Lewis Kraus from the Pacific ADA Center, your moderator for this series.

This series of webinars is brought to you by the Pacific ADA Center on behalf of the ADA National Network. The ADA National Network is made up of 10 regional centers that are federally funded to provide training, technical assistance and other information as needed on the Americans with disabilities act. You can reach your regional ADA Center by dialing 1-800-949, 4232.

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I also want to remind everyone that the webinar is being recorded and will be able to be accessed on the ADA presentations site in the archives section of the emergency management area next week.

This is the seventh year of this Webinar Series, which shares issues and promising practices in emergency management inclusive of people with disabilities and others with access and functional needs. The series covers 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 and other relevant laws. Upcoming sessions are available at ADApresentations.org under the schedule tab in the emergency management section. These monthly webinars occur on the second Thursday of the month at 2:30 p.m. Eastern, 1:30 Central, 12:30 Mountain, and 11:30 a.m. Pacific time. By being here, you are on the list to receive notices for future webinars in this series. The notices go out two weeks before the next webinar and open that webinar to registration. You can

follow along on the webinar platform with the slides. If you are not using the webinar platform, you can download a copy of today's PowerPoint presentation at the ADApresentations.org web page, in the schedule section. At the conclusion 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 presentation. To submit your questions, go into the chat area text box and type your question or press alt-H and enter the text in the chat area. If you are listening by phone and not logged into the webinar, you may ask your questions by emailing them to us at adatech@adapacific.org. That is adatech@adapacific.org.

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You can also email us at adatech@adapacific.org or you can call us at 510-285-5600. Today's ADA National Network Learning Session is titled "FEMA'S Perspective On Emergency Management COVID-19 and People with Disabilities." This session is going to provide an overview of FEMA's roles and responsibilities in the midst of COVID-19, how FEMA continues to serve people with disabilities during their response and how they have continued to plan and prepare for the 2020 natural disaster season in the midst of the pandemic. Today's speakers are Charlotte Lewis. Charlotte is the current acting program and Policy Branch Chief of the Office of Disability Integration and Coordination at FEMA. Charlotte brings field experience from her years as a Disability Integration Adviser, including deployment to Texas for Harvey, U.S. Virgin Islands and Puerto Rico for Irma and Maria, with the most recent deployment being in support of Region 9 in the state of California in their COVID-19 response. Roxanne Crawford serves as the disability integration specialist for the Department of Homeland Security FEMA Region 9. Before working in the region Roxanne was a Disability Integration Adviser on the national incident management assistance team west. And Candice Alder served as the Disability Integration Adviser and Policy Analyst, specializing in program access with FEMA's public assistance program. Ed Ahern is a Policy Analyst with FEMA. He has broad government, nonprofit and public sector experience working with many aspects of disability including advising on physical access, awareness training and education and inclusive program design. And Jessica Gottesman serves as the data analytics program analyst for the Office of Disability Integration and Coordination, ODIC. In her role Jessica coordinates across FEMA to help leaders make data-driven decisions regarding services to people with disabilities. She collaborates with FEMA's recovery reporting and analytics division to produce a first-ever publicly available disability demographics and program utilization report, which analyzes utilization of FEMA programs among people with disabilities who registered for FEMA assistance.

We are happy to have all of you with us. I'm going to turn it over to you, and I believe, Charlotte you're going to begin.

>> CHARLOTTE LEWIS: Hi, everyone! I'm Charlotte Lewis, and I'm speaking through an interpreter. Can everybody hear me okay?

>> LEWIS KRAUS: Yes, we hear you fine.

>> CHARLOTTE LEWIS: Great. Awesome. So first of all, I just wanted to thank Lewis Kraus and all of the ADA Pacific team for letting us be here today to talk about what we have been doing, and from FEMA's perspective with the COVID response. So thank you, Lewis.

So, before we dive in to specifically what our office does, I just wanted to give kind of an overview of what FEMA has been doing for the response. So if you might -- if you don't mind moving to the next slide, please.

[indiscernible voices in background]

>> CHARLOTTE LEWIS: And Lewis has introduced all of us individually and everyone will get a chance to talk about their part and how they have been impacted, and their work has impacted the COVID response. So we don't need to go over that again. So next slide, please. So, we want to discuss, first of all the FEMA whole of America overview of FEMA's response. Jessica is going to go into some detail about the data that we have seen and how COVID specifically has impacted disability communities and explain more what that looks like and what we have seen. Then we'll start explaining more about what the regions have been doing and what people at the head quarter level has been doing and at field level. Then we'll briefly touch on our hope for outreach with stakeholders who have been supporting our response effort.

>> Go over in this area...

>> CHARLOTTE LEWIS: Next slide, please. And next slide, please.

So, as many of you already know, FEMA's mission is helping people before, during and after a disaster. And I think that this has been especially important during this COVID response because COVID is still very active, but at the same time we need to prepare how to respond to other disasters during COVID times. And COVID is kind of in a weird place now too. We have established a lot of things in many places and we're still trying to figure out and evaluate what works and what doesn't. So I feel like we're working in all three phases, really, before, during and after disasters all at the same time. So this is really been a unique and very different experience than other natural disasters that we have responded to. Next slide, please.

So on March 13th, 2020, the president declared a nationwide emergency for -- specifically for COVID-19. And the declaration covered all 50 states, five territories, and many tribes, either under the states or directly to federal. Which means that it has impacted the entire country.

So that's required a lot of creativity in figuring out, okay, now what do we do? And what is next? And what is the impact? And how do we address some of those impacts? So because it has impacted all of us all over the country, it's not a specific location, which creates some barriers. So, for example, a limited ability to use mutual aid agreements, or a memorandum of understanding. Often during local responses states can partner with other states because maybe a hurricane hit a specific state, and they can get ahold of another state that hasn't been impacted to borrow some of their resources and pull some of those resources from there. But during COVID, there's not an area that hasn't been impacted. So that has been a very unique factor for the response for this specific event.

Also, because of the way that COVID spreads so quickly and so severely, we have a limited ability to give in-person delivery for any services and program activities. So that's forced us to be really creative and diligent about how we can offer services and support the states and local governments for their responses. And in addition, it's been such a huge impact on the supply chain for shipping, for manufacturing, for a variety of things. Again, that goes back to the fact that we can't just tap into the resources of the next state over and tap into their supply chain. So those are examples of some of the barriers that FEMA has seen as a whole that hasn't just impacted people with disabilities but that has a great impact on how response is delivered in general.

So FEMA has also partnered with health and human services to -- for delivery of equipment and provide services. And we have combined -- spent \$153 billion in a variety of commodities for equipment, personal protective equipment, staffing, food, sheltering, crisis counseling and public assistance in their Category B emergency protective service measures. And that will be discussed later in this presentation. Next slide, please. So for commodities and equipment that we have been distributing includes personal protective equipment. So like N95 respirators, surgical masks, gowns, visors, face shields, some of the other medical equipment. We also help states identify and establish testing sites. And the idea behind that is that if the sites are federally run and established in a federal way, then the responsibility can be transferred to the state. Because that really starts at the local level. Local state, tribal and territories manage their own responses and we're here to support them in that. And throughout the COVID response we have seen very large gaps in nursing homes and distributions of equipment and spread of COVID and nursing homes and other living assistance facilities. So delivering for some protective equipment has been important, specifically for those facilities. And we have statistics and numbers and all that stuff about how much equipment we have delivered. We have that information. But I don't want to go too much in detail with and overload with all those numbers. So if you are curious about the specifics, we do have the information available. You can go ahead and ask those questions during Q&A. Next slide, please. And then I will turn the time over to Jessica Gottesman to do her part.

>> JESSICA GOTTESMAN: Hello, everyone. Good afternoon. My name is Jessica Gottesman, the data analyst for ODIC. And today I'll be talking about some of the COVID 19 impacts on people with disabilities from a data perspective. Next slide, please.

Okay, so the first thing that I wanted to mention was just to make sure that we're all on the same page, understanding a few basic things about COVID. So one of them is merely having a disability does not automatically mean that you're at higher risk of having COVID-19 or of dying from COVID-19. Your risk of having or starting to have COVID-19, coming down with it, is linked to exposure, of course, to someone who currently has the virus. So it's exposure and it's also length of exposure. Okay, well, where this has to do more specifically with people with disabilities is really where it comes to people with underlying medical conditions. Of course, not all people with disabilities have underlying medical conditions. Four people who do have underlying medical conditions, however, you may be at higher risk if you get COVID to have a more adverse health reaction to it. So, for instance, there was a CDC study that was done looking at people who were hospitalized for COVID-19, and specifically people who had died from COVID-19 who had been hospitalized for it first. And they found among the 300 individuals that they looked at that 90% of them had underlying medical conditions before contracting the virus. The other thing I wanted to mention, though, is that we do find that people with certain types of disabilities have, in fact, died from COVID at higher rates than people without disabilities, and I wanted to go through a little bit of the reason behind that. So one thing was, people with intellectual disabilities have actually died from COVID at a rate two or more times higher than people without intellectual disabilities. Now, the reason for that, again, has to do with exposure and length of exposure. So in this case, the reason for this is that -- it's especially coming from group homes for people with intellectual disabilities. So if someone is living in a group home environment, this was obviously very true for nursing homes as well. It's been true for group homes with people with intellectual disabilities or group homes for other reasons as well, that, unfortunately, that just means that the risk of exposure is a lot higher and that if that also intersects with underlying medical conditions, adverse reaction to COVID could be a lot worse. So I would direct your attention to, if you're interested, to an NPR article that came out recently, specific to people with intellectual disabilities in group homes looking at several different states and the rates of people who have died from COVID based on that.

A couple other things. So eight out of ten people in the U.S. who have died from COVID-19 are adults who are 65 years and older. So we know that age can also be a factor in terms of the likelihood of adverse health reaction to contracting COVID-19. And I mentioned this a little bit earlier, but the Center for Medicaid and Medicare Services... yes, I will send out a link to the NPR article after this, absolutely. So the Center for Medicaid and Medicare Services, their data demonstrated that roughly 40% of COVID deaths took place in nursing homes. There have been some other estimates that even estimate that just a little bit higher than that, but it's somewhere around 40%. Again, that has to do with the proximity of people with underlying health conditions especially. Of course, not only limited to that, but especially for that, who are living in close proximity to each other. The last thing I want to mention in terms of general data is that one of the biggest concerns for families with disabilities during the lockdowns has been food security. So for people who were used to having their food source come from -- whether it be a food bank, from food delivery services, from a number of different sources, a lot of that was disrupted during COVID. And in some cases it still is, though, a lot of that seems to be better now. And we did hear from a number of different sources as we -- as ODIC reached out to stakeholders that this was a significant concern. Next slide, please.

There's also been a lot of concern regarding equitable access to services for people with disabilities. That's including communication access, including language access, making sure that you are getting information in a way that is helpful to you and that when you go to a medical facility, for instance, that you have the support personnel and you're allowed to bring in the care that you need and the people that you need to help you. There's been a lot of concern about quality of care standards, and there's been concern also about the use of face masks and when that is or is not required. So I'm going to put this in the chat function, but one thing that I want to draw your attention to is the health and human services Office of Civil Rights bulletin. So there was a bulletin that went out called civil rights, HIPAA and the coronavirus disease 2019. And that statement is all about ensuring that entities covered by civil rights authorities keep in mind their obligations under laws and regulations that prohibit discrimination on the basis of race, color, national origin, disability, etc. So I want to draw your attention to that. Again, I'll put it in the chat function for anyone who is interested later, along with the NPR article that I mentioned earlier.

So a couple more things before I finish up today. One thing is that ODIC participated in a food security working group with HHS and a number of different agencies, as well as a number of non-governmental organizations. So we spoke with the leaders at the Salvation Army. We talked to the Association for Community Living. And a number of other organizations that were partnering to either provide funding or provide services directly or provide volunteers to help with communities at the local level.

And we do have something in FEMA's public assistance that sometimes is called Category B bonding. So under the COVID-19 pandemic purchase and distribution of food eligible for public assistance policy, otherwise known as Category B or sometimes you might hear us say Cat B funding, FEMA could provide funding for an initial 30-daytime period. But even beyond that, states, local government, tribal, territorial governments could request a 30-day time extension from the regional FEMA administrator within their region with documentation showing why that extension would be necessary. And we were able to clarify that indeed those extensions are available when necessary as emergency protective measures, so that resulted in a lot of additional food and supplies and so forth being distributed through the use of that funding to help cover some of the concerns regarding food security and so forth. I look forward to any questions during Q&A. Again, I'll drop the two links in the chat function. And otherwise, let's please go to the next slide. And I'll turn it over back to Charlotte. Thank you.

>> CHARLOTTE LEWIS: If you would move to the next slide, please. This is Charlotte, by the way.

The Office of Disability Integration and Coordination, their mission is in support of FEMA in which we help with all phases of recovery, before, during and after a disaster, specifically people with disabilities or who have access or functional needs. Next slide, please. Because of the post-Katrina emergency reform act, it required the Office of Disability integration coordination to do a few specific things. One is provide technical assistance and advisory service to FEMA leadership. And in 2008 to 2010, the office was set up. There is a little bit of history about our office. That's when it kind of started. And as part of that process, one of... we kind of set the... set up a desk in the national coordination center, and that desk is heavily

involved in the response for COVID. And that role is to facilitate information from the field and at the regional level to FEMA leadership. So we make sure that we're figuring out who needs to go where and what needs to go where, and where we can get resources from and that kind of thing. And that is what the desk in the National Response Coordination Center or NRCC is. And we do still have a person assigned to the NRCC even now who is tracking a response and identifying any potential gaps that we may need to pull resources in for.

We also partner with other FEMA program areas and working groups. Like, for example, the food working group that Jessica mentioned, we work with many other groups as well to work for that. Next slide, please.

So, we have different relationships and different collaborations that we have been working on throughout this response. And we have connected with all ten regions, the Disability Integration Specialists, who each have their own network and connections on the regional level. Roxann will be speaking about that a little later.

The work that we have been doing in the National Response Coordination Center, the NRCC facilitates the information flow to all those people who will need that information. We also connect with the individual assistants, and work several emergency service functions or ESF. So the emergency service function or ESF Number 3 is focused on public works. Public infrastructure and things like that. Emergency service function number 6 is mass care. And that plays a big role in food delivery, sheltering, and right now the biggest push is identifying what to do for sheltering during the current hurricane and fire season, and how we provide safe sheltering options and how we can support the Red Cross in setting that up. So that is something that we have been really working closely at and working with individual assistants very closely on. And emergency service function number 8 is public health. So each state has their own public health team, and as FEMA we stand ready to support each state and territory and providing what they need at that level. And emergency service function number 15 is the Office of External Affairs, and they have a big focus on communication access, language services, not only for sign language but also for people who English may not be their first language and providing information in the language they need and how we can partner with other federal agencies like the Center for Disease Control, the CDC and health and human services, HHS, to make sure we're providing successful communication access at all points. And, of course, the Office of Equal Rights, they are the people who focus on civil rights and how FEMA can ensure the civil rights of people with disabilities and other protected classes. And making sure that they're protected during the response. Next slide, please.

So before I took the role of acting program and Policy Branch Chief, I was deployed to the state of California, virtually deployed to the state of California to support California in Region 9 in their COVID response. One thing I wanted to mention is we could not have done the work without the fantastic work with our disability partners and stakeholders and to have them provide us visibility on what is happening on the ground was key in shaping this response from FEMA's perspective. And so I do want to give a shout-out to the Pacific ADA team, because they created documents for checklists and accessibility of testing sites that were such a big help, and that team wasn't the only team that supported us during that response, but that was

very helpful information that didn't only help California and region 9 but other regions throughout the United States and the rest of the country. So thank you very much.

So in that role that I played supporting California, my role was also facilitating information and pulling intel and information from disability partners, seeing what was happening on the ground, identifying what possible gaps are and how we could figure out how to address them. This was much different than any other response I had ever worked because the resources were much more limited, the supply chain was limited, and the question was how can we pull those resources? And really the U.S. hasn't gone through a pandemic of this size and proportion since probably the early 1900s. So that was really a big challenge and definitely a unique challenge. So we have connected with many different parts of the team, volunteer agency liaisons played a really big role as well. Connecting them with disability stakeholders, making sure that people are connected where they should be and figuring out who should be talking with who and who we can pull resources from. And we shared information about some of the new processes for public assistance, Category B support. Trying to disseminate that information, and FEMA has a good amount of resources. And we want to try to figure out ways where we can distribute that support to areas that need it, and figure out how we can adjust and respond in the way we need to. And I hope that some of the new innovative things that we've been doing with this response can be applied to localized and other national disasters. I don't want to say "traditional disasters." That doesn't sound right. But the fact that we have responses for disasters that happens really frequently. So some of the ideas from the COVID response, the innovation from here, we're hoping we can apply those to other disasters to make emergency response as a whole better prepared to support people in general. We've also done a lot of gap analysis. Okay, this is something that needs to be addressed, we need to give information to this person, where can we find resources for this, how can we connect the right resources together. So there's a lot of work like that on the ground. And because this is really a unique disaster, we've connected with a lot of disability integration advisers in different regions asking, you know, what they're doing in their specific areas to figure out how we can be creative about our approach and getting as many ideas as we can.

So I'll go ahead and go to the next slide, and with that I will turn time over to Roxann Crawford who will be discussing the regional perspective. Thank you.

>> ROXANN CRAWFORD: Hi, everyone! This is Roxie. Regional Disability Integration Specialist. I had the pleasure of working with Charlotte when she was deployed to support California. So a lot of the things that I'll talk about today kind of got covered partially by Charlotte, but I think it's important to highlight some of the perspective from the Regional Disability Integration Specialist. There's one of us for each region, as mentioned before. And never in history have we been activated where all of our states and territories, every single one, is activated at the same time, but working at different paces and having different impact levels from COVID. Everything from American Samoa, they still have zero cases of COVID and zero deaths, all the way to California and Arizona, which are still, you know, struggling through the impacts of COVID. So some of the major things that we really tried to focus on as Regional Disability Integration Specialists are monitoring developments in COVID testing and

testing priorities that allow for improved disability access. So what that access looks like. For us, working with local disability organizations and with organizations like the Pacific ADA to identify access concerns and to be a conduit of information, low, between emergency management and in the organizations and groups running these testing centers back through the organizations and the community, expressing challenges and access issues that were faced at those times. Monitoring disability stakeholder concerns related to restrictions being lifted in the states, specifically I put in here restrictions being lifted in the states, though we monitor disability stakeholder concerns throughout the process. Everything from testing to shortages in equipment and services, but specifically related to restrictions being lifted in the states because that's still an ongoing thing. As restrictions are lifted and restrictions are reinstated, such as in California, where many of the counties went up a phase and then came right back down as the cases increased, concerns related to a strong desire to not be left behind as things reopen, for those who aren't able to go back out at the same pace, people who -- there were many concerns about individuals who maybe had COVID thinking they couldn't get COVID again and creating kind of a separate group of individuals who maybe were less afraid or being less careful. So being able to take information from stakeholders who were gathering information from their clients and constituents and bringing that back to emergency management, making sure that information is passed on and received by states and organizations involved in community services and decision making in general. Again, with the monitoring information, watching that PPE or personal preparedness equipment flow and shortfalls as relates to in-home care services. Insuring people with disabilities could remain in their residences and to mitigate additional burdens on long-term care facilities. So really, again, taking information that was being gathered that was being heard by local organizations, by state level organizations and bringing that up to ensure that it's receiving the appropriate attention from emergency management and that we're able to answer immediate needs, things like the center is out of personal preparedness or personal protective equipment, sorry, like gloves and masks and what can we do to fix those concerns or get them in contact with the correct people in the logistics team.

You can go to the next slide. Thank you.

So continuing on engaging disability stakeholders in local, state and national COVID recovery and economic stabilization efforts, following along the same lines, really the key to all of the work that we did in the regions, just about all of the work, really comes down to those relationships and partnerships with disability organizations and with our partners, like Pacific ADA and Independent Living Centers who really are out there doing the hard work. Providing input to initial crisis counseling applications and coordinating disability stakeholder involvement really worked to bring recommendations from our partners, from representatives in disability community to SAMHSA and state and federal, individuals who are coordinating the crisis counseling effort. Because we really needed to creatively address issues related to a virtual delivery of crisis counseling. There's always access issues when it comes to providing services and we do, you know, typically have to be creative and have to do lots of work to make sure that we are hearing what the access issues are and addressing them. But we wanted to make sure that we get in kind of ahead of the game here when it came to this virtual delivery and make sure that the information coming out to individuals related to crisis counseling, supported those needs.

Submitting requests for information regarding accessibility and mission assignment actions, that really highlights the partnership between ODIC and the Regional Disability Integration Specialist between having regular phone calls and passing information up the chain that could be considered very important for that headquarters level to receive. We also were able to put in formal requests for information and receive formal documents and processes back from Office of Disability integration coordination and other areas like external affairs and logistics up at the headquarters level. Engaging and supporting state level counterparts with technical assistance for state and local inclusion strategies. Really bringing our partners together with emergency management. You know, we have a number of different success stories from other regions that people kind of sent up to me. So like the Ohio long-term care strike team, bringing together the Ohio Department of Health and Ohio State and University to mitigate COVID outbreaks in long-term care facilities. So really engaging those state-level counterparts and connecting them with other organizations and other counterparts who could work together to enact real change and successes. You could go to the next slide, please.

Collaborating with state, tribal, territory and federal partners, of course, on every level we can't just talk with FEMA and we can't just talk with our external partners. We also have to be really engaged with our state partners, whether or not we have a disability integration or access coordinator in that state or not, finding the right person to work with in the state and ensure that these are state, tribal or territory, to make sure that these very important concerns are being addressed every single day and being looked at every single day with that perspective in mind. And, you know, the biggest success really when it comes to this COVID response is the guidelines, the information, the talking points, things that were developed by partner agencies that FEMA, the Regional Disability Integration Specialist, the dyads, the Disability Integration Adviser, were able to amplify, the things that came out of the state of California, the state of Washington, other states, those were used nationally and adapted for use in other areas, but that ability to amplify the fantastic work that has been going on by state disability advisory groups and by disability organizations is really the success story here. There were a number of successes from, you know, region six, DHHS office and civil rights program analysts being connected, and working to find solutions to civil rights cases during COVID, that comes down to the Regional Disability Integration Specialist being able to monitor complaints that are coming in and referring them to the most appropriate area. Again, as a reasonable Disability Integration Specialist, I would say the biggest best practices, the biggest takeaways are really to maintain open communication and build strong relationships before, during and after any type of response with the organizations in our regions.

Thank you.

I'm going to turn it over to the next speaker. Unless there's any question. I don't know if you're taking questions now.

>> CANDICE ALDER: My name is Candice Alder. I'm a Policy Analyst with the Office of Disability Integration and Coordination. I specifically work with the public assistance program

to look at how public assistance affects federal dollars that can provide accessibility to communities and make sure that we're including people with disabilities. Throughout this presentation so far you've heard a lot of reference to Category B funding through the public assistance program. And so I wanted to talk a little bit about what public assistance grants is and how public assistance grants impact state, local, tribal, territorial governments and private non-profits. And so with that, I want to talk about FEMA's financial support. So the state local tribal and territorial government entities and certain non-profit organizations can apply for public assistance reimbursements during disasters. And specifically in COVID, the COVID disaster really focused on those emergency protective measures taken during the pandemic. ODIC, the Office of Disability Integration and Coordination is currently still actively engaged with public assistance through policy reviews, looking at how FEMA's current policies can be amplified and more inclusive of persons with disabilities and communities and make sure that we're including the right accessibility approaches. Our directives we look at different ways that we can engage with our stakeholders and inform them. We have a lot of working group collaborations as well. And within those working groups, we try to see how we can engage with disability stakeholders to increase... to address increased accessibility opportunities through public assistance funding. A lot of what we see is that there are opportunities within public assistance funding and there was a question earlier about how do we make sure that communities receive food if they can't reach a certain site. Well, that's up to the state. The state, local government, territorial or private non-profit that they're supporting through public assistance funds, but we do offer technical assistance through the public assistance funds to talk about how to utilize that funding for inclusiveness.

Next slide, please.

So, again, we were talking about emergency protective measures or Category B funding. And under Category B funding, emergency protective measures are defined as immediate actions that are necessary to protect the public health and safety, and that could be during a pandemic but it also covers other disasters as well. And to be eligible for public assistance an item of work must first and foremost be the legal responsibility of the eligible applicant. So typically when we talk about eligible applicants, we're talking about states, local, governments, territorial governments, tribal governments, and these measures are to protect the life, public health and safety, and generally that -- generally speaking that is the responsibility of the states, the local governments and the tribal and territorial governments. And those legally responsible governments can conduct the work themselves or they can enter into formal agreements or contracts with either private or non-profit organizations to conduct the work.

But essentially the eligible applicant for public assistance funding is usually our state local tribal territorial governments, and they're the ones who are legally responsible along with their contractors.

So when we're looking at managing and controlling and reducing the immediate threats to public health and safety, there is a non-exhaustive list that kind of covers what public assistance funding can provide. Some include things like emergency operation costs but it

also could be training specific to the declared events, so training on COVID, disinfection of eligible public facilities and so far. There's also like non-deferrable medical facility or sheltering. There's also medical supplies, communications of general health and safety information to the public, search and rescue. I actually have a link to that non-exhaustive list. So I'm going to go ahead and provide that to you via the text box here. FEMA.gov has a lot of really great fact sheets available to everyone, and it talks specifically about what these protective measures look like. And so you can refer to that document.

In terms of private non-profits, they can be considered sub applicants to receive support through their state, local, territorial or tribal emergency management office. FEMA itself does not provide funding directly to a private non-profit, so private non-profits need to work with their states and their emergency management offices. A lot of times private non-profits will be funded through the state office to mitigate or work together to provide a certain function. States contract or enter into agreements with private non-profit entities to carry out specific types of work. And whatever agency might be either providing this type of assistance or services should work with their emergency state management offices as appropriate to coordinate the reimbursement of those types of services.

I am going to turn it over now to my colleague Ed Ahern to talk about individual assistance.

>> ED AHERN: Good afternoon, everyone, good morning. This is Ed Ahern, and I am a program analyst with the Office of Disability Integration and Coordination. And my focus is primarily on the individual assistance service that FEMA provides. Can I have the next slide, please? So traditionally the individual assistance services are utilized when a disaster affects an individual's house or personal belongings. With the COVID pandemic response, there was not that type of focus. So one of the first things that we saw is we saw a -- how were they going to provide support for disaster season for hurricane season in the environment around pandemics. So throughout the pandemic they really have been forward leaning and engaging disability integration throughout their discussions. We've seen they are realizing existing policies and processes may need to be modified. And from the very beginning at looking at those policies, they have included disability subject matter expertise in those discussions, which has been really, really helpful. One thing to note that our individual assistance section does have Disability Integration Specialist that is part of their team. And that is a very pro COVID-19 and proactive approach that they took a number of years ago so that we can be sure that disability issues are really being addressed across IA.

During this COVID pandemic process, Charlotte mentioned earlier that we were supporting the NRCC, the National Response Coordination Center, and we are still doing that today. One of the areas that we really have been trying to support our IA folks or IA colleagues is through the NRCC and we are still doing it now. Still engaging in dialogue with them around issues that they are working with in the NRCC. So one of the things that we're really seeing is an increase in addressing disability issues throughout policies and programming. They're already discussing the issues. We also have seen an increase in opportunities for training the IA staff during this time. We have a lot of people who are attentive and working from home. So we provided a number of trainings to IA staff around items such as how to interact with people with disabilities. What is the role of headquarters ODIC, the Regional Disability Integration

Specialist, and our deployed staff? So really bringing awareness around our role in disability integration throughout the IA cadre, which is pretty significant.

During, again, there wasn't a lot of focus on the individual assistance services. So, again, what we did see with IA is them begun to jump into reviewing and planning around some to have things we might need to beware of given we were in hurricane season. How will we shelter individuals in this environment? How will we feed them? So we had a number of workgroups where we really dove down deep, and disability integration issues were included from the very beginning. So as IA would roll out some new guidance, they were really inclusive how the needs of people with disabilities are going to be addressed. One of the areas we saw an immediate kind of action on the part of individual assistance is our housing inspection. For instance, we had a number of active disasters. So we had to retool how those inspections were occurring. And then all during the process of moving toward a virtual inspection process, the needs of people with disabilities have been considered. Some of the areas now that we're still seeing need is that further discussion around what the services will be and how they will be provided in a virtual environment, as was mentioned earlier, crisis counseling, one of the services available through IA, through their mass care program, has really begun to really step up planning on the best way to accommodate people with disabilities during that process. While it's been a slow time for the individual assistance service, there has been no shortage of activity and great work going on to really prepare staff even more than they have been prepared. So a lot of work has been going around revisioning, what do the disaster recovery centers look like. And throughout all of those discussions, we have been really able to provide some very good disability subject matter expertise so that when those processes were rewritten and retooled, they were really more inclusive of people with disabilities. We have great success in working with our individual assistants who are very open to the guidance that ODIC supports, and we will continue to do that in a number of arenas.

Next slide, please. So to build on a little more and I'll look to Candice as well, but one of the areas we've really been focusing on is congregate and non-congregate shelters. FEMA has been make extensive efforts not only to continue normal disaster preparations but to prepare for the disasters in the COVID environment. Candice and I were involved in a number of railroad, very detailed planning groups, specifically around things like sheltering and feeding and she and I have had some great discussions about really just how inclusive IA has been around some of these areas. Candice.

>> CANDICE ALDER: Hi, this is Candice. As I mentioned a little bit, we have all the other disasters that have happened throughout our nation don't just get put on hold because we're in a COVID-19 environment. So a lot of discussions due to these concurrent emergency declarations, including in the last little while, we have even looked at tornadoes, flooding, a couple hurricanes come through, and that's really created challenges for us to think about how do we shelter individuals, and also individuals with disabilities who might need shelter services but can't do so in an environment where everybody is all in one room. How do we protect the health and safety? How do we address concerns over social distancing? So we the Office of Disability Integration and Coordination, we're serving on several working groups within FEMA to engage disability stakeholders and talk about non-congregate sheltering. So things like options such as hotels, looking at dormitory rooms, other alternative options to keep people

safe and shelter them during a subsequent disaster. So we have been doing some extensive work in revising a lot of policies, updating some of the language, and making sure that we're addressing accessibility and inclusive language. So that pretty much is what we have been working on. We're also looking at under Category B for FEMA's public assistance program. States, local governments, tribal and territorial governments can request assistance for this type of congregate or non-congregate sheltering and support through that, which is not something that we see in every typical disaster. So we're looking at new and innovative ways to shelter people in a COVID environment.

I'm going to talk about access to effective communication. Early in the COVID environment we were tracking through the NRCC, the National Response Coordination Center, some information that we were receiving from our Regional Disability Integration Specialist that talked a little bit about concerns about access to effective communication, and we were hearing from the disability community that there were gaps in communication access within emergency press briefings, testing sites and medical treatment. So we worked alongside with the CDC to help support them in their efforts to provide resources and as a result of that, FEMA supported the CDC with some of the videos produced and put up on the website in American Sign Language. Now, I don't work for the office of external affairs, but we do work together sometimes on projects, and the office of supportive affairs supported content and development and distribution of informative as well as ASL videos. As we were looking at and receiving information about these concerns, we thought about how might Category B emergency protective funding effect communication access? And within those covered activities that I mentioned earlier, communications for states, tribal, governments, local governments, territorial governments, if they're needing FEMA assistance, they can apply for communication assistance as well, and that can also include the provision of the auxiliary aids and services. So they can look to Category B funding to maybe pay for and support some of those activities. The Office of Disability Integration and Coordination, we created a fact sheet on emergency protective measures for emergency broadcasts, so that states, local governments, tribal governments and territorial governments can understand how they can potentially utilize FEMA's public assistance funding for emergency communications.

Next slide, please. A little earlier in the presentation, we talked a little bit about the CDC and ensuring civil rights. Obviously civil rights in this COVID environment is very important, and FEMA's Office of Equal Rights issued an insuring civil rights during the COVID-19 response statement reminding FEMA and our partners, our state, local, territorial, tribal partners that receive federal funding, and any kind of non-governmental relief and disaster organization, reminding them that civil rights laws and legal authorities, including those related to persons with disabilities remain in effect during emergencies and cannot be waived.

The document also offers best practices and resources related to civil rights obligations including disability. I will go ahead and add that to the chat for everyone to be able to access. And with that, I'm going to turn it back over to my colleague Jessica.

>> JESSICA GOTTESMAN: Hi, everyone! So I mentioned the insuring civil rights during the COVID-19 response, I believe, earlier, and I sent a link, but looks like there's also a link here to that document. Oh, so this is document from the Office of Equal Rights. But similarly has to

do with ensuring the civil rights of people with disabilities and other civil rights during COVID-19 response. Next slide, please. And the next slide. Okay, so ODIC hosts a monthly stakeholder engagement call. Our first of these calls took place last month, and we had a really great participation. A lot of people joined the call. And what we did was we each went through our presentations of what we wanted to share with everyone, and then at the end we had time for Q&A. And we were able to answer a lot of questions that stakeholders called. So if you're interested in signing up for information about how to join future stakeholder engagement calls, they might happen about once a month, you can sign up by sending an email to FEMA-disability-integration-coordination@FEMA.DHS.gov. So just go ahead and send us an email and ask to be added to the listserv and we'll make sure you get information about how to join the calls and also how to send in questions that you would like to have us answer during the Q&A portion of the call.

Next slide, please. And with this, it looks like we have time for questions.

>> LEWIS KRAUS: All right, thank you so much. Charlotte and Jessica and Roxie and Candice and Ed, all the speakers, thank you so much. All of you, this is the time to submit your questions in the chat window and we'll start to address them now. The first question had to do -- Jessica, I know you put some information up, but somebody was asking about whether there was data on IDD and COVID that was in the public as opposed to an NPR report, public data that would be available. Do you know about that?

>> JESSICA GOTTESMAN: Is that specific to people with intellectual disabilities?

>> LEWIS KRAUS: The question did ask about that, yes.

>> JESSICA GOTTESMAN: Perfect. Yes, so actually if you go to the NPR article that I sent out, there is a link in that article to the original studies. So the NPR article just gives you a summary overview of what is in the original study. But there's a link in the article, so you can read the original as well.

>> LEWIS KRAUS: Great. I want to remind everybody that there is a lot of detail that got put into the chat window, so make sure that you are going in there and finding all of that. And let's see. For those that are asked about it, the slides are available to access at ADApresentations.org in the schedule page today, tomorrow... by tomorrow it will be in the archives section. So, next question... are there strike teams in every state? I believe this happened early on during Jessica or Roxy's information.

>> ROXANN CRAWFORD: I think it was probably in response to the information I shared about how effective what happened in Ohio was. I don't believe that there are strike teams in every state. I do think that each state has taken into account what they feel is the best effort and response for them. I can say that while there may not be a strike team in every state, there are teams of individuals who are daily processing information and working together to find solutions to emerging issues.

I definitely think -- you know, we're recording best practices from every region and trying to take into account things we think went really well like that strike team in Ohio, and providing that information up through our regional contacts in each state to say, hey, did you see what happened in this other state, I would love to put you in contact with someone or find ways to help you if you think this would work here as well.

Does that help?

>> LEWIS KRAUS: We're going to assume now that's okay and we'll hear from the person if that's not. The next question -- and you may have answered this already, Candice, but a person asks... I hear a lot about Category B funding. I know several Centers for Independent Living have talked about applying, but I haven't heard that any have gotten it. Can you talk about the best process for this?

>> CANDICE ALDER: Thank you for that question. One of the things I touched on in my part of the presentation was that a lot of times private non-profits are not directly funded by FEMA. So they want to work -- they want to work with their state agencies. They want to work with their state emergency management office. Centers for Independent Living are supporting disaster response through their state, they should get into these contractual agreements and have these conversations about what these costs are and whether they can be reimbursable through their states, and then the states get reimbursed through FEMA. So I think the first thing to do is to have conversations with your state emergency management office, talk to them about what those costs are that the Independent Living Centers are accruing and what kind of emergency protective measures are they supporting so that way the states can evaluate if to make that Independent Living Center a sub-applicant for FEMA assistance.

>> LEWIS KRAUS: Thanks for that. The next question, I believe, is for you. It could be for me. Do you provide ESL translator services?

>> CHARLOTTE LEWIS: I can pick that one up. So FEMA, we have a language team in the office of external affairs, and they are responsible for ensuring that the information is being properly distributed in a variety of languages. And, of course, we need to identify the population that needs that specific language service and then coordinate what information needs to be distributed in that specific language and where. And there are some people, it would be in house. Sometimes we contract out, but FEMA focuses on making sure that we provide effective communication. So, again, as we depend on feedback from the community, we want to get that feedback from you about what is happening, what services or communication access is missing. So please reach out to us and we can make sure that we pass it along to the right group and hopefully address that and give the community the information that they need. We don't provide language services outside of emergency response, so we'll keep that in mind as well.

>> LEWIS KRAUS: Thank you. Next question. Can you provide any insight on why FEMA funding for field programs is age limited and does not extend to people with disabilities under the age of 60 who otherwise met the qualifications for the services, including being at high risk due to COVID. In California the program is called great plate delivered.

>> JESSICA GOTTESMAN: Hi, everyone, this is Jessica. So Roxie, since this is in your region, if it's in California, you might have something to say as well. I was only going to say that the stipulations that states put on certain of their programs is not -- it's not a federal stipulation. So, for instance, I know that restaurants program that was delivering food, I believe, again, Roxy could probably speak to this better than I could, but I believe it was envisioned as meal deliveries that would go to senior citizens, for example, right?

So... okay, I'm reading this chat box. So let me --

>> CHARLOTTE LEWIS: This is Charlotte. So, yes, that was one of the things that was discussed when I was deployed to California as well, as far as, you know, what that program was, and that program was actually intended to provide outreach for people who are above the age of 65 specifically for senior citizens. And in the state of California, that was an identified gap, because Meals on Wheels was really struggling and struggling to try to meet all of the demands and the high needs at the time, because transportation was limited, grocery stores were limited for whatever reason. So the state felt like they wanted to develop a program that was targeting seniors and individuals over the age of 65. So I think that that -- the intent of the program there was not necessarily focusing on people with disabilities, so that is something that it would probably be a good idea to discuss with the state to figure out, okay, let's see if we can extend this program to add specific focuses or figure out how we can connect to specific groups.

>> LEWIS KRAUS: Thank you. Next question. A great many people with intellectual development disabilities lack technology access. Does FEMA have a plan to reach those without smartphones, tablets or technology?

>> CHARLOTTE LEWIS: Hi, this is Charlotte again. I don't want to answer for the Office of External Affairs and for individual assistance on their strategic approach for outreach. So I will have to reach out to the office and maybe get their approach and strategy for reaching out to people who don't have access to technology. Because I don't want to give you the wrong information.

>> LEWIS KRAUS: Next question... how could Regional Disability Integration Specialists work with a state that does not have an AFM coordinator or ADA coordinator at an emergency

operation center. Sometimes I perceive the state is in the control between the counties, cities, and the federal. Is there a solution to approach state Emergency Operations Centers to open up RDIS for further assistance? Anybody want to answer that one?

>> CANDICE ALDER: Hey, Lewis, this is Candice... go ahead, Charlotte.

>> CHARLOTTE LEWIS: Go ahead, Candice.

>> CANDICE ALDER: I was just going to say that I think Roxie might have dropped off, and I think she might be the right person to answer this question, so I'll go ahead and bring this question to her and get an answer from her.

>> LEWIS KRAUS: This is the challenge of running a webinar in COVID-19 ourselves, everybody is in disparate places and not all looking at each other in the same office saying you take this question. All right... next question. With all the controversy regarding masks and some counties, cities making them mandatory, what can be done so that deaf people do not lose their ability to communicate since they are not able to read lips due to the masks?

>> CANDICE ALDER: This is Candice. I'm going to have Jason answer this question.

>> LEWIS KRAUS: Jason, you may need to unmute yourself.

>> JASON: Apologies about that. I have two, a physical one and individual one. My name is Jason Liguria. I'm an attorney at FEMA and I'm embedded in the Office of Disability integration coordination as well as the Office of Equal Rights. So I'm a practicing civil rights attorney. I know there's questions about face masks and I'll say a couple things. First there has been a couple -- there has been some guidance at least by the federal governments on face masks. The first is one from the Department of Justice. They release their June 30 press release saying -- addressing a lot of these cards that people are sharing on social media saying the ADA exempts people from wearing masks for being fraudulent, and the press release explicitly stated that the ADA does not provide blanket exemption to people with disabilities from complying with legitimate safety requirements necessary safe operations. It directs people to visit ADA.gov and call the information line if they have questions. Second piece of guidance that came out that I think is helpful is the Equal Employment Opportunity Commission, the jurisdiction of the EEOC is employment but a lot of the analysis that is done in the employment world, when it comes to disabilities is applicable in many other circumstances. The EEOC has also stated that the employment context that an employer is allowed to require employees to wear protective gear such as masks and observe infection control practices. However, when an employee asks for a reasonable accommodation under the ADA for religious accommodation also, the employer should discuss this request and try to make a reasonable accommodation. If it's feasible and doesn't create undue burden on the employer. What can I say given all that? I can say this much... it's a case-by-case analysis of how we're treating masks under disability laws. It's very dependent on the facts, settings, the pandemic level in an area and other risk factors. I know the question is about clear face masks, and what I can say there is, you know, if employers need to wear -- need employees to wear masks but they need to accommodate people with disabilities, there is a duty on them to try to accommodate. So maybe it does mean clear face masks. It might mean other

technology. It might mean writing other things down on paper. It might mean using some sort of technology, but there is this requirement on people who are operating out in the public to try to accommodate. So even though people might still need to wear masks, there are other requirements on them to try to accommodate and serve people with disabilities in another way so, again, it could be a mask, but it could be other ways too.

>> LEWIS KRAUS: Thank you, Jason, and I realize now that we're a little over time and I apologize about that. We're getting into some interesting questions. I do want to add to Jason's answer. If you have a question about your specific area regarding an issue that is an ADA kind of issue, like this topic, you can call our -- your regional ADA Center at 1-800-949-4232 and that is true for some of the questions that have come in, including places to evaluate their temporary sheltering sites, that is a good answer, a good question for your ADA Centers to answer.

And so we apologize. I see there are a lot of questions lined up there. I'm sorry we're not able to get to them. We've run out of time. But do, if you have a question, you think it's an ADA question, you can call us. You are going to receive an email with a link to an online session evaluation. Please complete that evaluation for today's program as we value your input and want to demonstrate our value to our funder. We want to thank all of our speakers today for sharing their time and knowledge with us. It's a very informative session. A reminder that today's session was recorded and will be available for viewing next week at ADApresentations.org in the archive section of emergency management. Our next webinar is September 10th. We'll be joined by the California campaign on emergency preparedness or national preparedness month for a presentation on the program's novel state-based approach to whole community preparedness. We hope you can join us. Watch your email two weeks ahead of time for the announcement of the opening of the registration. Thank you very much for attending today's session. Have a good rest of your day. Thank you all, all of our speakers, thanks again for being here.

Have a good rest of your day, everybody!