ROUGH DRAFT FORMAT
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FEDERAL, STATE, AND LOCAL ROLES AND RESPONSIBILITIES:
ADDRESSING THE HEALTH AND WELLBEING OF PWDS IN DISASTERS
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>> AUTOMATED VOICE: The broadcast is now starting. All attendees are in listen-only mode.

>> WANDA ALSTON: Good afternoon. Welcome to the Roles and Responsibilities of Government Addressing the Health and Wellbeing of People with disabilities in Disasters. My name is Wanda Alston and I'm a contractor for AIDD and we'll provide technical support for today's webinar. Before we get started, I wanted to give a few housekeeping rules. This webinar is being recorded and will be available to share later on through ACL's website.

Open captions is available for today's webinar and the link was provided via email to all registered attendees prior to the start of this webinar.

If you did not receive the link, please request it through the Questions Box.

As an attendee, you are in listen-only mode and will remain that way for the duration of the webinar.

You may ask questions at any time during the webinar using the Questions box in your attendee control panel. At the appropriate time, the questions submitted will be asked during the webinar.

At this time, I would like to turn it over to Allison Cruz, director of Office of Innovation for AIDD. Allison.

>> ALLISON: Thank you, Wanda. Good afternoon and welcome, everyone. I would like to thank you for making time to join us for the Administration on Community Living's first

annual webinar series on health and health-related emergency preparedness and response. As Wanda indicated, my name is Allison Cruz, director of office of innovation on intellectual disabilities known as AIDD. This is within the administration of disabilities AOD, all part of the Department of Health and Human Services.

We at ACL collaborated with the Assistant Secretary for Preparedness and Response asking to develop a webinar series on health and health-related emergency preparedness and response for people with disabilities. The intent of this webinar series is to be for information sharing purposes and for the benefit of the AOD Network. As such the focus of the first webinar is on the roles and responsibilities of government addressing the health and wellbeing of people with disabilities in disasters.

The purpose of this webinar is to define and explain federal, state and local roles and responsibilities in disasters and public health emergencies, provide a summary of guidance and frameworks used at all levels for planning and coordination, highlight best practices and examples of effective coordination with community-based organizations to address the health and wellbeing of people with disabilities in disasters.

To address these perspectives at the federal, state and local level, we will be hearing from three speakers. The first speaker will be Cheryl Levine. She is the senior advisor on at risk individuals with U.S. Department of Health and Human Services, office of the Assistant Secretary for Preparedness and Response. We will then hear from Teresa Ehnert, Bureau Chief of public health emergency preparedness in Arizona, and at the local level we'll hear from Serina McWha, Access and Functional Needs Coordinator at Pierce County emergency management in the state of Washington.

With much thanks and appreciation to the speakers and internal support that we received for the planning and organization of this webinar, both to Daniel Davis, policy analyst at ACL and Regina with the Independent Living Administration, I would like to thank them as well.

And without much further ado, I will turn the presentation over to Cheryl.

>> CHERYL LEVINE: Thank you, Allison. It is my pleasure to join you today, and I am so appreciative of the opportunity to collaborate with the Administration on Community Living to be able to provide this information. And we hope it's beneficial for your grantees and your partners.

Again, I'm Cheryl Levine and my contact information is provided here. And I'm going to be covering the federal roles and responsibilities to set up our webinar.

Next slide, please.

Okay. So I'm going to cover a lot of information at a high level and this is sort of an agenda to outline a little bit of what I'll be going through. I'm going to start with just briefly defining disasters. Talk about something called the presidential policy directive 8, the National Response Framework and emergency support functions. From there I'll talk about my agency and the resources we offer. And then I'll go back to talking about the frameworks, the National Disaster Recovery Framework, health and social services recovery support function. Some of our key partners and I'll define access and functional needs and the CMIST framework before I hand it off to my partners.

Next slide.

What are disasters? Those who work in the field every day, we have a bunch of different words we use to define these terms. Disasters, natural disasters, human caused disasters, public health emergencies, there's a bunch of different classifications.

But one way we organize this information, I think, it's helpful to think about is notice events and no-notice events. Notice events, things we can anticipate. Hurricanes, flooding. Things that happen seasonally that we can track information and lean forward with our response to think about how to address the needs of individuals who may be impacted.

There's also no-notice events. That's a little different, things that take us by surprise, earthquakes, human-caused disasters. For example, right now there's some pretty significant wildfires burning in California that I think happened quickly and took folks by surprise and caused folks to have to evacuate quickly. Those are typically no-notice events. And also there are public health emergencies. We're looking out for the flu, flu pandemics, but there's other types of emergencies, Ebola or the Zika virus or the water event in Flint.

Disasters cause disruptions so we need to plan ahead to deal with this. Power can go out. Communication systems can be impacted. The healthcare system can be over-taxed, transportation resources may become limited.

And these type of events, first responders really are focusing on the disaster response. And may not be readily available to respond to you in your local community. For example, for a 9-1-1 call. This is why it's important for community-based organizations to plan ahead and be thinking about how to address their own disaster related needs and disasters and emergencies. Think about your partners, whether you can be connected in advance of a disaster and know what your plan will be.

We know from recent events that human service programs can be adversely affected. It can be a long road to recovery and consumers can be impacted as well. We want to give you information today to think about planning.

Okay, next page.

So, disasters kind of happen in a cycle. This is an example of a four-phase approach to the disaster cycle. The way we plan and work on this is a cycle. We think about preparedness. How can we prepare? What do we need to do to plan ahead to handle disasters? That's kind of the first part of the phase. And when an event does occur, we go into response mode. We respond by putting plans into action. After a while, once the response is a little more under control, we switch to recovery. Recovery has some different phases, immediate recovery and long-term recovery, but recovery signals when actions return to normal and safer conditions.

Finally, after a response and recovery we take a look back and lessons learned, what went well and where are opportunities for improvement and we want to apply the lessons learned. Part is mitigation. We're thinking about how to prevent future disasters and minimize effects. That's the mitigation role that is part of the ongoing cycle of disasters.

Next page.

So I wanted to set this up with a little bit of a high level understanding for you how this is organized for if government.

So back in 2011, something called the Presidential Policy Directive 8 or PPD8 was established. The president directed the development of a national preparedness goal and this is to strengthen security and resilience of a nation with respect to disasters and public health emergencies through putting in place a systematic all-hazards approach.

This is a big kind of overarching way of organizing things and there needs to be someone in charge of that. So the Department of Homeland Security is the overarching federal agency that is responsible for coordinating with other federal agencies, states and local governments and tribal governments in the event of a large-scale disaster.

And this sort of kicked off a term that we use frequently in disaster and public health emergencies, which is the concept of the whole community. The whole community approach recognizes preparedness involves and shares responsibility of the entire government, including all levels of government. Private sector, public sector, faith-based organizations, non-profits, and the public, all of us together create the system. So it's not just a government response, it's a whole government response.

Next page.

A little more about PPD8. What it put in place is a series of requirements. There are flexible scalable national frameworks that really help all of us at the federal, state and local level organize the way we handle disaster response and recovery. It builds core

capabilities necessary to prevent, protect, protect against, mitigate the effects of and respond to recovery from threats of the greatest risk to the nation.

And it establishes a system to coordinate interagency roles and responsibilities for an incident.

So, who is responsible? Who takes the role in doing different types of activities in a disaster?

Next page.

So, the framework. So let's start with the response coordination framework. This is the National Response Framework, the NRF. Again, led by the Department of Homeland Security. And periodically it is updated. And the NRF, National Response Framework, is designed for very particular reason. The intent is to save lives, protect property and the environment, and stabilize the incident and provide for basic human needs. Really getting at the response role.

It provides a scalable, flexible and adaptable framework.

It outlines roles, responsibilities and coordinating structure.

And it sets up a series of what we call the emergency support functions or ESF that help identify roles and responsibilities.

There are several annexes for coordination of federal systems for specific events.

So on the next page...

So I wanted to highlight these Emergency Support Functions. This is something we use all the time in disaster planning, these ESFs. There are 15 ESFs. One is sort of changed and may change again, ESF14, but today I want to highlight ESF6 and 8 for you. Let's go to the next page.

So the ESF6 and ESF8, these are really I think important for the work that we do at HHS and with the administration of community living. And I'll go into a little more detail with these particular ones with you.

So ESF6 represents mass care, emergency assistance, temporary housing and human services.

So there's a lead federal agency for this, the federal level that would be Department of Homeland Security with FEMA, but other agencies are also in support. HHS is in a support role for ESF6. For example, for the activities include things like disaster shelters for disaster emergency shelters, feeding and emergency supplies, emergency

assistance, including coordination with volunteers and donations, temporary housing for victims of disasters, and human services. But here under ESF 6, human services is defined a little differently. Here human services would include loans, grants, crisis counseling, disaster case management, disaster legal assistance and those types of supports.

So the other ESF I want to highlight is ESF8, public health and medical services. The lead agency is HHS. Within HHS, my agency, ASPR, we are the lead coordinator in support for others in ESF8. And DHS is in support of ESF8 as well. Activities under ESF 8, public health, vector control, health surveillance, safety and security of drugs and medical devices, environmental health, and the distribution and delivery of medical countermeasures. Medical services, medical surge, patient movement, patient care, behavioral healthcare, veterinary medical and fatality management. These are examples of activities coordinated under Emergency Support Functions.

Next slide.

So I mentioned that my agency, ASPR is the lead coordinator for ESF 8 within HHS. I wanted to take a moment to explain who we are. ASPR, we're a newer agency, established in 2006 in the aftermath of Hurricane Katrina. Public Health Service Act is foundation for legal authority and in particular through an amendment under the pandemic and all-hazards preparedness act. This amendment established ASPR and reauthorized in 2013 and currently we're going through our second reauthorization. ASPR's mission is to save lives and protect Americans from 21st century health security threats.

Leads the nation's medical and public health preparedness for, response to and recovery from disaster public health emergencies. Collaborates with state, local, tribal and territorial governments and partners across the country to improve readiness and response capabilities. The strength of our nation's public health and medical infrastructure and the capacity to necessarily quickly mobilize and coordinated national response to disasters and emergencies are vital to national security.

A little about who ASPR is. On the next page...

A little bit about what we do. So I wanted to highlight a few of our response resources under ASPR. So in addition to the staff here in Washington, D.C. at headquarters, we have regional staff. Regional emergency coordinators or the RECs, ASPR's representatives across the country at the regional level, the folks who coordinate with the states within their particular regions. They conduct planning and facilitate coordinated preparedness and response activities for public health and medical emergencies.

We also have the National Disaster Medical System or the NDMS. It's a lot of different activities. We provide patient care, patient movement, definitive care, veterinary services and fatality management when requested by a state, tribe, territory or other federal department.

That's really important. We respond when we have a question. We don't just show up.

For example, an emergency department becomes overwhelmed in a disaster, providing veterinary services to federal working animals during national security special events.

So we staff several national security special events. Things that happen, for example, every year in Washington, D.C. on the National Mall, there's a celebration for the fourth of July and our medical teams and veterinary teams will be there to support these national security special events.

We also have disaster medical assistance teams comprised of professionals and para-professional medical personnel that provide medical care in disaster or special event. These are typically folks who everyday work in emergency departments or work as paramedics, but what we call an intermittent federal employee. So they get called up and come and respond when we need additional teams to be able to provide medical support in a disaster.

And one other resource I wanted to highlight for you is our EPAP program, the Emergency Prescription Assistance Program. This helps people in federally identified disaster area who do not have health insurance to get the prescription drugs, vaccinations, medical supplies and other equipment they need. And this is done in coordination with local pharmacies.

Okay. Next page. So back to the frameworks. So it covers some response activities. I want to talk about recovery. So the National Disaster Recovery Framework or NDRF, again led by the Department of Homeland Security and periodically updated, this provides a coordinating structure that allows for recovery managers to operate in a unified and collaborative manner.

It focuses on how best to restore, redevelop, revitalize the health, social, economic, natural and environmental fabric of the community to build a more resilient community. It defines principles that defines core capability and support activities for recovery under the Recovery Support Functions.

Next page.

So, again, similar to the National Response Framework, the National Disaster Recovery Framework is broken into different functions. I wanted to highlight one of the Recovery Support Functions. The health and social services support function is led by HHS. It

supports local efforts to restore and improve health and social services to promote health, resilience, independence and wellbeing of the whole community. There are 9 core capabilities. Public health. Healthcare, behavioral health, environmental health. Food safety and regulated medical products.

Addressing the long-term health issues specific to responders.

Social services impacts.

Referral to social services/disaster case management.

And addressing the needs of children in disasters.

Next page, please.

So we can't do any of this on our own. Again, we have lots of partners. As I mentioned in a large-scale natural disaster, FEMA would have the lead and HHS would support. Conversely in public health emergency typically HHS would be in the lead and DHS would support us. But we work with several other federal partners. In particular in my work I work across HHS with other operating divisions, including the Administration on Community Living, administration on community and families and others. We work with the Department of Defense and Veterans Administration. I mentioned the National Disaster Medical System and the work we do when requested to do patient movement. And that could not happen without support from the Department of Defense and the VA. And other federal agencies as appropriate.

We have other partners that are non-federal, including the American Red Cross. We have National Advisory Committees, different national stakeholders, including some national associations. And probably most importantly our state and local partners. Some of which are funded through HHS cooperative agreements, including Hospital Preparedness Program and the Public Health Emergency Preparedness, my partner Teresa will talk about in her presentation.

Next page.

So before I hand it off to Teresa, I want to spend a little time providing a definition for you. Those of us who work in emergency management and public health management preparedness every day, we have a whole community sort of concept and an important part of that is this idea of access and functional needs. So just a brief definition for you. People with access and functional needs may require additional assistance due to any condition, temporary or permanent, that may limit their ability to take action or interfere with their ability to access or receive medical care before, during or after a disaster or public health emergency.

So, again, this is a really important way for emergency management and public health officials to think about the access and functional needs that members of the community may have. It provides a cross-cutting approach to disaster planning that includes but is not limited to children, older adults, pregnant women, people with disabilities, people with chronic health conditions, and all kinds of other people.

This is a term that is important for you to be familiar with. It's something that we use in planning., which includes people with disabilities and others.

And on the next page...

I wanted to share with you the CMIST framework as well. Implementing the access and functional needs concept, this CMIST is an important tool. It's an acronym. C is communication, M is maintaining health, I, independence. S, support and safety. T, transportation.

This provides a cross-cutting approach for planning to address a broad set of common and access and functional needs without having to define a specific diagnosis, status or label. Addressing the whole community. We want to get into a bunch of different requirements individuals may have, not necessarily given to unique special individual's particular needs. This a way to group categories of access and functional needs.

So the CMIST framework is not mutually exclusive. An individual may have access and functional needs in multiple categories, they may have both communication and maintaining health, for example.

A little more on the CMIST framework, how we plan across the five categories. Communication would include individuals using sign languages, limited English proficiency, limited ability to speak, hear, or understand.

For maintaining health, this would include individuals who require specific medications, supplies, services, durable medical equipment, electricity for life-maintaining equipment, breastfeeding or other infant or child care needs, as well as nutrition.

For independence we want to maintain the independence of individuals who function independently with assistance from mobility devices or assistive technology, communication aids and service animals.

For support and safety, some individuals may become separated from caregivers and need additional personal care assistance in the event of disaster or emergency. Some individuals may experience higher level distress and need support for anxiety, psychological or behavioral health needs.

Some individuals may require a trauma formed approach to support personal safety needs.

Finally, transportation. Individuals who lack access to personal transportation, are unable to drive due to decreased or impaired mobility that comes with age and/or disability, temporary conditions or injury or legal restrictions.

So a very quick summary of some of the frameworks and tools that we use to plan to address the needs of the whole community, including individuals with access and functional needs and people with disabilities. And with that I'm going to hand it over to my partner, Teresa Ehnert.

>> TERESA EHNERT: Thanks, Cheryl. And thank you again for reaching out and giving us the opportunity, myself specifically, to talk with the group about some of the great collaborative effort that has gone on in Arizona.

And I'm going to start with... I hope...

Sorry.

There we go.

So, to just kind of frame our efforts and what is taking place here in Arizona, we had a goal to ensure that every person in Arizona, regardless of needs, has equal access to disaster services and information.

And understanding that, this goes -- the planning, the preparing, the testing, goes beyond the shelter. And we just always had that in the back of our mind. This isn't just ensuring that we have full community planning for shelter operations, but how can we better prepare the community so that if there is an emergency in their world, that they know who to talk to, where to go for information, and how would they receive updates.

So we framed our work and our collaboration with that goal in mind.

And how we started, obviously you can't really do much without the support of visionary leaders like our Division of Emergency Management director, Wendy Smith Reeves, and our Department of Health director, Dr. Cara Christ, with their vision on inclusion and support, really, we were able to build really great partnerships to inform our work and ensure that we're on the right path.

So working with the emergency management at the state and local level, our statewide Independent Living Council, the Arizona Center for Disability Law, Homeland Security, local public health and local EM, many, many others, really without their contribution and input we wouldn't have the planning efforts in this state. And I'm sure that many of you on the call have similar affiliations in your jurisdictions as well.

But I'm going to highlight a few of the things that I think have proven to be very successful and really kind of laid the foundation for where we're taking our work and effort.

So we have an AFN task force that was started right after FEMA released the guidance at the end of 2010. Really on the heels of Katrina and understanding the right to be regs cued, ensuring whole community inclusive planning took place. We put together an AFN task force. And the mission was to advocate the accommodation of functional needs population in preparing for responding to and recovering from emergencies and disasters.

And how did we do that? We developed a statewide disaster plan. That task force served as a resource for other state and emergency responders, and I won't say it's been a labor of love, but it kind of has. We have gone through a few revisions of our strategic plan. And you can't do much if you show up and meet and talk about stuff but don't have an action plan. So providing leadership for other statewide preparedness summits and learning opportunities, and then inviting interested alumni from the Arizona Youth Leadership Forum to join the committee because we wanted that first perspective. But we took the task force, we had a strategic plan for a two-year period at a time. We came up with goals and objectives and it took some time, but I think without the guiding document, we would have just been a little bit lost in our planning efforts.

So, we utilized the task force. It's really community inclusive. We have the Department of Economic Security, which has rehabilitative services, and the Developmental Disability Council, under their umbrella, our Arizona Healthcare Cost Containment System, volunteers in disaster, Arizona Center for Disability Law, and I want to mention briefly, if you have not worked with or been in contact with either the Governor's Office on Aging or area Offices on Aging, their work with the early onset of dementia or Alzheimer's is really critical in planning, especially connecting first responders with where to look for care directives as the individual in that home may not remember where they put it or where it's posted.

So I think just think very broadly, if you're developing a task force or have already had one in place, to just kind of stretch your thought process on who participates.

And also one of the takeaways was... we're coming up in 2019, it will be our fifth annual Partners in Preparedness Summit, where we have different objectives each year. And for the first couple we went with the planners. So we had the community members in the audience and then had local and state planners to talk to and assure the consumer what is going on in this, but also hear from them what we might be missing. And so that stretch from some of those early summits was the inclusion of the Office for Children with Special Healthcare Needs and really homing in on school planning for kids that have medical complications.

So we do this every 18 months. We have a Partners in Preparedness Summit, and it's really been a learning experience because we can't continue to plan and test objectives that have no meaning at the end user level.

So I'm really proud of the work that the task force has done in ensuring that we provide the fiscal resources and also the support that is needed to pull that off.

They're widely attended. We get over 200 people -- 200 to 300 people, and without the support of our Independent Living Council it probably wouldn't be as robust, but we're thankful to have them lead the charge.

One of the projects, of course, we have to have some demonstration projects to ensure that we're doing it right. We did a project with the Arizona Disability Law. This is a bullet on it was to support the integration of access/functional needs and integral equipment and tools in community disaster plans and preparedness activities.

So the AZ folk, the Arizona Bridge to Independent Living, which is now Ability 360, the Native American Disability Law Center and the Arizona Center for Disability Law.

We put together a plan to properly train at least 110. We had to figure out a number. So we picked 110 of Northern Arizona's developmentally disabled population in emergency preparedness utilizing a train-the-trainer, and the end result was a guide. It was kind of like a how-to guide with preparedness, initiatives, local point to contact state and federal, and really just an overall -- I think it was a pretty good first run at putting together what you could piece together from different websites, but this was a one-stop shop. It was one key document that they were able to take away, and really focusing in on our Native American populations here in Arizona, 7 million people, Native American communities, over 5% of our population. We have 22 federally recognized tribes. And we saw that as a gap. So we really focused on the northern part of our state and bringing in that area to the fold.

So now I want to take a few minutes and talk about our collaboration with the statewide Independent Living Council. Because they have done such great work. Since 2012, the Statewide Independent Living Council has been working with us here at the Department of Health to promote the needs of people who have disabilities in emergency planning and really ensure that every person in Arizona, regardless of disability, has equal access to disaster services and information.

So the Department of Health has made the whole community approach more than a motto. It's an inclusion of people who have disabilities, have been demonstrated high priority in all aspects of our state emergency preparedness planning. And I can say, although they aren't on the phone -- they may be listening in -- that the Division of Emergency Management has that same mantra. Their approach and motto is whole community inclusion.

One of the additional items is really emergency plans for schools. And we started working with the Phoenix Day School for the Deaf. They have a population on their campus ages 2 through 22. And really understanding and listening to their concerns about training. Not only for the staff, who all the staff at that school are also deaf or hard of hearing, but they didn't feel like the law enforcement and first responder community was familiar enough with their campus and their students that if there were to be an active shooter or some bad thing happening, they would not know that those students weren't -- they weren't hearing. They couldn't listen to the commands by the law enforcement. So we took that on as an activity to work with them and also through AZ SILC, they played a key role with the school and now have gotten the local law enforcement on the campus. They have a better idea of what would be needed. And one of the items that came up was a need for additional emergency lighting. So they could differentiate between a lockdown and an evacuation.

And if you haven't reached out or worked with schools that have special needs within their umbrella, I highly encourage you to do that. It was an eye-opening experience for all of us and we saw the need to incorporate that in future training with the Arizona Department of Education School Advisory Board.

One of the tasks that was -- one of the initial objectives within our strategic plan was to look at durable medical equipment, a cache for durable medical equipment.

So we were able to work with the task force to come up with what would make sense to at least have available to the Red Cross or other shelter managers. So we have a bunch of stuff. Like there's part of our cache.

So we have beds, we have walkers, we have toilet risers, we have ramps, just a variety of things that would make seamless integration into shelter operations much easier than trying to find it or acquire, procure an item that would be needed to support that kind of -- even if just short term. Comfortable living within a shelter environment, if there is such a thing.

And one of the other outtakes was an evacuation tool. We kept hearing that they -- the numbers were overwhelming. We don't know what we're going to do.

So we worked with the Division of Emergency Management and AZ SILC and really got the demographic for the state. We broke it down to counties with evacuation training and as a result have a tool that looks like this. You have your demographic. If you're having an evacuation estimate of 5,000 and you want to put a couple hundred in each of the shelters, this would break down the numbers for the emergency management team on what that would look like. And I really think driving home the need for good data is so important.

One, it will assure the planners that we have resources to support whatever is needed. But making sure that we can address cognitive difficulties, self-care, so personal care attendants, or people that need things just to manage on their own. Do we have privacy curtains and chairs that can be easily transferred out of a wheelchair?

So I just want to stress, when you actually get down to the hard pressed numbers, it's very manageable and not too overwhelming. You just have to have the right people at the table.

So next steps is to, one, continue our collaboration and planning with all of the partners. Some of the areas that I, as the state lead for public health and medical want to focus on is the third-party payors. We listened very intently to moms and dads that have children with special healthcare needs, adult day care centers and the centers that have the DD/d community. We're not at the table and your ear not understanding if I leave my address, I need my benefits to go with me, then we've missed the mark on that component of planning. That's one of the priorities in 2019. We started the dialogue with the Medicare/Medicaid community on how we can make that waiver process very, very easy. And there would be no care or concern of that family that has that child or family member with durable medical goods, prescriptions, benefits, whatever that looks like, that's a patch to their address, if they have to leave that home, that the benefits will follow them wherever they are temporarily.

I know I covered it quickly. Again, I thank you all for the opportunity to just highlight some of the items we've got going on here in Arizona that have proven to be inclusive and collaborative.

Thanks!

That's it for me.

>> SERINA McWHA: This is Serina McWha in Washington state. I am the Access and Functional Needs Coordinator and I've been with Pierce County for the past eight months. Prior to that I was a social worker in a long-term care community and have been a member of the functional assessment service team, which I'll talk about here in a minute with Pierce County. For my presentation today, I will discuss the various things we are doing at the local level to include people with disabilities, people with access and functional needs and emergency management.

Next slide.

So we have an Access and Functional Needs Coalition created in 2010 with the onset of the whole community planning approach with a desire to reduce disproportionate impact on people with disabilities during disasters. Numerous agencies and organizations, both private, non-profits and government were invited to form the

coalition promoting emergency preparedness, promoting the coalition that was initially housed in our public education section and later moved into our planning section here in emergency management where it currently resides.

The coalition is tasked with being a guiding body for emergency management offering guidance on such things as the Comprehensive Emergency Management Plan for the county. Members are asked to look at essential support functions through the lens of a disability advocate. Again, with a notion of reducing disproportionate impact on people with access and functional needs. And I apologize. You'll hear me say that numerous times throughout my presentation. Reducing the disproportionate impact on people with access and functional needs with disabilities, because I do feel -- that is our sole responsibility.

The coalition, again, offers guidance on programs like our Annual Disaster Planning Summit, providing an opportunity for agencies to learn more about emergency planning efforts.

Current members of our coalition include the American Red Cross government liaison, our County Human Services Department, the Tacoma Pierce County health department as well as emergency managers for cities and towns around the county. We have representatives from the local center for independence and local home health and hospice providers, as well as representatives from our Medical Reserve Corps.

We also gained recent interest as well in partnership with disability integration workers with our regional chapter of the Red Cross. I believe that's a fairly new concept coming out of Red Cross. so that is a huge plus in the work we provide for people with access and functional needs.

When I came on board in March, my goal was really to learn about each member of the coalition, building relationships, understanding what each person brought to the table and how we mutually can assist each other in times of disaster.

The coalition has been a huge asset to our department in terms of whole community planning and inclusion. Again, I can't reiterate enough the importance of relationships with these organizations and organizations who work directly with people with disabilities, because in times of disasters, these are the groups who will be able to assist us in finding people with the most needs and coordinating resources to get to those individuals.

We don't have registries in Washington state. So, coordinating with people who work with people with access and functional needs on a regular basis, who know where the population or the people are around the county is important for us to be able to get resources out to people or find -- you know, making sure that unmet needs are getting out there and coordinating those resources.

Another way that -- or another aspect of what we do in our coordination for people with disabilities is through our Functional Assessment Service Team. And I have to do a shout-out to the state of California. They developed the concept, and Functional Assessment Service Team I refer to as FAST. The state of California developed the concept in 2006 in response to the outcomes and lessons learned from Hurricane Katrina, as well as the catastrophic wildfires of that time and as we know continue to this day.

Pierce County sent their vulnerable populations coordinator at that time down to California to train on the FAST concept and was able to bring the concept to Pierce County where it took the core team about eight to nine months to adapt the curriculum for Pierce County. And I was fortunate to be part of the first team that was trained. So even though my background is social work, I have been part of this team in emergency management. It has always been a huge passion for me.

And what the FAST team is a cadre of social service professionals who are subject matter experts in categories of access and functional needs and trained in the business of emergency management to be able to deploy into disaster shelters. The idea is these volunteer professionals will go into shelters during disasters, assess shelter accessibility and assess any unmet needs by individuals in the shelter setting, and then provide resources so that individuals are able to stay in general population shelters.

This requires communication and coordination between the FAST and logistics staff in order to require those resources. Resources like durable medical equipment. A lot of the equipment that Teresa just mentioned in her portion of the presentation today, wheelchairs, walkers, knowing resources for oxygen supply, having medical or bariatric cots. Any supplies or equipment an individual would have in their home that would allow them independence in their home should be offered in the shelter setting. Through urban area securities initiatives grant, Pierce County FAST has two trailer resources filled with these types of DMEs, blankets and pillows, mother and baby supplies, effective communication support tools like Pocket Talkers, communication boards, with the idea we want to reduce unnecessary institutionalization of people with disabilities or people with access and functional needs. Including people who speak languages other than English.

As recent as last week, our FAST participated in a full-scale exercise with the city here in Pierce County testing stand-up procedures for sheltering, and we tested activation and deployment of team and had a plethora of profiles plausible to the population of the city who may show up to the shelter. We tested the team's ability to provide resources for people with various disabilities or needs as they registered at the shelter site. It was quite an experience for all 110 participants from various agencies. And we were fortunate to be able to get our EMD -- or state emergency management division exercise coordinator to help us through the HC process and developing that exercise,

and it was surely very successful and it provided us with lots of opportunities to better our team and enhance the plans in place for the city. It really was a great collaboration with about a dozen county social workers who were assigned actor profiles based on the clients that the social workers served. So we really got a good representation of what each disability might -- what the registration team might be faced with or what the FAST team might be faced with as people were showing up to the shelter.

My hope is that the exercise would also open the door for more county social work participation, as well as more awareness to other emergency managers that the team exists and that the team is available to offer support. A project for FAST in our state Department of Health is getting our team not only trained in shelters but also trained to deploy to other sites, like the medication distribution centers, points of distribution centers, radiological intervention sites and other disaster recovery sites where large groups of people are expected. Because we know that any time large groups of people are expected to show up in disasters you will have people with access and functional needs.

Other opportunities we offer through our access and functional needs section. We offer agencies who directly support people with disabilities and are captured in our biannual emergency planning institute, again, specifically targeting agencies that provide services to people with disabilities. Our EPI is a two-day training that offers an overview of the incident command structure, again, a national framework for providing standard operating practices and providing operations throughout disaster management.

We offer continuity of operations planning as well as training and exercise examples. The two-day event usually ends with a tabletop exercise with the objective of providing these agencies with plans and templates to go back to their home agencies and be able to build their emergency plans and exercise them and be able to improve on them and be ready.

Our EPI has always been a collaboration with our local health department emergency management, so we tap on our health department emergency managers to provide instruction. We tap on our law enforcement partners to provide a perspective of the incident command structure out in the field.

And we also tap on some other stakeholders who can offer insight into best practices and lessons learned, such as the evacuation of a 100-bed nursing home facilities with lessons learned from moving the entire facility to a shelter gymnasium site versus moving patients to other like facilities, which I believe is the more standard practice now for our coalition.

The most recent EPI focused -- and this was in October, first week of October, we focused on planning requirements for the Medicare/Medicaid. We got inundation of

requests by long-term care facilities, any one of the 17 provider times that receive Medicare/Medicaid funds on meeting those requirements.

So we focused this year's EPI on how they can perhaps meet the needs of the requirements handed forth by CMS. So we were able to invite the state fire marshal's office to present on their perspective, and it allowed participants to interface with surveyors and gain insight into inspection process. We were able to collaborate with the healthcare coalition to provide a healthcare perspective on business continuity with the hope of building network connection with the coalition, with the healthcare coalition.

Pierce County also has a public education section. Quarterly, alongside our human services, aging and disability resource center we offer seminars. We invite scientists from the U.S. geological survey or the Pacific seismic network to make presentations on hazards we're faced with in Pacific northwest. Last month, the Great Shakeout we were able to host a local news reporter who has done extensive research and reporting into earthquakes. He came and talked on his experience and the knowledge he's gained through his research. We had quite a bit of an audience, and it was really great information shared.

In May we hosted another seminar on volcanic ash and impact on health and what to do. Again, with the USGS scientists. One of the guys who presented was a doctor. I believe he was a former surgeon and then has a passion for geology and kind of merged the two and did research on volcano ash and is rather fascinating.

Again, our public education team promotes numerous preparedness activity, like neighborhood emergency teams, neighborhood concept, and providing accessible material when needed. The last thing on the slide that I want to touch on was our communications outreach group, providing effective communication for all, including speakers of languages other than English.

And what happened was Washington State recently passed a bill that amended emergency management law mandating emergency managers to provide life-saving messages in languages other than English based on a threshold of the spoken languages of the population of 5% or 1,000 citizens, whichever is less.

This means at any time a life-saving message needs to be distributed, we would have to take limited English proficiency into consideration. Ten languages were identified in Pierce County and our current alert warning system does not have the capability to deliver messages in any language other than English. And so one of the strategies we came up with to meet this mandate was building a communications outreach group consisting of trusted leaders in ethnic communities able to receive and deliver messages in various languages they represent.

We would provide the message to them in English. They then would send out the translated message through various resources, whether it's through social media or a phone tree, and then in turn we would ask them to report back any issues or unmet needs they may have encountered during call-outs, which we then assist in coordinating a response.

I think the goal is this will help curb the distress in government by minority groups who may have had less than positive experience with government. And I know in my recent outreach for building this group, I still find people are still very distrusting, despite trying to convey the message of preparedness and responsibility to our constituency. And so the law takes effect in 2019. It's a slow-moving process in building this group, again, because of that distrust, but I'm hopeful it will gain interest and momentum with further awareness and education on the mandate.

Next slide.

So AFN considerations in planning. Again, we can't reiterate enough -- thank you, Cheryl, for the great definition on community planning and access and functional needs. But we can't express enough the importance of the whole community approach to emergency planning. And really empowering our residents and government and other organizations to collectively work together to build community resiliency.

Ensuring individuals are no longer an afterthought but part of the discussion in all phases of emergency management. Some of the integrative teams that we facilitate here in Pierce County or are members of, we have emergency management and healthcare coordination that consists of our health department. The Northwest Healthcare Response Network, the healthcare coalition for Western Washington. We have hospital emergency managers and ESF 8 partners on that team, as well as cities and towns represented in that coordination team.

Our Limited English Proficiency Leadership Coordination consists of various agencies and departments. And departments working collectively to strengthen language access.

I'm also steering committee member on the coalition for inclusive emergency planning, which is at the state level. And this is our Washington state Independent Living Council Program for inclusive emergency planning. So that's what we have at our state level for inclusivity and whole community planning at the state level.

We're also involved with the regional alliance for resilient and equitable transportation.

And in terms of region, King County, the counties that are the three largest counties this side of the state anyway. So the mission of RARET is to provide equitable transportation in disasters. What they're focused on for the next year is really building continuity of operations plans for transportation providers so that in disasters we will be

able to call on them to help with transportation needs throughout the disaster affected areas.

I also wanted to point out you know, collaboration is always key. And we have great partnerships with our local center for independence. Our FEMA Disability Integration Specialist for our region is a huge partner, a great asset to the work we do every day. You have heard me mention the Red Cross and various private and faith-based organizations, again, serving people with disabilities.

Next slide, please.

So AFN considerations in operations. You know, what that looks like is, you know, ensuring that -- in terms of alert and warning and sending messages out you know, ensuring accessibility for all. One of the examples that I learned recently is, you know, when you're holding a press conference and providing an ASL interpreter, making sure that during the press conference that the camera operator keeps the interpreter in the shot. So that's just one example of what -- of an AFN consideration in operations. Having a disability integration specialist in the emergency operations center during an activation would look like this. You know, providing information to operations. Facilitating communication between the EOC and community group. Again, that's where I would stand up. The access needs coalition. Ensuring people with disabilities and others are considered in all EOC operations in incident response and we advise on accessible transportation, commonly needed resources, effective communication practices, sheltering considerations and accessibility in other sites, like points of distribution centers and disaster recovery centers.

Next slide.

So many opportunities exist for improvement in our plans to reduce the disproportionate impact on people with disabilities building a stronger network where all disabilities are represented is one further outreach to target groups like advocates for children with developmental disabilities. They have representation at the table is a great opportunity for us to improve our reach around the county. Again, just getting the word out that we still exist. Our Access and Functional Needs Coalition exists and we need more agencies to get involved. That's the most important thing for us.

The exercise I mentioned earlier with or FAST, previously, tested -- it really tested our ability to provide resources for individuals who don't speak English. So we have contracts with language interpreters, but when the contract allows a four-hour minimum turn-around for us to get a language interpreter at a site, we have to get pretty creative with interventions in providing resources to our limited English-speaking population.

So that concludes my presentation. Thank you so much, again, for this great opportunity. And I appreciate the time and I'll turn it over to Cheryl.

>> CHERYL LEVINE: Thank you, Serina and thank you Teresa. I think we have covered all the information we keyed up for you today. And at this time I'm going to hand it back to Wanda to facilitate questions.

>> WANDA ALSTON: Thank you, Cheryl. We do have a few questions that popped up in our Questions box. And one says: "Can EPAP help clients before a disaster for preparedness?"

>> CHERYL LEVINE: So the EPAP program, Emergency Assistance Prescription Program is not before a disaster. It is really a very specific needs, typically in what we would call a presidentially declared disaster, when funds become available and the state requests that program, it is available for folks who may have lost their medications, durable medical equipment or have other needs in the event of a disaster, so people who were disaster victims, so unfortunately it's not available before a disaster or emergency.

>> WANDA ALSTON: Okay. There was another question or comment, basically. When the FAQ document is released, can you make sure that it includes an explanation of the acronyms that were used throughout the presentation?

>> CHERYL LEVINE: Yes. We're happy to do that. We know -- I think most folks speak in a lot of acronyms, but I know those who work in emergency management, we are definitely an alphabet soup and we're happy to provide definitions for all the acronyms used.

>> WANDA ALSTON: I thought I had another question here, but it was a logistical question that I was able to answer.

So, it looks like those are the only two questions that popped in our box today. I don't know... we do have a few minutes. I don't know if those who are still on the call have any questions. If so, you can go ahead and put them in the box.

If not, Cheryl, Allison, I will turn it back over to you.

>> WANDA ALSTON: I just got one more question --

>> Let's wait a few minutes for the questions to see if people may be typing them in.

>> WANDA ALSTON: Okay. Is the PowerPoint available to download? Allison, do you want me to answer that?

>> ALLISON: Yes.

>> WANDA ALSTON: The PowerPoint and the recording, along with an FAQ document, will be available at a later time and it will be available on ACL's website. However, if you would like it today, please send me an email and I can make sure that you get a copy.

Here is another question.

How do people with disabilities engage in the process?

>> CHERYL LEVINE: I can kick it off. I think probably Teresa and Serina all can answer this as well, and maybe my colleagues from ACL. We're hopeful that through these different planning efforts, all of this, I think, Serina, at the end, emphasized the need for collaboration. And in Serina's role she's seeking partners and looking for other folks to join her coalitions and planning efforts. I gave a lot of information at the beginning, but I tried to emphasize, there are two sides of this with emergency management and with public health. And however you can find your way to the table, we would like to invite you to be partners in planning.

I know someone like Teresa who leads the public health planning for her state, she's engaged with a lot of different partners who work directly with different programs for people with disabilities who have consumers and advocates who are engaged.

So, we just wanted to give you a sense of some different opportunities. And there's more information to come, but we definitely encourage you to seek out the public health and emergency planners in your community to help them know about your organization and plan for your community.

>> TERESA EHNERT: Cheryl, I just want to add a couple of things that might be a place to start. And for us, of course, finding some financial support to be able to contract with some of these agencies to do some additional work above and beyond what they do day-to-day.

So we really thought we needed to find our disaster champions within the community. And so having an individual from the Statewide Independent Living Committee and one from the Bridge to Independent Living that could demonstrate the need to get involved and participate.

Where do you start?

We thought we had to start with finding the champions. Fernando Cruz, who is no longer with us. He has succumbed to his disability, but he worked tirelessly across the state engaging tribal communities on this kind of disaster planning, to ensure that their members were prepared.

And same with the independent living side of things, engaging the companies, entities that employ home health that have personal care attendants, their rehabilitative services to ensure technology and other things are made available.

And so really it's trying to find the champion who can assist with the message. And it's a slow process, but I think it's well worth the effort to utilize those groups. Maybe it's the Office for Children with Special Healthcare Needs and finding somebody who can get in the community and get them engaged.

>> SERINA McWHA: I wholly concur with both Cheryl and Teresa. Really it's reaching out. And I was so happy to be invited to this, to participate in this webinar with the hope that people would know that Access and Functional Needs Coalitions may exist in your county and you're really reaching out to find out through your emergency management department to see if one exists. Like you said, Teresa, the champions in the efforts, finding those people and getting connected with them is key.

>> WANDA ALSTON: We have another question that involves how centers of independent living can get involved.

One says, How can CIL Human Resources get involved in disaster response and recovery get funded to do it? Other agencies are getting funded to do it. How can IL get involved?

>> TERESA EHNERT: I'm not sure if that's for Cheryl or somebody else on the line that can answer that one.

>> CHERYL LEVINE: I'm sorry, I am not familiar with specific funding for the Centers for Independent Living for engagement in disasters in the event of a large-scale disaster. I mentioned the president's declared disasters, events that happened in 2017 in Texas and U.S. Virgin Islands, when there is a large event there is funding that comes through the states and through the partners to work on the long-term disaster recovery activities. That could be something you're thinking of. But today I am not familiar with grant funding that supports this type of planning. While it is imminently necessary, at this time I'm not familiar with any programs to support that activity.

>> In Arizona we have budgeted some of our public health emergency preparedness dollars to assist in the effort and have been able to contract with our Statewide Independent Living Council so that they can have an individual dedicated to doing preparedness planning throughout the state.

So, not every state's SEP award is set up with a provision to do that. And so it's really just leveraging the current funding streams, if there isn't one already made available, whether it's through the Emergency Management Planning Grant at the Homeland Security Grant or the FEP award. We just -- that was one of the priorities from our

stakeholder group that they thought was key to successful planning in the state. So I think since 2012 we have had a budget line item dedicated to that activity.

>> CHERYL LEVINE: Thank you, Teresa. So Teresa is representing best practice. She's a leader, she's the lead for her state and they've made a conscientious decision that this is something to include. So as she suggested, the funding that does come to communities, whether the Department of Health and Human Services, through the Public Health Emergency Program or from the healthcare coalitions, that funding comes to a community and they do get to make decisions how to coordinate.

And so we hope that you will reach out to your leaders and ask to be included in their planning. There's also funding that comes from the Department of Homeland Security for all types of different planning and exercises. And, again, I think for the Centers for Independent Living and the others, Administration on Disability Grant Programs, reach out to your emergency managers and public health folks and let them know you want to be engaged in planning and you want to be part of their planning team.

>> SERINA McWHA: We are funded through -- my position, anyway, is funded through Urban Area Securities Initiative grant in the five jurisdictions that make up our group here. They each have dedicated one vulnerable populations coordinator from each of those jurisdictions. So, you know, there are grants out there that find -- you know, at least the governing body for UASI has made it to fund these positions. It's out there. You just have to find it.

>> CHERYL LEVINE: Just one more -- I just wanted to mention that having both Teresa and Serina is really important. They represent sort of the different sides of this. Teresa works with public health planning, so a little more on the HHS and Serina works on Homeland Security. As you can see we're working towards some very smaller goals with a little bit of a similar structure that I described earlier on. And, again, I think you all play incredibly valuable roles as advocates and consumers and leaders in your community. And we do have a toolkit coming out on capacity building for the aging and Disability Networks that will provide more guidance on how to approach your emergency management/public health partners in your community, that's forthcoming, but we definitely want to support you in sort of gaining the information so that you can approach these partners and ask to be included.

>> WANDA ALSTON: There were -- I didn't have any additional questions that have been submitted. So I think that's about it.

>> ALLISON: This is Allison with ACL. Those are all the questions we have at the time, I would like to once again thank Cheryl, Teresa and Serina for their valuable information and contributions to this presentation.

I would also like to thank everyone who was able to join this webinar. And, again, the idea is that you will take some of this information and make it useful for your day-to-day planning and engagement at your level, at your local level. And look forward to bringing you another webinar in the spring of 2019 and look forward to your participation and engagement as well.

So, again, thank you, everyone, and enjoy the rest of this afternoon.

>> Thank you.

>> Thank you!

>> Thank you!

[Captions provided by a live captioner with Alternative Communication Services (ACS) CaptionFamily.com]