

## **CORE ADVISORY GROUP CONCEPT OF OPERATIONS**

**BACKGROUND:** In 2010, FEMA began hiring regional disability integration specialists (RDISs) to help make FEMA programs, plans and disaster response efforts fully inclusive of all people in the whole community. The Post Katrina Emergency Management Reform Act (PKEMRA) of 2006 specifically charged FEMA to focus on needs of people with disabilities.

The Rehabilitation Act of 1973 (Rehab Act) requires federal agencies to inform states of their responsibility to comply with the Americans with Disabilities Act (ADA) when the federal agency awards or disseminates federal funds to a state. The ADA requires access for all citizens in three primary areas - effective communication which includes accessible notification; physical access and; access to programs, goods and services. For clarification, the Rehab Act applies to the federal government while the ADA applies to state and local governments.

In July 2010, FEMA Administrator Craig Fugate signed a Memorandum of Agreement (MOA) with the National Council on Independent Living and in March 2011, signed another MOA with the National Disability Rights Network. FEMA Region VIII (Denver) partners closely and consistently with state members of both organizations to promote full inclusion in FEMA plans and programs throughout Region VIII. In most states the two groups are commonly known as Independent Living Centers and Protection and Advocacy.

Region VIII developed a model to help demonstrate a method of inclusion for emergency management. The model is referred to as the Inclusive Emergency Management model and is depicted at Appendix 1. There are four components to the Inclusive Emergency Management model which are: a state core advisory group (CAG), local CAG, CAG workshop and personal plans workshop. The hub of the model is the CAG both at state and in local jurisdictions.

**DISCUSSION:** State CAGs are encouraged to be comprised of people with cross-disabilities which ensures a variety of disabilities are included as advisor to offer a balanced approach to state emergency management for ensuring full inclusion. Tasks of a CAG are determined jointly by the state agency and CAG members. A principal state disability entity can be formally appointed or a cooperative agreement concept can be stipulated within a memorandum of agreement/understanding. The stipulations could include size or number of group members, purpose of the group, etc. In some states, other state agencies are represented like public health, emergency medical services, hospital preparedness, etc.

It is critical to remember the greatest value will come from a CAG with majority representation of people who actually have disabilities rather than those who serve people with disabilities. If a clear majority of members are not people with disabilities then input and impact will likely be significantly reduced. People with disabilities typically do not disclose or participate at high levels when they are in a minority.

Some states have principal partnerships with Protection and Advocacy and Independent Living Centers which mirrors the approach Region VIII uses in creating CAGs and in responding to disasters. While some states rely heavily on state agencies, significant numbers of people with disabilities in the United States are served by non government disability service and support providers who are typically not directly connected to state agencies. The majority of states using the Inclusive Emergency Management model include consumers as a clear majority of members.

Consumers and disability entities must become familiar enough with federal, state and local emergency management agency organizations and operational procedures that they are able to effectively and efficiently communicate with emergency managers in their language. If we want to be included and integrated, we have to learn the language and understand the framework for operation – which is the Incident Command Structure – referred to as the ICS.

ICS courses (ICS 100 and ICS 200) are available to anyone through the FEMA.gov website. Disabilities entities are strongly encouraged to complete both courses. Remember “inclusion works,” but preparedness and integration is a two-way street.

**DEVELOPMENTAL STRATEGIES:** The CAG model uses four quadrants to display four distinct strategies. The upper left quadrant is the **first strategy** and is development of a state CAG. State CAGs are typically comprised of a mixture of public and private disability service and support staff as well as individual citizens with disabilities (consumers) from throughout the state. The majority of CAG members should be comprised of people who represent cross disability types (paraplegia, quadriplegia, deafness, blindness, intellectual/developmental disabilities, etc.). In some states, selected CAG members activate simultaneously with Emergency Support Function (ESF) 6 when the state Emergency Operations Center (EOC) is activated and those members serve as disability advisors to the total EOC staff. CAG members not only provide insights and recommendations about the community of people with disabilities but can also immediately access a wide range of disability resources in real time. They know statewide facilities, resources, populations, and have immediate networks for collecting or disseminating critical information for emergency management officials. They know what the picture looked like before the event; probably know what it looks

like now; and where and how to access resources needed throughout the event. They are disability advisors. A number of CAG members also provide emergency management training across state agencies and some provide training to other disability entities in promoting individual emergency plans for all people with disabilities.

The **second strategy** shown in quadrant two is development of local jurisdiction CAGs. Some local communities embraced the Inclusive Emergency Management model before their respective states. Once operative, responsibilities of both the state and local CAGs are negotiated and agreed upon and tend to include but not be limited to editing or co-authoring state emergency operations plans (EOPs), policy reviews, practices, plans and documents to ensure all people are included in the planning and execution of emergency and disaster plans. Local CAG members would typically be members of the local community who have disabilities and local disability advocates or disability service or support provider staff. Duties and focus would be similar to the state CAG whereby the group reviews local EOPs and select members of the group might comprise ESF 6 staff in an activated EOC to serve as disability advisor to the emergency manager/Incident Commander as needed. The local CAG is also a critical connection to identify local resources and resource people and for ongoing liaison and subject matter expertise as disability advisors.

The **third strategy** (quadrant three) is providing CAG workshops in local jurisdictions. This strategy operationalizes development of local CAGs in areas where they do not develop on their own. Many local emergency managers have become aware of the benefits of a CAG and moved ahead to develop CAGs locally. Workshops are delivered on an ongoing basis as needed or when requested and are conducted by a blend of CAG members and emergency managers who are dedicated to principles of inclusive emergency management. Emergency managers following this methodology are vigorously supportive and have recognized the value from empowered people with disabilities to speak, plan and meet resources for other people with disabilities and other people who have access and functional needs. Emergency managers at both state and local levels have been quick to realize the significant increase in effectiveness and efficiency of community response when experts in the disabilities world are brought to the table. They know how to make inclusion and access happen for everybody.

Finally, the **fourth strategy** depicted in the fourth quadrant, is also a local workshop with the same member composition as above and offers training to disability and other human service provider agencies in creating individual/personal emergency plans in every community. The group of trainers teach disability support and provider agencies how to develop personal emergency plans. Emphasis is placed on three aspects of planning; rapid evacuation (grab and go), staying put (sheltering in place) and

disaster/emergency preparedness kits. Additional emphasis is placed on the criticality of an individual who needs multiple backup plans. We typically encourage up to six or more back-up people following the idea that the greater the need for personal assistance, the more people need may be required to be listed in a call-down chain to ensure emergency assistance.

In a typical workshop, one day is spent training people how to develop personal plans. On the second day, service providers are asked to bring no more than two people for whom they will create personal plans while having the benefit of trainers present. The final step is to establish a consistent and routine community training schedule together with the emergency manager, e.g., on the second Saturday of every other month, personal emergency planners will be available at the Fire District 2 Meadowlark Fire Station from 11a.m. to 3p.m. This information would then be routinely circulated to disability service and support providers and all local places known to be used by people with disabilities.