



**Capitol Region Emergency Planning Committee
(CREPC)
Regional Emergency Support Function
(RESF) 19
Functional Needs Unit**

**RESF 19 Training Unit – Fall 2012 Report
July 2012 – December 2012**

December 2012 signaled the end of the CREPC RESF 19 Training Unit's 6th consecutive year providing the "Emergency Preparedness and Response for People with Disabilities" training. On average, the team has consisted of five persons, with and without disabilities, who prepared and presented the two-hour to three-hour sessions, which were held in various locations around the state. A total of 720 people attended one of the 15 sessions.

Feedback indicates that the training was successful in raising awareness of – and providing useful information about – assisting persons with functional needs. Almost 70% of those who attended rated twelve aspects of the session.

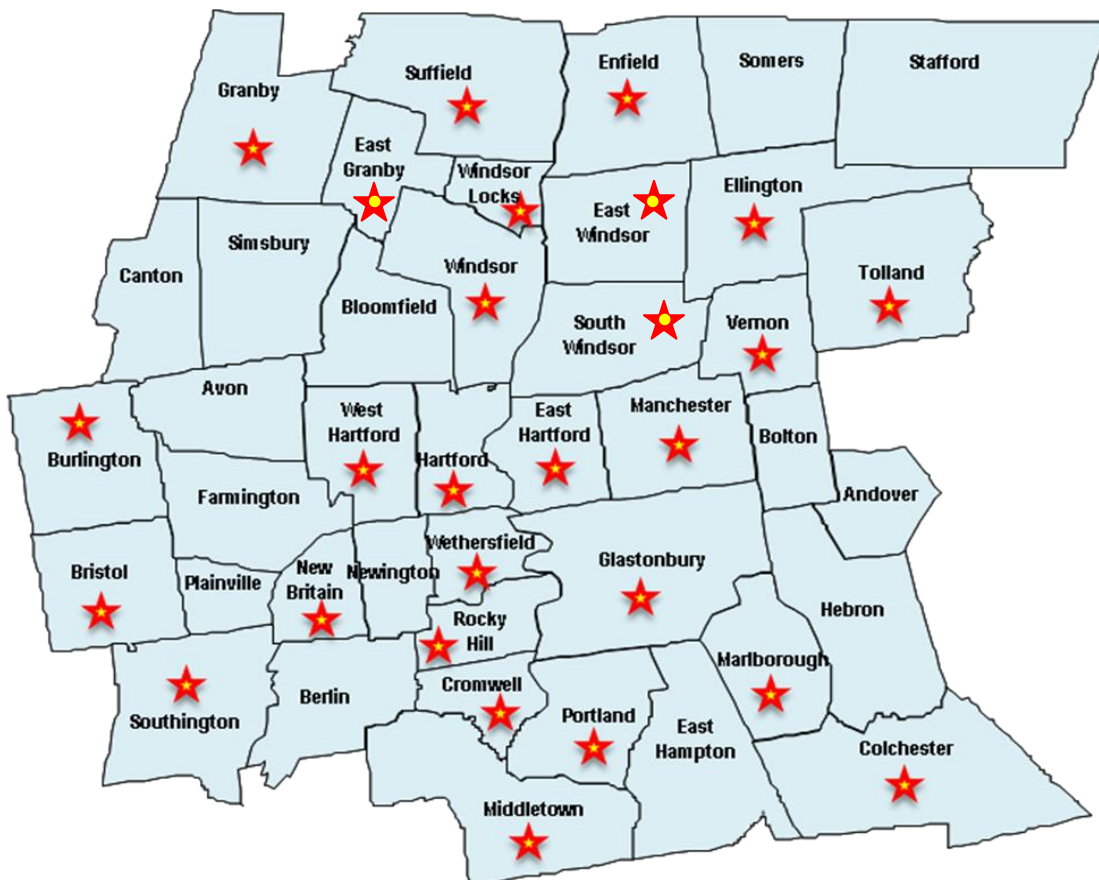
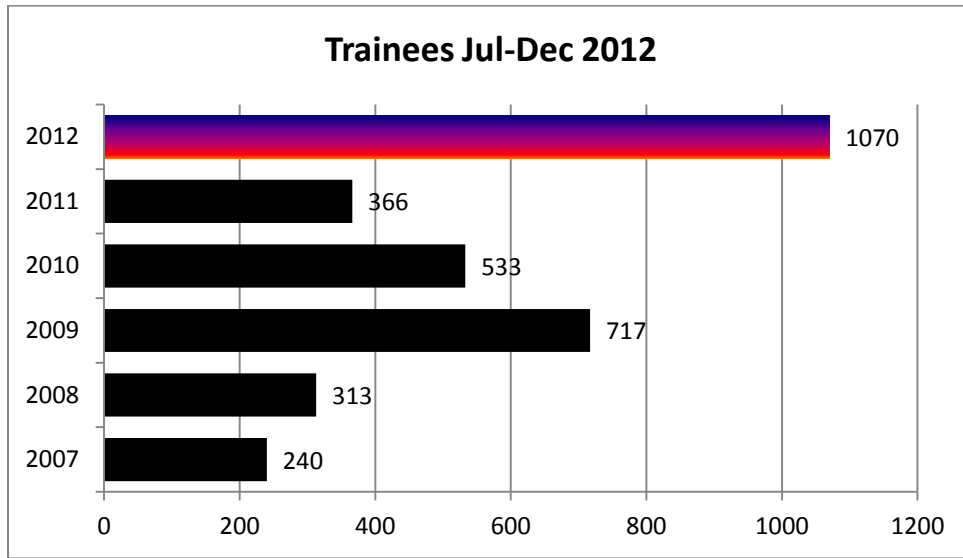
- About 98% of attendees either ***agreed*** or ***strongly agreed*** that a session (1) met its objectives, (2) addressed its agenda, (3) provided relevant materials, included (4) adequate illustrations, (5) was well organized, (6) was relevant, and (7) helped them to achieve understanding.
- About 98% either ***agreed*** or ***strongly agreed*** that the trainers were (8) well prepared, (9) were knowledgeable, (10) included a variety of activities, and (11) valued their input.
- In every survey category, responses were significantly more numerous with respect to ***strongly agree*** than ***agree***.
- Overall, 97% were either (12) ***satisfied*** or ***highly satisfied***.
- Trainees provided a number of other thoughtful, constructive comments about the trainings.

The training team greatly enjoyed the sessions and is grateful for the CREPC support – in both materials and financial support – that enabled them to provide information about potential functional needs to first responders and other trainees.

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OVERVIEW OF TRAINING 2007-2012



**RESF 19 Training Unit Towns Served
2007-2012**

TRAINEES Jul-Dec 2012

2012	Trainees	Attendance
18-Jul	Region 3 Behavioral Health Response Team	20
28-Aug	South Windsor Fire Department	55
6-Sep	Hartford Police Department	125
11-Sep	Manchester Health Department Shelter Team	20
28-Sep	Region 4 Behavioral Health Response Team	23
11-Oct	Hartford Police Department	108
16-Oct	Hartford Police Department	128
25-Oct	Boy Scout Troop 880	44
31-Oct	Hartford Police Department	20
1-Nov	Bristol CERT Team & Buggy Riders	15
3-Nov	CT Chapter National Federation of the Blind	32
29-Nov	Region 2 Behavioral Health Response Team	23
5-Dec	CERT Teams (Bristol/Southington/Burlington)	45
6-Dec	Region 5 Behavioral Response Team & Mass Care Unit	50
11-Dec	Woodland House Condominium	12
	Total	720

TRAINING TEAM Jul-Dec 2012

Mary Ann Langton (and personal assistant)	Council On Developmental Disabilities
Stacie Mawson	Consultant on Deafness (former CEO of CT Commission on Deaf and Hearing Impaired)
Stephen Thal (and Thor, his guide dog)	Training Unit Leader, CREPC ESF 19
Brian Rykowski	Supervisor, 911 System Quality Control (former Firefighter & Assistant Fire Chief)
Dennis Mitchell	Statewide Emergency Management Coordinator, CT Department of Developmental Services

★ **Note:** Many of this year's Training Unit members have expressed an interest in continuing their involvement with the Unit during 2013.

The many successes of this program would not have been possible without the trainers' fervent belief in the value of the training and their ongoing commitment to be flexible and creative in their work together to make the training experience informative and valuable to all trainees.

As with any outreach program, the "Emergency Preparedness and Response for People with Disabilities" training requires identification of, attention to, and completion of an array of administrative functions in order to be successful. These administrative responsibilities could not have been addressed without the trainers' willingness to share in the work of "getting things done."

See **Appendix A** for a list of the ongoing training functions and the trainers responsible for each, with respect to curriculum and materials preparation, recruitment and pre-training logistics, and training and post-training activities. Also see a list of the 2012 people and organizations with whom Training Unit members interacted about disability issues, especially with respect to updated ADA requirements.

See **Appendix B** for some photographs of trainers and trainees.

TRAINING CONTENT Jul-Dec 2012

See **Appendix C** for a list of topics included in each training session.

In response to training trainees' requests, Kathryn Dean (UConn-Yale Trauma Unit), the Training Unit members expanded training content to include sections on people with Alzheimer's disease and people with "hidden" disabilities.

They also incorporated into the training the new ADA Service Animal, and new Interpreter for the Deaf, regulations, as well as the FEMA Sheltering Guidelines, thanks to support from Kathy Gips (Executive Director, ADA Regional Resource Center) and Marcie Roth (FEMA Regional Disability Coordinator).

TRAINING OUTCOMES Jul-Dec 2012

Trainees in all but three sessions were asked to fill out survey questionnaires about their reactions to the training. About 70% of the trainees responded, although some did not answer all of the questions.

See the first page of this report for a summary of the responses to the 12 numerical ratings questions. See **Appendix D** for more details about the rating responses to individual aspects of the training.

There were also opportunities to provide written feedback in each of the four areas of (1) most helpful aspects of the session, (2) suggested areas of improvement, (3) usefulness of knowledge and skills, and (4) other comments.

1. Most helpful aspects

Trainees appreciated most that the trainers included persons with disabilities. Here is a representative summary of aspects of the training that trainees found most helpful.

- **Materials:** videos with good examples, handouts, slides, references to other resources (animal laws, services, adaptive equipment), community outreach numbers/names, online references, checklists
- **Trainers:** explanations, knowledge, actual personal experiences with disabilities, good organization, demonstrations, role playing
- **Format:** interaction among trainers and trainees, practical examples, discussion, hands-on opportunities
- **Disability issues:** communicating with issues such as sight/hearing impairment/deafness, mental illness, seizures, autism, dementia; dealing with service animals and motorized wheelchairs; the difference between disability and illness; wide variety of disabilities; importance of private room accommodations for sheltering people with disabilities; specific interventions

Trainees also were enthusiastic about how much they had achieved a better understanding of disability issues. They identified helpful aspects of the presentations, such as new ways of viewing people with disabilities that could help them in communicating with, and about, them and in dealing with the special needs of these persons. Here are some representative comments:

- “The human faces put on people with disabilities”
- “Having Maryann, Steve and Brian on hand hammered the point home.”
- “Emphasis on *abilities* of people with *disabilities*”
- “And by looking at someone, you can’t always assume that they don’t have a disability.”
- “Advice on asking people how we can help them”
- “All was excellent! Never had such training.”
- “I think it was great! I was oblivious to much of the information received.”
- “Can’t improve on perfection.”
- “Everything was fantastic.”
- “This training class is so informative, this is my 4th time and I learned something new.”

2. Suggested areas of improvement

- **Materials:** more updated videos, more visual aids, fewer slides packed with details and more personal information
- **Trainers:** a presenter who had a mental disability or a hearing loss, or who ran a shelter
- **Format:** refreshments, a more comfortable setting with more comfortable seats, shorter sessions over more days, longer breaks, longer sessions that go all day with more specialization, schedule on regular work day, better audio equipment, in-the-round presentations, more equipment demonstrations, more interaction
- **Disability issues:** more on autism, service animals, children, more content relevant to the work of City employees other than first responders, more information relating to law enforcement issues

3. Usefulness of knowledge and skills

The vast majority of trainees felt that they had received relevant information that would help them to assist people with disabilities, both on the job and off. The most frequent comment related to how helpful and relevant the training was to their jobs.

- “It gives me a better understanding and not to quickly assume or pass judgment.”
- “Communicate more effectively with those suffering with mental health or physical disabilities and to build their relationship with law enforcement.”
- “Provide more information to clients re home equipment; prepare clients for emergencies”
- “Manage shelters better”
- “Be more outspoken in advocating for persons with disabilities”
- “Assisting people during incidents and in my general life.-- I will also teach my Boy Scouts what I have learned!”

4. Other comments

- “Very informative” – “Nice job!” – “Wonderful presentation”
- “This was great.” – “Excellent training overall!” – “Awesome”
- “Great job! In seven years on the job first time I’ve had the training.”
- “Great job by everyone, could tell a lot of time and effort went into the presentation.”
- “Your team did a fantastic job and we can't thank you enough for visiting with us.”
- “We wish to thank you all for an excellent presentation last evening at our quarterly MRC Unit meeting and training night. Your presentation was very informative and provided much to think about as we prepare our plans and volunteers to work with persons with disabilities in our future emergency response work.”
- “This should be given to the people that control the purse strings so that we can do a much better job!!!”
- “Mary Ann you are a true inspiration. Thank you”
- “One of the most valuable trainings I’ve attended!!!”
- “Thor is a beautiful German Shepard.” – “Cute dog”

1. Bristol emergency awareness PSA. As an outcome of the training, the Bristol Commission on Disability Issues has developed a public service announcement to be played at local gas stations reminding citizens about the need to be prepared for an emergency.

2. Recruiting trainees.

Information about training available through the RESF 19 Training Unit has been sent to the following CREPC towns: Bloomfield, Bolton, Harwinton, New Hartford, Newington, Plainville, Simsbury, and Wethersfield, as well as to Mr. Rioux at the Safety Magnet School (Enfield). The Chair of RESF 4 has been apprised of this outreach effort.

A 2013 training session is being organized for Region 1 Behavioral Health Response Team, and a makeup session will be held in 2013 for members of the teams from Regions 2, 3, 4, and 5 who missed their sessions.

The RESF 19 Chair and the consultant from the Regional Long Term Care Committee (which includes 78 long-term nursing facilities) are also working to coordinate a training session.

3. Other activities. RESF 19 Training Unit members continue to advocate for the involvement of people with functional needs in emergency planning. Unit members advance this advocacy role through their continued involvement in an array of emergency planning and response activities. In addition to their involvement with many people/organizations listed in **Appendix A**, our Unit member's 2012 accomplishments include:

- Developing a twenty-question handout for CERT team members about disability issues in emergency evacuations
- Updating the Regional Database of organizations, state agencies, and non-profits
- Reviewing and submitting comments on the CREPC RESF 19 Annex
- Preparing an outline of volunteer specs to be used for recruiting RESF 19 volunteers
- Participating with Region 3's George Haddow and Bristol's Commission on Disabilities, to develop a pilot program to train residents in emergency preparedness
- Participating in three shelter drills and one decontamination drill

RECOMMENDATIONS 2013 & After

Many things need to be in place to ensure the sustainability, expansion, and continued success of the Training Unit's efforts.

1. Trainers. Based on the 2012 survey feedback, trainees would like to see more trainers with a wider variety of disabilities. While the time constraints of a session require a limitation on the total number of trainers, the Unit must make an effort to recruit more available volunteer trainers in order to keep the program going and to assume some of the many responsibilities currently carried out by the five current trainers. It is essential that any recruit have personal experience about living with a disability, be flexible enough to adapt each session to the trainee audience in general, and be able to relate their experiences to the needs of first responders in particular. Of course, the RESF 19 Training Unit members hope that their current talented trainer colleagues will continue to be available.

2. Administrative support. In past years, each of the trainers was able to contribute their efforts to all of the required functions. To ensure that the administrative functions of the RESF 19 Training Unit continue to be completed efficiently, it must now look at different options, such as sharing the completion of at least some of these functions with the help of the CRCOG staff.

3. Trainee support. Adequate funding levels for the RESF 19 Training Unit Chair and Vice-Chair will be required to ensure the continued availability of the training. Funding should also be available to compensate, at some level, current and future trainers for personal expenses incurred through their involvement with the program. Such expenses would include funding resources for trainers' personal care attendants and sign language interpreters (especially during evening and weekend trainings), mileage reimbursement, *etc.*, as well as funding/resources to support the handouts, copying, and other materials required for training purposes.

4. Materials support. Based on the 2012 survey feedback, trainees would like some of the materials updated, especially the videos. While there may be contemporary videos already available for purchase, the trainers have lots of ideas for very short videos that they could make and that would illustrate a variety of brief situations in which ways of accommodating a person with a disability could be clearly shown. New videos could help maintain the interest of the trainees and, with grant support, they might also be provided online to interested people around the U.S.

5. Resource Directory. The trainers have suggested that a “functional needs resource support directory” would be helpful for the trainees – especially first responders and ultimately for the public. Such a directory could provide access to information such as adaptive device vendors, translator/interpreter services, *etc.*

6. Recruitment. The RESF 19 Training Unit must develop strategies to involve those CRCOG towns and businesses that have not taken advantage of the training.

7. CT Functional Needs Coordinator. The RESF Training Unit encourages the creation of a position for a DEMHS Statewide Functional Needs Coordinator.

PERSONAL MESSAGE

I am indebted to the CRCOG staff for their support especially Cheryl, Dan, Carmine, Viola, Barbara, and Karen S. Their guidance and good counsel has been invaluable. Also thanks to the CREPC leadership, RESF chairs, and DEMHS Region 3 Coordinator for their ongoing support and encouragement. And thanks to the trainers for their patience, enthusiasm, and dedication, which has played a critical role in the success of our efforts to date. Finally, thanks to Chief William Austin whose vision continues to impact first responders and emergency personnel throughout Connecticut and New England.

It has been my pleasure and honor to have been involved with the RESF 19 Training Unit for the past seven years.

Respectfully Submitted,

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