

Video transcripts

Living Safely with Disabilities and Special Health Needs

Guest Speakers: Jill Harris and Adrienne Robertiello, Children's Specialized Hospital

Rebecca Martin: Hello. Welcome, everyone. It's so nice to have you here today for our first IHC Academy training featuring Children's Specialized Hospital. My name is Rebecca Martin, and I'm a graduate assistant with the grant facilitation team at the Edward J. Bloustein School of Policy and Planning at Rutgers, and we're working to coordinate these New Jersey Inclusive Healthy Communities training series and the IHC Academy training. So I'm joined today by my colleague Karen Alexander, who graciously agreed to assist me with the facilitation of this meeting. We're very excited to have you here. I have a few housekeeping notes before we start the presentation. I'd like to make you all aware that we'll be recording today's presentation and making it publicly available. If you would benefit from having access to the presentation slides and handouts, you can download them from a link that I'm going to be providing you in the chat in a few moments. You can feel free to add any questions that come up in the chat, or you can hold them to the end, either way, but we're going to have a question and answer period at the end. Given the interest in today's training, we'd really like to add you to our list to receive future opportunities for free trainings. If you would like to opt out of that list, then you can either chat me through Zoom or I can also give you my email address in a few moments and you can send me an email privately if you'd like to opt out. And then, before we begin, I'd like to take a moment to express our deep appreciation to Peri Nearon and her team at the New Jersey Division of Disability Services for making this training series and also the IHC grant program possible. And now without further ado, I will turn it over to Adrienne Robertiello and Dr. Jill Harris talking about their Living Safely project at Children's Specialized Hospital.

Jill Harris: Okay, well, thank you Rebecca. My name is Jill Harris and I would like to describe myself. I'm a white woman, older, with gray hair, and wearing black and white sweater. At Children's Specialized Hospital my title is associate vice president for the research program, and I also coordinate Autism Services. And just a very quick blurb about Children's Specialized. We're the the largest provider of specialized care to children with special health needs I think in the country. We're a very large provider of services in this region, and we have 15 locations throughout New Jersey. We were super super proud to be a recipient in the cohort, the first cohort, of the Inclusive Healthy Communities grant. We want to tell you about that grant. I also just want to say that I'm also a parent of an adult son with autism and the sister of an adult with chronic illness, and it's my huge pleasure and joy to introduce my friend and colleague Adrienne Robertiello.

Adrienne Robertiello: Hi, everybody. I'm Adrienne, and I am a middle-aged, white, brown-haired woman with blue glasses. I have a black and brown shirt on and behind me are lots of resources that I need to start distributing out to many people so you'll see a lot of interesting background on my end. I am a person who identifies with as a with a disability. I also have an

adult son with autism and multiple disabilities, and my position here at Children's Specialized is special healthcare educator where I primarily work to develop education and resources for people with disabilities and their families focused on inclusion. A lot of the work that we do is on safety, and so we're really proud today to talk about the work that we've done through the state through the Living Safely program. It was one of the best grants that I've ever worked with, and I know Jill would agree with that, and we can't wait to share that with you. Jill, do you want to start, or am I starting? I'm starting. I'm starting. Okay, so Living Safely with Disabilities and Special Health Needs, that is the name that we, and I'm going to include all of our core partners that we'll talk about in a moment, including people with disabilities. They were involved from the very beginning of our grant even in the grant proposal – excuse me – and they helped develop the name, the branding, everything. So I really want to emphasize that we involve people with disabilities from the very beginning of our grant, and we're going to talk through this webinar today about how important that is.

We know that and this is where our, the foundation of our grant came from that disabled people are a large and growing population that are often unprepared for situations that put safety at risk or cause injury. Service providers, including emergency responders, are often inadequately trained to identify, interact with, and address safety concerns of people with disabilities. I do want to acknowledge that throughout today's webinar, and in fact in all the work that we've done we use both disabled people and people with disabilities interchangeably – the identity first and the people first. We do that purposely so that we can respect people's choice and how they would like to be identified. So it's really something I'd like to emphasize in a lot of the work that we have done. And overall the grant and the work that we've done, the intent of the whole project was to set the groundwork for equity and innovation, right. We want to make sure that what we're doing now and in the future includes people with disabilities, because safety is a fundamental human right.

I also want to – you may have heard safety ... I'm sorry, health literacy – so health literacy is just help making sure that patients understand what the doctors are telling them, and we thought it was important that we emphasize safety literacy, and that's the degree to which individuals have the capacity to obtain, process, and understand basic safety information services and supports to live safely, prevent hazards, prepare for emergencies, and respond to emergent situations. Every person has the right to be safe, and so we've come to determine – and Jill's going to talk about that in a moment – how many people in our in our conversations with people with disabilities really signs that that they see as they're going by, or safety resources that they have are not necessarily relevant to them, understandable to them, and accessible for them, so that's really the construct of where we started with this grant.

And this is kind of the foundation for all the work that we have done. It's "with, by, and for." So, with people with disabilities, by them, and for them, and that was really what we kept through the beginning all the way through the end of our grant and beyond. We're still really making sure that that is kind of the essence of really what we do. Our core partners, which were people that were subject matter experts, they were people obviously with disabilities, there are thought leaders that we've included within our our project, they were involved ... every month

we had a meeting with our partners through the beginning to the end including people with disabilities in every aspect of our grant.

And this is kind of where – so now I want to kind of get casual with you all – so this is kind of the process by which we established how our whole grant went through the whole Cohort 1 process. So it started with our core partners and bringing in people with disabilities and other safety stakeholders, then we conducted this safety survey, which we'll talk about in a moment, then we brought in a lot of people. We talked to people nationwide, and we built relationships. Then came COVID. We then conducted an Inclusion in Innovation Summit, and we established then this very huge Online Center for Safety which was a very long process to complete, and we'd like to share that process with you today. Jill?

Jill Harris: Okay, let's go on to the next slide. So really, and one of the reasons why we were excited to talk to you guys is that we really want to have this opportunity to share our experiences, and we want to emphasize some of the challenges that we had and some of our lessons learned, because hopefully you can benefit from that. And just a little advanced organizer, the main theme of this is the need to be resilient and the importance of building relationships. So, with the safety survey, I don't think that we even said when we wrote the grant that we were going to do the safety survey, but we really early on thought this would be a great opportunity to really kind of gather some baseline information about what the experiences are of people with disabilities, of the caregivers and parents and people with disabilities, of first responders, and of educators related to safety. You know, what are what experiences do they have, what are the areas where they see that there's greater need. And so while we had the input from our core partners and our team we thought it was really important to go beyond that group so, next slide, so we said that we created the survey, and again it was done in partnership with the core partners that included people with disabilities, and we took a lot of time on this and what we wanted to do is we had a different version as I said for these different groups, but we wanted to distribute it as widely as we possibly could. And so, you know, every group and organization that we could think of, social media and so forth, we advertised the opportunity to participate in this survey so that we could gather the information and for those voices to be included. We ended up receiving 783 surveys, and the surveys were available in English as well as Spanish.

Again there's lots of lessons learned. And if this was ... one of the things that you'll see as a recurring theme is that we had a plan for what we would do and then we thought bigger. You know, we said, okay this is what we would wanted to do, but then is there a way to kind of expand this? Is there a way to kind of get not just, you know, local input but what about statewide, what about regional, what about national? So that if this was our only task of the grant, we would have thought it would be very important to get this baseline survey, this national survey, and really get the word out there about what the needs are. But this was just one little tiny portion of our grant. Like I said, it was kind of unplanned. So what we found is that, you know, in surveying people with disabilities that almost all of them stated that they knew how to get help from firefighters, for example, but 18 percent of them said that they were uncomfortable. They knew how to do it, but they were uncomfortable about actually

getting the help. Again, with the police officers 90 percent knew how to get help from a police officer, but now you see the percentage go up. About 28 percent felt that they were uncomfortable with actually getting that help. And a very high percentage of disabled people indicated that they had interacted with emergency responders often many times.

So one of the questions we had in the survey was kind of open-ended, "What advice would you have for emergency responders?" And this is something that came up, and it's a thread that we use throughout. So one of the recurring messages was just because I'm upset doesn't make me a threat and don't assume that I could follow your directions. It's okay to ask me questions, but I might not understand, and I might not, I might need it to be repeated. With the emergency responders who completed the survey, almost all of them indicated that they had again had interactions with people with disabilities, most of them had multiple interactions with people with disabilities.

One thing that was interesting is that near a little over half of the emergency responders stated that they had a personal connection with the people with disabilities, so we're not sure how representative their responses might be. With the parents and caregivers, it helped to identify areas that they thought were important, that their family members needed more help with and again their message to emergency responders was to please have more care and patience, be understanding, seek more education about how to interact with disabled people, and the importance of communicating clearly before acting. So the main ... what we did with all this information is we wanted it to inform the content and the methods for delivering safety education, and also to make sure that emergency responders and all the safety education for people with disabilities and the training for emergency responders and make sure that this content was informed by the lived experience of people with disabilities, their family members, and educators.

Adrienne Robertiello: I would like to add that, you know, as much as we had 783 surveys, we sent out thousands and thousands of them so, keep that in mind that as many as we, you know, we know the percentages are so usually so low. I think we did well with this, but we sent them out to organizations and disability groups. So this was a very very large distribution, and we are very happy with 783 but, you know, that does not pale in comparison to how many we sent out.

Jill Harris: Right, and the other thing just to point out is we try to do a lit review. There isn't a lot that's been done in terms of safety surveys, and one of the things that we think is just so important, and I don't want to eat up all the time, but safety is, as Adrienne said, it's a fundamental human right, and we really want to get everybody interested in this – researchers, tech developers, everybody – because there's nothing that really is kind of more crucial, that if you're not safe then nothing else really, you know, everything falls to the wayside if somebody's not safe. So this slide is just to point out that how important and how much emphasis we put on relationship development in this grant.

Adrienne spoke earlier about how we formed our core partners and reached out right from the very beginning and conceptualizing this project with people with disabilities. And this group grew, so while we had many people who were involved from the get-go with disabilities, it became apparent to us the importance of intersectionality. We needed more representation from people who were not white people, who were Latino, people from different backgrounds. And so the group expanded over the course of the grant as we were able to add additional partners who represented, you know, different experiences. We went into this really with ... intentionally. So Adrienne has done a lot of work prior to this grant as well in terms of safety education and safety training so she had a lot of context. And, well, we use these contexts to really expand and in terms of the number of the subject matter experts that were involved in this, you know, what happens is when you talk to one person then it leads to, "Oh, let me introduce you to all of these other people," and so we had so many meetings, especially Adrian, where it just really expanded the network to people on a national level. We each were involved in different groups, whether it's LEND or AUCD, and found that we were able to then bring in people on a national level who had interest and experience in some aspects of safety. As Adrienne said, we pulled in different disability groups as well and Centers for Independent Living. We talked to researchers. One person would tell us about some research that was going on here versus there, so we pulled them in, we contacted people from CHOP, Children's Hospital Philadelphia, we found out that they were doing research with virtual reality and helping people with autism prepare for interactions with emergency responders. We talked to the tech developer they were working with. So you could just see, and I'm sure you guys all have a similar experience in terms of how one thing could just broaden. And I know Adrienne and I had lots of conversations over the course of this grant, should we narrow it down. You know, I'm always one to say, "Oh, let's just talk about, you know, what we checked this box," and she was "No, we have to think big, we have to use this opportunity to really expand the networks and get people talking to each other." So I think that that was super helpful, and it continues to be super helpful in terms of not just the networking but the dissemination of the products of this grant.

Adrienne Robertiello: I can't emphasize enough how important those relationships from the beginning and how they grew and networked really were critical to this project and beyond. And we'll talk about that more in a moment.

Jill Harris: Okay, so one of the things that again that we knew right from the beginning in talking with our core partners was the importance ... Of all the different aspects of safety, one of the aspects of safety that was really important was interactions between law enforcement and people with disabilities. I mean, you know that there's been several high-profile horrible events that have happened, but we learned from our baseline safety survey that, you know, most people with disabilities had had some interaction. Sometimes it went well. Sometimes it didn't go well.

This is ... so I'm going to talk a little bit about this, but I also want to put a pin in it because this is important things in terms of lessons learned and resilience. So we had some relationships with law enforcement and had done some work in some of the different municipalities, but

what we quickly learned is that this topic was so much bigger than we anticipated. It's really a very fraught topic. So some of the people with disabilities who we were reaching out to and some of the organizations of disabled people said we do not want to touch this topic at all, there's too much trauma history behind it, we won't be in the same room even the same virtual room with law enforcement. It's important, but count me out, which we weren't really expecting.

And again, we were naive in many ways, and there were so many lessons learned from this. It took us a much longer time than we thought it would take actually getting our literal feet in the door with some of the targeted municipalities, police departments, and fire departments. When we did finally get meetings face to face, what we learned is that in each situation the law enforcement first responders really wanted to know more about how to effectively interact and build relationships with people with disabilities. In each of the departments they had done some work, they had gotten some training, but there are so many competing priorities, if you will, and one of the things one of them asked us outright is, "Are you going to be just like another grant who comes in plops ... does something and then we never see you again when the funding ends?" And we said, "Oh, no, that's not our intention. We don't want to do that. We don't want to do that," but what ended up happening is to some extent we did give resources and we hope that they continue to be disseminated. But, you know, there was a lesson learned that that's an issue, and I think that one thing is that at least on this topic you need to not just partner with but have it maybe definitely co-led by people in law enforcement.

Adrienne Robertiello: One thing that I would like to add is that our core partners have kept on telling us and advocating that they're sick of being the grant, right. Let's get a grant to help people with disabilities versus let's get disabilities, of course, in the core budgeting of the operations of whatever agency that is, right. It should be equally and equitably people with disabilities involved in everything accessibility. Whether it's an education training, services, they're kind of sick of being the grant. And so that's where we felt a little challenged by our advocates saying that, you know, this is going to start and this is going to end and that's going to be it. And so, you know, we are very committed to continuing these conversations. We'll talk more a bit about the coalition. But, go ahead Jill ...

Jill Harris: Okay, so just to point out that we wrote the grant during COVID, but when we wrote it this was an 18-month grant, and it was really hard to predict what was going to happen during the course of the 18 months in terms of if we could have events that were face to face. You know, we were hoping that we would. It ended up that we really couldn't, you know, just because of, you know, COVID restrictions in this area. But, you know, I think it's a mixed blessing and one of the big activities of our project was to have a summit series where we were talking about innovations and inclusion and what's needed in terms of safety training and safety education. And because it had to be virtual, there was advantages to that because we had people from all over the country who participated and had a virtual seat at the table with each other. And we're going to talk more about that in a little bit, but if it had been in person and if we had really had that focus, yes, there's things ... advantages to meeting in person, but it would have been much much narrower in terms of who was able to participate.

Adrienne Robertiello: And whether it's COVID or anything else, I guess, I think Jill will agree, expect the unexpected, because you just never know what ... You know, COVID popped up for this, but really anything could come in the middle of a grant or the work that you do, and again that emphasis on resilience and, you know, you may have to pivot some of your work, but really stay focused on the goal. So, you know, many things, for instance, you know, some of the things that we were challenged by with law enforcement and on other challenges that we had in accessibility.

For instance, we were on our own website here at the hospital, which we came to find out because where we're doing some web-based stuff, that we weren't even accessible here and we didn't expect that. Or some of our ... the portal ... so whether we used Go To Meeting, we are using Zoom now, the portal that we used was not accessible. We did not even know until our advocates said to us we're not even participating in these meetings because your meeting portal is not accessible. So all of these things – we say when one door closes – we really had to kind of all of a sudden put our, you know, big girl pants on and say what do we have to do, how do we need to solve that?

So this is really a lesson for us in what we're hearing back again directly from people with disabilities. You don't know what you don't know, and once you know you have a responsibility to do something about it. So we, you know, we've had conversations here within our organization who are so receptive about, "Oh my gosh, we didn't realize that ... okay, here, we're going to help you in this way," but that's the whole, you know, you don't know what, you know, the whole you don't know what's going to be put in front of you. Those things took us longer to do because of inaccessibility factors. So from the beginning you really need to be thinking about accessibility issues and things that might come up throughout the course of the grant. So in all of the work that we have done, and it really ... we have to kind of credit ourselves that this was really a very complex grant. And if I were to do it all over again – well, I probably would do it all over again the same way – but it really was very complex, and there was just a lot in it. There were so many parts of it that could have been a grant in and of itself.

So we developed something called a Project Pipeline which were a lot of the resources, and we had resources and videos and all these other things that are part of the grant that we had to channel and figure out how to process. So we had review by our core advocates and our disability advocates who reviewed everything we did, how do we organize it, how do we maintain the formatting and the branding of it all. We had a whole process that we called Project Pipeline, and within that pipeline we had our Safety Resources, our Safety Tools, Community Safety Conversations, and Safety Advocacy and Information. Those are the categories of the work that we did in [unintelligible] underneath. So Jill mentioned that we had a summit. It was actually 11 sessions called the Inclusion in Innovation Summit. It was virtual. It was probably one of the most impactful experiences that I've ever had in my professional career. We had about 165 participants nationwide. Every one of those 11 sessions were co-led with a subject matter expert and a person with a disability so each person ... the co-leads really facilitated questions about these particular topics that you see on the screen right now. These

topics were pre-identified as whether that became from the survey or from our disability advocates of being important safety issues. We invited nationwide groups of advocates, first responders, subject matter experts, thought leaders. We had everybody at the table, and when they all came, in each one of these topics, we didn't know how it was going to go. So lesson learned from the day before this happened we said we could have two people or we could have a pool of people, and we were very very happy with the amount of response that we received and the dialogue that happened within these summit sessions. They were fully accessible, which again because of COVID they were virtual, so we had the ability to have nationwide participants who did not have to travel. We had people with disabilities that didn't have to worry about physical accessibility issues. We included in the summit completely made it accessible with live captioning, sign language interpretation.

So we really prepared for these summit sessions. But what I learned about it, what we received direct comment from the participants was we need to do this more often. We're not talking with each other. Usually we have a presentation and you're being talked at. We like this format where we're sharing people with disabilities' perspectives and, you know, the fire safety professionals and researchers all at the same time. That was to me, I think, should be a factor in everything that we do and the decisions that we make so that they're fully inclusive and involve everybody's perspective. So I was very ... I think this Summit Session, the 11 sessions, were really very telling in not only the content but in the format. Really thought it was very impactful for all the work that we did. So in the sessions we talked about, as we talked about innovation, it was mostly about augmented and virtual reality and how currently safety ... if we talk about safety education we talk about kids learning stop, drop, and roll or what happens when, you know, if you expose your passport on your credit card, whatever it might be, we heard that all this kind of training and education is very generic, and it's mostly for people who are either physically abled or non-disabled in some way so not very relevant to them. Fire safety, you know, police safety, all of those things are not necessarily relevant, accessible, or understandable for people with disabilities. So we said, okay, let's ... how can we then make new technology that might be more accessible and more relevant and more ... that we can get data on actually and really be able to say "Hey, are people learning how to be safe?" So that's where the AR/VR came in. It really encourages safe ways to practice. We know many people with disabilities, particularly intellectual disabilities or autism, need opportunities to practice over and over. It could help caregivers and emergency responders understand how to better interact and engage people with disabilities in safety and safety education. So we really were ... In the summit we heard back with a lot of positive input relative to using augmented and virtual reality in safety education.

Jill Harris: Okay, so as Adrienne said, we had 165 people participate, but guess what? None of them were the tech developers that we'd invited, and this was really very disappointing because, I mean, one of ... we wanted them to be literally at the table, the virtual table, to help inform and to hear what the issues were that were being identified and how this could work. And the fact that they didn't attend even though they'd been invited, again, you know, lesson learned. We probably could have done something different there, and it's not over 'til it's over because we still ... I'm sending this stuff to them. But.

So across the different topics some of the same issues were identified regardless of if the Summit Session was geared towards firefighting, fire issues, law enforcement, elopement, wandering, or what have you. But so some of the repeated issues were that the safety education and resources that are out there might not be relevant, understandable, or accessible. They typically were not developed in partnership or with the input of people with disabilities and that even when there might be no simulation ... So let's say if there's, you know, some training and you're doing some role play, so something like that, they often did not include people with disabilities or issues related to people with disabilities. It just felt like "Ahh this is going to be too much, it's too complex to try to do that." That emergency responders and direct service providers – so it could be ... you know it doesn't have to be an emergency responder – they typically are not trained to recognize and address the safety needs of disabled people.

And here's something that's important that when safety education is provided or safety training is conducted there usually aren't outcome measures or any studies to look to say did this really make a difference? I mean, what you find time and time again is it's mostly like anecdotal data where people had testimonies about how going through this training really changed everything and here's what I did differently. And that's great, but it's not really something that you could then use to say, "Did this training make a difference?" And so it's so important to build that outcome measurement in right from the get-go. Also there were limited opportunities to understand and practice lessons. And in terms of how the lessons were being presented. And if you look at national databases related to safety, they tend to underreport what's going on for lots of different reasons, so that it's not as if there's data that we could point to about the effectiveness of safety education or for people with disabilities or provider training for how to better relate to people with disabilities.

So some of the conclusions from the Summit Series – those were the issues – so some of the conclusions or recommendations were that it's most ... it's really crucial to involve people with disabilities at all phases of the safety education and professional training. Much like our grant was kind of like a parallel process about involving people with disabilities and thinking, well, what do we want to do, and writing the grant, and all this. The same thing has to happen when you're creating education and professional training – that the emergency planners we learned wanted to work with disabled people but didn't always know how to best do that. As Adrienne said, we were asking, well, what about augmented reality and virtual reality? And the conclusion seems to be is that you can't replace the human interaction and safety education and training. There still needs to be some human interaction, but to incorporate it as part of the safety education training really has a lot of promise, because you could customize the situation. So, like a lot of ... several of our disabled participants said that if they had a trauma history that you could build things into the AR/VR to allow for that – maybe a different scenario, maybe allowing the person to exit out of there, maybe ways of being able to detect – live, in real time – if the person's heart rate was starting to speed up or what have you. There's so many different ways to customize. You could customize the situation to reflect the race and ethnicity or the setting of the safety situation. But the primary barrier is the cost and time needed to

create this AR/VR and the importance of making sure that the once it's created, and in partnership with people with disabilities, that's it's equally accessible for all.

And then once it's developed we think it sounds ... the feedback that we got is that it would be cost effective, as I said customizable, and highly impactful. So we took all of this and we created a white paper which outlines the best practices for inclusive safety education and training through emerging technology. And the intention of this white paper is really to have a call to action for collaboration in lots of different areas. So one of the areas is research. Really, an opportunity to collaborate here to measure the utility of safety education and safety training, to measure the accessibility of this education training, to measure how well it actually generalizes from the training environment to the real-life situation, and does it end up in reducing injuries.

Adrienne Robertiello: So that Inclusion in Innovation webinar ... white paper ... was actually one portion of the whole Online Center for Safety. So as I mentioned, we have a lot of components of that. The link is right there, and so I'm going to go through this quickly because I want to make sure we have enough time for questions at the end. But the components of Living Safely are Safety Resources, Safety Tools, Community Safety Conversations, and Safety Advocacy and Information. In Safety Resources we have multiple topics. In the course of our grant, we were able to identify nine different categories. There were so many others that we wanted to get to, and this involves so many different ... it was so complex because every single resource that we provided we did in multiple formats. For instance, we provide in plain language and text only, audio only, a picture story, a narrated picture story, and text with images. So every single resource that's on this Online Center for Safety is in all of these formats as well as in English and Spanish. So that pipeline ... Project Pipeline was really to track all of these different resources that we did.

So in Safety Tools we have things that hopefully that people with disabilities and their caregivers could use. You could see one is on elopement and wandering. There may be identification or information about myself. So we have multiple tools that are in the Online Center for Safety. We also have Community Safety Conversations. So these are, I guess, templates if you want to call that, to help guide discussions between emergency responders and local residents. So we have found that most times it's after the emergency happens. You know, we have a storm that's in place or after the storm has happened, now what? How are we helping people with disabilities through that? So we want to encourage those conversations within communities to happen before an emergency. So we provide these tools for emergency responders and individuals with disabilities to have those conversations, and that's what we call Community Safety Conversations. And lastly we have a section called Safety Advocacy and Information. We have in that first something called the Coalition for Living Safely with Disabilities and Special Health Needs. So it's a LinkedIn Group which we invite organizations, agencies, emergency responders, academics, others – anybody who wants to talk about disability and safety, especially our disabled advocates, to be part of this conversation and continue, like we said, after the grant to make sure this conversation continues and the work

continues hopefully in much more collaboration versus lots of things that are happening in silos as they are now.

I want to share with you one of the multiple ... we did about nine public service announcements. We thought it was important for people with disabilities to express how they felt, what important safety issues were important to them. We also wanted to provide some sort of public service announcements that exposed people with disabilities to services that were available to them such as in New Jersey there's the New Jersey NJ PIES or New Jersey Register Ready. We wanted to make sure they were aware of those services, so we have about nine public service announcements. And this one here was done with the clients from Opportunity Project, which is a program that supports adults with traumatic brain injury. They share tips about safety and information that they want other people with disabilities to know about. They want to share with the community and with emergency responders, so this is just a small snippet of that.

Recorded voice: What do you want first responders to know about people with disabilities?

Jill Harris: So we really encourage you to ... Rebecca put the link in the chat for this for our whole Online Safety Hub, and so we really encourage you to poke around there and watch the PSAs or download any of this. And I think as Adrienne said, everything's in English as well as Spanish. So one of the things here, recognizing that it's important to disseminate the work of this and to get the information out into the hands of people who could really make things happen, is that we took ... we tried to distill a lot of the information that we learned and put it into short graphically interesting kind of information sheets again geared to the audience who can put this into action.

So the goal on this whole thing with the grant is not just to have a checkbox – "Okay, we did it, this was a time frame that we said we'd do it" – but how do we really disseminate and get the word out there. So for example, some of these things are just in like one-page graphic form, and it could be geared to municipalities with guidance about how they can have these Community Safety Conversations with people and include people with disabilities from their communities and safety planning and so forth.

Adrienne Robertiello: For this ... for me for the guidance documents it was very important that I didn't feel like I was dropping the ball on, you know, after the grant was over we weren't done and it was finished. It was really for me our core partners and our team's way of saying this is what we have learned and this is what we want to share and this is what we really recommend being done. So this is kind of what we have called our guidance documents is a way to hopefully carry that grant further and have others involved so that they have the information that we have captured within the context of our entire grant.

Jill Harris: And just to reiterate again that this was informed by some of the people who, you know, were part of the audience, so that it's not just, okay, well, we have this thing – plop, you're it. You know, it's that they were also having the virtual seat at the table and informing

us. So we just wanted to say thank you again so much to the Division of Disability Services, New Jersey Department of Human Services. It was really a joy to work with the group and shout out to Peri Nearon and Karen Alexander who was one of our champion contacts.

Adrienne Robertiello: Definitely champion.

Jill Harris: So this is contact information for Adrienne and me, and we would really love to open it up for questions and comments and see what you all think.