- I'm Melissa Marshall, and, well, we'll be talking about me in just a couple minutes, but welcome, and about us. I just wanna welcome you all, and thank you for coming today, and thank you for taking time out of your busy schedules to be here. Next please. Project ALIVE, Accessible Life-Saving Integrated Vaccine Equity, is a short-term, February through July 2022, focused effort to remove barriers to COVID-19 vaccinations for people with disabilities living in rural areas of Montana, Missouri, and Arkansas, which is why we're here today. And the goal is to help those wanting a vaccine and needing support to access one. The goal isn't to force anyone who wants to have a vaccine to have a vaccine. The goal is to provide support for people who want one. And just to let you know, I'm an older, I always say that with trepidation, white woman with shoulder-length silver, silver hair. I've stopped calling it COVID gray. It's silver hair. I'm wearing a print top. I use she/her pronouns.

I want to acknowledge my team members who are on today, my co-executive directors, Shaylin Sluzalis and German Parodi. Plus we have Priya Penner, Jean Grover, and Regina Dyton, and many of you have heard from Regina, will be hearing from Regina as we go through this. And I would also like to acknowledge APRIL, the Association of Programs for Rural Independent Living. So APRIL is the lead recipient of the grant, and they work with the Partnership, or the Partnership works with them, in bringing you all of these efforts we're doing now. I'm gonna turn over to Shaylin for just a few minutes so she can introduce more people.

- [Shaylin] This is Shaylin, and thank you, Melissa. Thank you all for joining us today and good to be with you all. I was wondering if we could just go around and do brief introductions. We can call by CIL, so if folks from Mainstream Center for Independent Living want to introduce themselves.

- [Rita] This is Rita Byers, the executive director of Mainstream here in Little Rock, Arkansas, I have four other members of my staff with us this morning. We're actually have this training on our television, so we're having to respond to you over the phone. Thank you.

- [Shaylin] Great. Thank you, Rita. And thank you all at Mainstream for joining us. And folks from Spa Area Independent Living Services.

- [Brenda] Good morning, this is Brenda Stinebuck. I am the director here at Spa Area Independent Living Services in Hot Springs, Arkansas.

- [Shaylin] Thanks, Brenda. And also folks at Southeast Arkansas Independent Living Services.

- Hello, everyone. My name is Lakesha Whitman, and I'm co-director at Southeast Arkansas Independent Living Services, White Hall, Arkansas.

- [Shaylin] Thanks, Lakesha. And anyone else?

- [Brenda] Benny.

- Hey, Shaylin.

- Benny Assanru is here with us at SAILS in Hot Springs.

- [Shaylin] Thanks, Brenda. Thanks, Benny. Welcome, and thank you all so much for joining us. We really are looking forward to a great training today. Please ask questions, inject, raise your hand. We love to have participation and questions, so please don't hesitate to let us know if you have any comments or questions throughout. But back to you, Melissa.

- Okay, thank you. And if we can go the next slide. So, again, Project ALIVE focuses on people with disabilities in rural areas of Arkansas who desire COVID-19 vaccine and experience barriers to getting that vaccine and also to people who are hesitant about getting a vaccine but are still open to getting vaccinated, who are still considering getting vaccinated. Next, please. This is our disclaimer. Material presented does not constitute legal or clinical advice and is for informational purposes only. If you're seeking legal or clinical advice, please contact a qualified attorney or clinician. Next, please.

Enough about the disclaimer. We're gonna have some ground rules, as you're probably used to having in trainings. First and foremost, maintain confidentiality. We all know that. Don't talk about a specific situation, revealing the persons, where they live, their name, their specifics. So if you talk about someone, talk very, very generally. You all know that, but we just gotta say that. Shaylin alluded to the second ground rule, which is to ask questions, because if you have a question, I guarantee you someone else in this virtual room has that same question or someone listening to this archive has that question or someone else might have that question going back later in their day or tomorrow morning when they get up, they might have that question. So please, be the person that is brave enough to ask questions and brave enough to answer questions. The third rule might be surprising, which is to have fun.

Getting vaccinated can be a life and death issue. COVID can be a life and death issue. We're not taking away from a seriousness of that. We work in this field every single day, and we know all too well how dire our situation is, but I'm gonna ask you for the next 90 minutes, little less than 90 minutes or so, to take yourselves and ourselves a little bit less seriously 'cause people learn better when they're relaxed and maybe laughing and having fun. Now to facilitate y'all having fun, I have with me virtual fabulous prizes. If I were there in person, I'd have actual fabulous prizes. Now think of prizes you might get at a children's birthday party from the supermarket or the drugstore, something like that. So they're not grand fabulous prizes, but they might interest you. I'll probably run into you someday, and, I swear, I've doing so much training virtually over the last two years, I'm gonna have to carry a stack of fabulous prizes no matter what state I go to. So maintain confidentiality, ask questions, have fun. And again, asking and answering questions can get you a virtual fabulous prize. Now it's not answering questions correctly. It's being the person that's brave enough to say, "I think I know," or, "I think I wanna make a comment here," or, "I might know the answer." You don't have to say, "I know this is the answer," because you might not. Does anybody have any ground rules they'd like to suggest? Please raise your hands. Do you see anyone, Priya?

- [Priya] So I have a cat in my lap. No, I do not see anyone adding to the ground rules.

- Okay, can you can go to the next slide then? So the first thing I want you to understand is this training's an overview. I can and have, and you were spared this, spent five days talking to people about the Americans with Disabilities Act, and I could still say more after that, so this is just an overview. So you're getting less than 90 minutes, so we're leaving out a lot of things. We really had to sit down and think, "What are the most important things to put in?" So just know you're not getting everything. Everyone is getting part of it.

The purpose of this training is to familiarize you with what we're presenting to public health agencies and public health providers. It's gonna include what we're presenting to public health and what we're doing today. We'll include reviewing legal obligations of vaccination sites. You're probably familiar with that. You might not be as familiar with that as you'd like to be maybe. Discussing ways to reduce trauma at vaccination sites. We're gonna describe for you a vaccination site checklist that's going to be given to the vaccination sites, to public health, and you'll be getting within the next couple weeks where you are. You'll get to see a copy of it. We don't have that up for you today, but we're just introducing you to it and showing it to you. So it's not we're teaching you how to use it. We're just showing it to you for today. Okay. Next please. So today's objectives. By the end of the training, you're gonna be familiar with some, I have to say some, of legal rights of disabled people during the vaccination process. You'll be somewhat familiar with the vaccination checklist and ways to reduce trauma for disabled vaccine recipients. Do you have any goals, any other things you'd like to be learning today, any other objectives? If not, let's go to the next slide. Now this is really important, and it seems really elementary. What's the goal during the vaccination process? Is getting vaccines to everyone with a disability, who wants them, in ways that are accessible and to minimize trauma. So when we're in the weeds, like a half an hour into this, and you're thinking, "Is that accommodation required? Is that auxiliary aid or services required? Is that modification reasonable?" all those things, you're doing that analysis, try to pull yourself back to the original goal. The goal is, is it getting closer to getting vaccinations to everyone with a disability who wants it in ways that are accessible to them and to minimize trauma, or is it pulling away from it? 'Cause pulling away from it, you might wanna question that, so just keep in mind the goal all the time. It's really important for us to keep in mind the goal. Next please.

What's not the goal? A vaccine seeker leaving the vaccination site because they're afraid, they're intimidated, they're confused, or they're overwhelmed. That is not the goal here. The goal is to get them, if they want a vaccine, to have 'em get the vaccine. Or the other big thing that's not a goal is having authority called unnecessarily, resulting in a vaccine seeker ending up either incarcerated in jail or in an institution because someone didn't like their behavior, and we're gonna be talking more about that. Making sense so far? If you have any questions, don't be afraid to interrupt me. You won't pull me off course. Put your questions in the chat. Raise your hand. It's meeting format. You can speak your questions, so do whatever you like. Any questions so far? Okay, next slide please. Now we're going to look at the legal obligations of vaccine sites to disabled people. So vaccination sites must be accessible to people with disabilities. What's the vaccination, what does that, what's the vaccination process? Vaccination process. I said sites. I meant the vaccination process must be accessible to people with disabilities.

Now what do I mean by the vaccination process? Making an appointment online, by phone, or in person; checking in or registering for the vaccine; waiting for the vaccine; receiving the vaccine; and waiting after the vaccine. So it's the whole process. It's not just the part where you get the shot in your arm. It's registering, it's waiting, it's all of those things. So they can't say, "Well, it was accessible because you could get the shot," if it wasn't accessible 'cause you couldn't register. Next, please. Now I'm gonna look at, talk about some disability civil rights laws that apply to vaccine sites, and first one is the Americans with Disabilities Act, yay. I'm guessing you know about the ADA. And the second one is the Rehab Act of 1973. Probably you're more familiar with the phrasing Section 504 of the Rehab Act. Now how many people, can I have a show of hands, how many people feel comfortable that they understand what the obligations under the ADA are to vaccination sites or other places and 504? Just raise your hands if you feel pretty comfortable. And what are we seeing, Priya? I see a hand.

- [Priya] This is Priya. I do see a hand. I also know that we have some folks who are accessing the training on phone, just as a reminder.

- Right, thank you. Thank you. Okay, is there anyone who feels utterly uncomfortable, like they don't know anything about it? Oh, Brenda gets a fabulous prize. Brenda, get a sky blue-colored super ball that's real bouncy. It's a little one. Does anyone feel uncomfortable, like they don't know anything or they don't know as much as they would like? And people who are responding to phone, you can just say, "Yeah, one of us," or, "Two of us." That's fine too. Okay, let's go to the next slide And what I want you to know, it's okay, with your comfort level with or without around ADA. We're gonna explain it to you today. And the good news is if you know nothing about the ADA, you're gonna learn something about the ADA, and if you know a lot about the ADA, you might just learn a little bit more or, better yet, be able to share some more with us. So under the ADA, disabled people are individuals with a physical or mental impairment that substantially limits one or more major life activities. Got that? Physical or mental impairment that substantially limits one or more major life activities, have a record of having such an impairment, or regarded as having such an impairment. Now you think that'd be like five minutes of a presentation. There are thousands of court cases about the definition of disability. The difference is if I'm alleging discrimination 'cause I'm a woman, I don't have to prove I'm a woman first. I just have to prove that I was discriminated against. I typically wouldn't have to prove my race first. I just have to prove that I was discriminated against. So people with disabilities had an extra hoop to jump through. We had to have to prove that we have a disability. Cases started going badly. They never got to decide or often they didn't get to decide if it was discrimination against us because... I'm somebody with a disability, by the way. I'm a wheelchair user, scooter user. But it was we couldn't prove that we had a disability first. And people talked about amending the ADA, and I thought, "Oh, that's a terrible thing." We didn't want to introduce it to Congress. What if they did something to make it worse? And then I saw a case, an important case, where a gentleman graduated from high school with a certificate, not a diploma, had been in pretty much self-contained special education classes, worked in an enclave with a job coach, but it was decided by the judge that he didn't have a disability 'cause he could drive a car. The community kind of went, "We gotta do something about the ADA." This is around 2007. Go to the next slide.

And that's when we started talking about and enacted the ADA Amendments Act. And we always had having a disability as being substantial impaired in one or more major life activities, but what were the major life activities? And it clarified that this includes, includes but is not limited to. Lawyers like to say "includes but is not limited to" 'cause you can weasel and get some more stuff in maybe. Caring for oneself, performing manual tasks, seeing, hearing, sleeping, eating, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the big one they added was major bodily functions. Now what, all, is a major bodily function? I'm gonna ask Priya to go to the next slide, and we will tell you. Major bodily functions include but are not limited to, again, lawyer words, functions of the immune system, normal cell growth, and digestive bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, reproductive functions, making it really, really clear that if you had cancer, you were covered. If you had COPD, you were covered.

If it's substantially limited one or more major life activities, and like breathing. If you had HIV/AIDS, you were covered. So all of those people are covered, and what the ADA Amendments Act also says, it's up to the public entity to show that you don't have a disability rather than the person with a disability to show that they do. So that kind of broadens. So just so you know, when we're talking about people with disabilities getting vaccinated, we're talking about a broad swarth of the population. Roughly 26% of the population are people with disabilities, and those are protected under the ADA, So that is exciting news. Next slide, please. So my question for you is, can you give examples of people who are protected under the ADA or the Rehab Act? And if you're on the phone, you can appoint one person, a spokesperson, and you can share your virtual fabulous prize. Who's protected? Maybe who's protected that you wouldn't have expected to be protected when the ADA was passed? If you're around when the ADA was passed. I'm an old person, so I was around when the ADA was passed. Is there any examples?

- [Priya] This is Priya. I don't see anyone coming off of mute or putting anything in chat. Just as a reminder, feel free to jump into the conversation as you're able to. You can also put your response in chat, and if chat's not accessible, you're more than welcome to email at priya@disasterstrategies.org.

- Otherwise we'll start calling in names. Benny, Benny.

- [Benny] Yeah, just can you guys hear me well?

- Yes, great.

- Yeah, just paraplegia, quadriplegia uses a wheelchair covered by the ADA.

- Yay, Benny gets the next fabulous prize. Benny gets a water squirter that's shaped like an elephant.

- [Benny] Thank you.

- Little water squirter and shaped like an elephant. I've actually given that to people. It's purple or you can make it any color you want, but next time you see me, when you see me 'cause I will see all of you, and you can ask me for that. Anyone else have any other examples? If not, we can move on to the next slide, Priya.

- [Priya] This is Priya. I don't see anything, so we're gonna move on.

- Yup, thank you. So the ADA has five titles. Title I is Employment. We're not gonna be talking about that today. I don't see the title coming up. Is it coming up on... Title I is Employment. We're not gonna be talking about that today. We're not gonna be discussing about it even though it is one of my favorite titles, if not my favorite title of the ADA. You're not supposed to have favorite children, but I kind of have a favorite title, and that's it. But Title II, State and Local Government Entities. Ding, ding, ding. Counties, cities, towns, state are covered under Title II of the ADA. Title III, Places and Public Accommodation. That's places that are places you go. It might be a private non-profit organization, like a Center for Independent Living. It might be the bank. It might be a store. It might be a vaccine clinic in a doctor's office. Title IV is Telecommunications, which established our National Relay System, and Title V, which is Miscellaneous. And we're not going to Miscellaneous today because that's got a lot of obscure provisions in it, and not that there aren't good things in it, but we don't have time for that today. Next. So whose obligation's under the ADA? Like I said, state, county municipalities have obligations under Titles I, which is Employment, and Title II, only talking about Title II today, and certain private providers that I just talked about. So today let's go for it and start talking about Titles II and Titles III obligations. Next.

Under the Rehabilitation Act, and you might notice Section 504, any recipient or subrecipient federal funds has obligations under the Rehabilitation Act. So what it takes to trigger the Rehab Act is getting any federal money. If I get 25 cents from federal government as a private provider to provide services for 25 cents, I have obligations under the Rehab Act. And so if someone gives a pharmaceutical company federal assistance, if someone gives a vaccine clinic federal assistance, they have obligations not only under the ADA but under the Rehab Act. The good news is the obligations are virtually identical to Title II. So think Title II of the ADA and the Rehab Act 504 are virtually the same, including the definition of disability. So think 504, Rehab Act. But sometimes people say, "I don't have a big obligation under the Rehab Act because I'm a small entity." Well, that might be true under the ADA, but you also have obligations under 504. So whenever there's a federal penny spent, federal dollars spent, there are obligations on the Rehabilitation Act. Next, please.

Now something important about 504 and ADA, or 504 in the Rehab Act rather, and the ADA, the government can't contract away Rehab Act or ADA obligations. What do I mean by that? I once worked for a public health department, really good, progressive public health department that had a division where they did disability issues, and they were awesome. And I said, "Well, are your vendors complying?" They said, "Well, it's in their contracts. They must comply." I'm like, "I got news for you. It's your obligation to see that they're complying. It's your obligation, You can't just put in the contract, 'You'll comply with all the obligations.' You need to spell that out and specify it." And by the way, if you're gonna require them to provide sign language interpreters and materials in alternative format, you gotta put that in their budget. And so I got to work with their 700 vendors to make sure that the public health department was compliant in its obligations, 'cause the obligations always go back to what we call "the deep pockets," the state agencies, the government agencies that have more money, not that the private entities don't have obligations as well. Next, please.

 So what are some of the obligations under Title II and the Rehab Act? The obligations include providing equally effective communication to people with communication disabilities. We're gonna talk about that in a second. Non-discrimination and general obligations and program and facility accessibility. Those are some of the buckets that they fit into. Next, please. Again, vaccine sites have obligations during online registration. So the online registration process has to be accessible, screen reader compliant, accessible to people with visual disabilities; phone registration has to be accessible; registration at the site; registration at vaccination areas; and registration and vaccination waiting areas. Next, please. So let's give you examples of types of vaccination sites. I know you all know what the types of vaccination sites are, but I just wanna throw them out there. Some sites include pharmacies, doctor's offices, hospitals. Maybe they do it in an emergency room, mobile sites, popup sites. And we saw in the beginning of the vaccines lots of drive-through sites and mass vaccination sites. Those aren't as common now, but could be. We never know what's gonna happen with COVID. And at home vaccinations. So those are types of vaccination sites, and we're gonna discuss those. Next, please.

So say you've gotta provide equally effective communication. During the vaccination process, vaccine sites must provide equally effective communication to people with hearing disabilities. That means people who are deaf, people who are hard of hearing, but the law says hearing disabilities, so we say it that way. Visual disabilities, which includes people who are blind or of low vision, and speech disabilities. Those are the three types of communication disabilities under the law. I didn't write the law. I'm just the messenger. They didn't care what I thought about it. Next, please. So equally effective communication is communication that is as effective for people with communication disabilities as people without disabilities. So you wanna make communication the same. One of the things to remember about the ADA 504, they're not creating an advantage for people with disabilities. They're trying to create a level playing field. They're trying to make things equal, okay? And sometimes to make things equal and to be fair, you have to do additional things, provide additional accommodations. Next, please.

So auxiliary aids are services, a fancy word they use to mean accommodations. Auxiliary aids and services may be required to provide equally effective communication to people with communication disabilities. What is she talking about? We'll get there. Auxiliary aids and services are often referred to as accommodations. So sometimes in order to get people equally effective communication, you gotta provide them with this thing. Let's look at what those things are. Next, please.

Examples of effective communication, auxiliary aids and services that might be necessary to provide effective communication for people, hearing disabilities: a sign language interpreter, a tactile interpreter for people that are deaf blind, an oral interpreter for people who are oral but need some assistance, Computer Access Realtime Transcription, or CART, and under very, very, very limited circumstances, written notes. The kind of situation would be okay to do a written note is someone who's deaf comes in and they wanna know where the bathroom is, and they write down bathroom. You can say, "Over there," and point and show them. If a deaf person comes in and communicates to you somehow they wanna know about vaccine process in terms of what the vaccine is and what it does and about consent and about the medical information, anything complex, you need a sign language interpreter because American Sign Language is a language with its own grammar and its own syntax. So someone might not be proficient in English and be totally proficient in sign because that's their native language. Next, please.

Effective communication for people with visual disabilities, auxiliary aids and services or accommodations could include readers. If you have a one page, a few bullets on a piece of paper that someone doesn't have to remember and it's not complicated, it's perfectly acceptable to read for someone who's blind or doesn't read print because of their disability. Large print, we can all get things in 18 point font now. That's easy. It also means screen reader compatible electronic material. So websites have to be accessible to people with visual disabilities, and they have W-C-A-G, WCAG requirements. Those are recommended. They're not required unless you're the federal government, but those are required, but they need to be compatible, and braille. It's a minority, people that use braille, I think it's around 6%, but when there's a document where people have to refer back and forth, a lot of people sometimes like braille. Doesn't mean you have to stockpile these things ahead of time and have hundreds of thousands of them. It means you need to have them there and available, or you need to be able to get them for people. Okay, next please.

An effective communication for people with speech disabilities, and accommodations include communication boards. Someone probably has their own communication board and taking the time to read what they're doing. They don't have a communication board, maybe you can make one if they read. Written notes, paper and pen if they can write. Lots of people with speech disabilities can't write. Some can. And the important thing is allowing additional time for appointments, for the process. Sometimes when you get the vaccine process at the pharmacy, they wanna go, "Move, move, move." Even if we only have two people ahead of you, they want me to move, and it's allowing me some additional time for appointments. Okay? If I have a speech disability. Something called primary consideration. You need to give primary consideration to the specific request of the person with the disability, but you can choose the accommodation that you wanna provide if it provides effective communication. There's this car analogy to this. You don't have to provide somebody with a Lamborghini, the fancy Italian sports car, when a rusty, old Ford will get the job done if the job is getting someone from point A to point B, okay? So you've gotta think about that. So you can do what you want if there's something, if you don't think the person needs the whistles and bells, but you do wanna say the person, "Well, why do you need that?" And if they need it, then they need it. Next.

Plain language is communication that can be understood by the intended audience and meets the purpose of the communicator. It provides access. It is good. Plain language is a good thing. I'm gonna emphasize. I can't jump up and down. I'm metaphorically jumping up and down now. Plain language is a good thing, but it's not required under the ADA just 'cause it isn't. Sometimes under FEMA it is, but it's not required under the ADA. Next, please. Okay, so we talked about effective communication. Now we're gonna talk about non-discrimination in general operations. Service animals. These obligations include adopting and complying with the policy that allows service animals into all areas members of the public are allowed. Service animals still get kicked out. Service animals still get kicked out of places that they should be allowed in. Next slide, please, Priya. What are service animals? You probably think you know what service animals are, and you probably do. Service animals are dogs and miniature horses that are trained to assist a person with a disability. Service animals must be housebroken under the owner's control. Motion of support animals are not required, but the vaccine site might allow them, okay? They can allow them. They do not have to allow them.

So questions for you. Who can provide an example of a situation where service animal would be allowed at a vaccine site and who can provide an example where service animal would not be allowed at a vaccine site? Those can both come from the same person. I'm gonna let you either type or raise your hand. We still have many, many fabulous prices. Are you seeing things, Priya?

- [Priya] This is Priya. I am not necessarily seeing anything in chat. Perhaps you could hear from Lakesha.

- Yay, Lakesha.

- [Lakesha] Hi, this is Lakesha. An example of when a service animal would be allowed in a vaccination site, if the individual was visually impaired. That would be one example. Also an example of not being allowed, if the service animal was out of control, kind of already running around, barking.

- Right.

- [Lakesha] So that would be the two examples I have.

- Thank you, Lakesha. You get a brand new red Corvette that's a matchbox size.

- [Lakesha] I always wanted one of those, thank you.

- See, now you have one and, and I will meet you someday. I will have to come up with a matchbox size red Corvette. I normally keep those things in my purse and in my training bag, so thank you, Lakesha. Yeah, if someone has a visual disability or someone uses a wheelchair, service dogs aren't just for blind people. It could be someone who is deaf. It could be someone who has a seizure disability, and the dog alerts them if a seizure's coming. If they're performing a service to the person. People who are wheelchair users often use dogs to retrieve objects, sometimes to pull them. And there's the miniature horse example that isn't that common now. I happen to be really, really allergic to horses, so it's gonna be an interesting situation when that happens more. So what it says in the regulation is the only type of service animal allowed to be a service animal is a dog, with the exception of a miniature horse. So those are the two. They wanted to be clear. They weren't that clear. Next, please, Priya. So non-discrimination general operation surcharges. Surcharges are prohibited. What's a surcharge? It's when you charge someone money for an interpreter or to build a ramp or to have an accommodation of any kind. That is always, always not allowed, okay? People with disabilities can't be charged for an auxiliary aid or service. You just can't do that. That's what a surcharge is, and it's not allowed. Next, please. And who can provide an example of when a surcharge with disabilities would be prohibited at a vaccination site? We seeing anyone, Priya? If we're not, that's okay.

- [Priya] Yes, Benny, go ahead.

- Oh, Benny, thank you.

- [Benny] For that, for auxiliary services that can't be charged, correct?

- Yup, can't charge for any auxiliary services. Can you think of a specific one they can be charged for? It's none of them.

- [Benny] I'm uncertain.

- That is totally okay. And Benny gets a finger skateboard. It's a little tiny skateboard that you can roll across the table with your finger. You can't have a surcharge for anything, any of the things that I said, any accommodations. We say, "Oh, we're gonna charge you 5% more for something because we had to make the screen reader stuff accessible." Unless they're charging everyone else 5% more, they can't do that for people with disabilities. Next, please. Okay, eligibility criteria for a program. Eligibility criteria can't screen out people with disabilities. You can't say, "You have to be able to stand to have the vaccine. You have to be able to stand in line to have the vaccine." You can't do things like that. You can't say, "If you use a wheelchair, you can't get the vaccine." That's a discussion between a person and their doctor, so that's not something that a vaccine site can do. Pretty obvious. It's probably not gonna apply a lot to vaccine sites, but it comes up sometimes, and we just wanna know that it's prohibited. Okay, next, please. Reasonable modifications. This comes in a lot.

- [Electronic Voice] Modifications, full stop. This comes in a lot, full stop.

- I'm getting an echo?

- [Electronic Voice] I'm getting an echo, Q line?

- [Priya] Keep going, Melissa.

- Okay, keep going. Okay, thank you. Okay, so reasonable modification to policies, practice, and procedures must be made when the modification does not fundamentally alter the nature of the program. What does that mean? Means sometimes you gotta change up the way you do things. Let's go to the next slide, and I'll show you how you can change up the way you do things and give you some examples. Assisting an individual who can't write through the disability to complete a form. You're legally obligated to do that. You kinda do this as common courtesy, but you're legally obligated. Notifying a person wearing noise-canceling headphones due to their disability in the waiting area that it's time for them to advance in the process or their waiting time is over if it's after the vaccine. Next, please.

And allowing somebody with a behavioral health disability or intellectual disability or a physical disability to have a support person with them. Modifications aren't required when they cause a fundamental alteration to the nature of the program. So let's say it's back in the day when they were doing vaccines in stadiums, and someone said, "Because of my disability, I can't be around around crowds, so what I want you to do as a modification of your policy is to evacuate the entire stadium so I can go in." You can say "No, that fundamentally alters our program," but you don't get to say, "Therefore, you can't have a vaccine," and kind of wipe your hands of them, wash your hands of them, so to speak. What you say to them is, "How else can we get you a vaccine?" Maybe it's done through in-home vaccination or having it at a different place, et cetera. Next slide.

Can someone give examples of modifications to modifications? Excuse me, modifications of policies and procedures that might be required during the vaccine process? I think I gave you a few, and, in the interest of time, I'm just gonna keep going. So next slide, Priya. Next. Oh, having a support person with you. Yes, that's a great example of a modification of policy practice. Thank you, Brenda. Thank you. Thank you, Brenda. Brenda gets a orange balloon. It's a little one, but it's an orange balloon. So we talked about equally effective communication. We talked about general non-discrimination obligations. Programs and facilities must be accessible. All programs must be accessible to and usable to people with disabilities when viewed in their entirety. What does that mean? Next. Buildings. It's called new construction. Buildings built before 1990 under the ADA, and in some place in 1977 under the Rehab Act, don't have to all be accessible, existing construction, so not all vaccine sites have to be physically accessible, but, but, but, and this is a big, huge but, there must be accessible vaccine sites within a reasonable geographic proximity, open similar hours or longer, providing the exact same services. So if you have two pharmacies across the street from each other, they're on the same bus route, they're open the same hours, one is accessible, one is not, that is okay if they're getting federal government money, let's say, and they have obligations under Rehab Act, but pretty much short of that, your vaccination sites mostly must be accessible. Next, please. Accessible vaccine sites. They must have accessible exits and entrances, obviously, accessible registration area, waiting room, vaccination area, waiting after the vaccine, and restrooms. Restrooms are hugely important for people that use restrooms frequently or maybe taken a long trip to get there on a bus or something. So restrooms have to be accessible. Next, please.

This always limits an obligations. If something's an undue burden, an undo financial administrative burden, you don't have to do that, but under Title II of the ADA and under the Rehab Act, know that's a very, very, very high standard, okay? Okay, now I'm gonna give you an overview of the checklist. And can you get, yeah, let's do, yeah, we're gonna go right to the checklist overview. Thank you. Next, please. What the checklist is, it's an unusual checklist. It's an expanded checklist. It's not just about facilities. I do lots of access site surveys myself, and usually a checklist is just the facility itself. This checklist contains sections that can used independently of each other. It should be completed in its entirety to assess accessibility of the vaccination sites and should be used for all vaccination sites, including walk-in, drive-through, popup mobile unit, and it also addresses obligations, considerations for at-home vaccination, vaccines. Do any of your centers do access sites? If you could raise your hands. Access site assessments. Accessibility audits is what I'm trying to say. Go in and do a survey. Okay, I'm seeing that Brenda does. Okay, great. So you're gonna wanna see the checklist, and the checklist, we're gonna go through it right now. So it's public health is gonna be using them. Like all checklists, people are gonna need help with the checklist. There's only so much that you can teach people. Even in person in a training, it's difficult to teach people how to use a checklist. I find the best way to teach people how to use a checklist, just to have them shadow me, but virtually it's tricky, so they might ask you for some help with that. Next slide, please.

So first part of the checklist says vaccination, registration, and appointment checklist for non-structural elements. So in other words, if you wanna get registered for vaccine, and you wanna do it online, it provides instructions to people with disabilities by registering for the vaccine. They're asking, does it provide instructions for people with disabilities registering for the vaccine online or by phone and is there instructions on the checklist about how to do that? So it gives 'em those instructions. It's also a tool to assess. We can say to them, "Do you have a spot where someone can let people know if they need a sign language interpreter?" It also assesses the vaccine site's capacity to provide access to people with disabilities that are non-structured and deaf in nature, like they're deaf and they need an interpreter. They're blind and they need material in alternative format. They need to have a support person there. So those questions are on that, on the first part of checklist. Okay, and let's go to the next slide, please. Next some examples from a checklist here is from Section 2 of the checklist, and it's an example of the check-in. Is there policy allowing companions to accompany people with disabilities who not need on-site assistance? Next slide, please.

Are sign language interpreters available on site for people who are deaf, hard of hearing, or deaf-blind, registration, the vaccination process, while and after the vaccine is administered? Then we ask them questions about, do they use VRI instead? How does the community feel about that? Et cetera, et cetera. And then check, next, please. Which dates and times are the sign language interpreters available? And is there availability of sign language interprets posted on their virtual registration site? So you're getting, "Are they asking people about information?" but they're also going, "Oh, we gotta do that," so it's kind of a dual purpose kind of thing. Next, please.

Are peer support specialists available on site or virtually? That could be over the phone. That could be to assist individuals with psychiatric disabilities who might need support while waiting at the vaccination site. And again, we lean towards peer support, and as centers, you all know how important peer support is and why that's important. Next, please. Is there policy allowing service animals to accommodate people with disabilities, and the important part is the vaccine site staff provided training on the service animal policy. We get service animals being kicked out of places all the time, out of vaccine sites, out of shelters in disasters. It still happens. We're not sure why. Next, please.

It seems like a simple thing to me. Are there circumstances where someone would be allowed to move to the front of the line because of their disability, yes or no? Next slide. Please describe those circumstances. And if yes, have staff been instructed on this purpose? So if I'm coming and I can walk, but it's really hard for me, and I didn't bring a portable chair, and there's nowhere for me to sit, maybe I'm someone who gets to advance in line, and staff needs to know about that, if I'm waiting. Next, please. Now Section 3, the structural checklist is a tool to assess adherence of structural elements of the vaccine site with the Americans with Disabilities Act guidelines, 8a. So it's saying, are they structurally accessible? And it has kind of things you're more familiar with in a checklist. And so it has, what is it, the presented, the door clearance presented, the number, the door clearance numbers, the heights, the widths, all of those things. Talks about how to measure latch side clearance. For those you people that are technical folks, talks about tactile signage, talks about visual fire alarms. So structural, but it's not just for people with physical disabilities. Next, please.

Now does anyone have any questions before we go back? Sorry. Sorry, Priya. Does have any questions on the checklist? And again, you'll be getting that in the next couple weeks so you can see it, and look at it, and print it out if you want, and play with it and say, "Oh, this is great. Oh, they should put in this." But we'll be getting that to you soon, and it's what public health will be using, and you might be able to support them in doing that, especially if you're a site like Brenda that does that and knows how to do that. So now we've talked about legal obligations that vaccination sites have to people with disabilities so that you can be familiar with them, so you know that what we're telling public health about. We've talked about that. We've talked about the checklist that can help them assess how well they're complying with some of those obligations. Can't test them all through a checklist, but some of them you can test through a checklist, particularly structural things. And now we're gonna talk about supporting people with disabilities during the vaccination process. We're gonna be talking to public health about this some, and you might get some calls from clinics. You might hear about situations. You might get some calls from consumers. Hint, there might be some scenarios in this section, so you all need to be ready to do some scenarios, maybe even some role play, who knows. But we're gonna look at how we can support people who want to get vaccines in getting their vaccinations, okay? Next slide, Priya.

So you wanna make the vaccination process as comfortable and as accessible as possible. What are some things you can do? You can create a lower stimulation environment by asking people to speak in lower tones and modeling it. You don't say to people, "Speak in low tones," because people will mimic the tone you use. I've had laryngitis, and I used to get it sometimes for six or eight weeks. I'd go through all this time where I'd be whispering, and people would whisper back. Not because they thought of their... It's just human nature for people to mimic your tones, so just speak in low, calm tones and modeling it. Using incandescent lighting where feasible. Fluorescent lighting is hard on a lot of people's sensory disabilities, particularly fluorescent lighting that buzzes. And you know how when you make something more accessible to people with disabilities, you kind of make it more accessible to everyone? It's almost like a, it's kind of a universal design thing. Not saying this is a requirement. Nobody loves fluorescent lighting, and most people don't love being spoken to in a loud tone of voice, so it makes it better for everyone just creating that kind of environment. And one of the centers we work with operated its own clinic, and they did those things, those two things above, but they also provided fidget devices, sometimes called fidget toys, that you can just play with, with your hands, gives your hands something to do if someone doesn't bring it with them. Weighted blankets provides a lot of comfort to some people. They're really comforting and nice if you've never tried them. Noise-canceling headphones to block out some of the noise. So if I have a sensory disability, and I can't stand the noise, it blocks out the noise for me, or the weighted blanket might just give me comfort. So that's some things you can do to make the process more comfortable to people, having those things available. Next, please.

Other things are just your attitude being flexible, maybe giving injection in the space outside the designated injection area. Now that's not saying go someplace where it's illegal to do an injection or anything like that, but when I go for my vaccine, lately, it's been in the pharmacy. So first I did them in my car, and now it's been in the pharmacy. They have this little petitioned off area in my pharmacy. It's a big chain pharmacy. It's one of the two big ones, yeah. And you're supposed to go behind that area, and that would involve me knocking things over and not being able to get in, and knocking the partition over, and wouldn't be pleasant for anyone, so they step outside. That's something they're doing to making the process more comfortable to me, to them, and everyone around them. That's a simple one, and they don't ask. Permitting people to walk or move maybe before the vaccine. There's nothing wrong with pacing. People walking around, walking or moving with people if they want. I know a story in one of the sites that they did, the site that I just talked about that was actually at a Center for Independent Living.

A gentleman came and he came with family, and it's very hard for him to get a vaccine. It's a really hard process. It's really scary for him. He doesn't understand what's going on. The environment's high stimulation. And what one person did is just kind of took him and said, "Can you come with me? Would it be okay if I gave you the vaccination over here?" And apparently he consented. She's walked a little bit with him, then they stopped, and she gave him the vaccine. Lovely. It was the most successful vaccine experience he'd ever have because people asked him what he wanted and did kind of intuitively what they thought was going to work for him, so that's great. Consider at-home vaccinations, like doing a vaccine in someone's house. They talk about people being homebound. No one's really homebound. They usually don't have transportation. It's not that their house isn't accessible and they can't get out of it easily, but no one's literally bound to their home. But people who who for a variety of reasons, maybe it's sensory overload, maybe it's physically difficult for them to do that, doing vaccinations in people's homes. So do you have any other examples of something that you could do to make a vaccine on site or a vaccination process more comfortable for people with disabilities? Priya, do you have any examples? I'm just jumping in.

- [Priya] So this is Priya. I do have a number of examples, but Lakesha also points out temperature and strong scents are both things to be aware of.

- Yes.

- Absolutely. Yes, absolutely, Lakesha.

- And strong scents, you can say, "This is a scent-free environment," and you could put that on your website. It's not a legal requirement, but that would be an excellent thing to say, "Please don't wear scents to the vaccination site." And Lakesha gets another fabulous prize. And Lakeisha also gets, she gets a dinosaur, a water squirting dinosaur. The water comes out of the dinosaur's mouth, just saying so you know that. Having it be scent free and at least having staff do that or sometimes maybe having a scent-free area. Some places you go, I've been to where they're smoking, non-smoking. Not that you can smoke inside the building, but for people might have smoked scents on their clothing. That's something you can do if someone's really sensitive to smoke. I know some firefighters that are really sensitive to smoke because there was an occupational hazard, so I get that. And temperature, don't have it be, get it to be air conditioned. When it's hot, people don't function well. People get cranky. People have a hard time. When it's cold, same kind of thing. So those are great examples. Thank you.

- [Priya] And as we move on to the next slide, which is what I think, yeah, which is where we're going next, just to add an area, you mentioned this a number of times, Melissa, but a lot of these suggestions can be accomplished simply by having a specific designated area that is, or space, to be specific, that is low stimulation, no scent, room temperature, et cetera, et cetera. Simply providing that in a space is a great idea.

- Well, and the room temperature I'd recommend across the board.

- Absolutely.

- You wanna be aware of the temperature for everyone, but, yeah, and we're gonna be talking about them. Next slide, Priya. Thank you. Okay, so triggers. What are triggers? Mental health triggers are events, things, experiences, or potentially even people who cause the mind and body to react. These reactions present themselves differently depending on the type of emotional trigger. Vaccinating processes can trigger people with disabilities. Can people without disabilities as well. We're talking with people with disabilities here. So that's what a trigger is, so you don't want the environment to be triggering, and let's look at that a little bit. Next, please. Triggering environments are environments that are crowded, noisy, including that buzzy light, unpredictable, confusing. What are they telling me to do? They may wanna make me move fast. That all can be triggering for someone.

 So what do you do to respond to those triggers? You wanna create a quiet area or have the whole area be as quiet as you can. You might not be able to do that, but you might be able to have a quiet area. You wanna tell people what's gonna happen. You're gonna get your vaccine, if there's one person ahead of you, you're gonna get your vaccine in five minutes. You're gonna sit here for a while after you get your shot, then we're gonna ask you to sit down for 15 minutes and wait, then we'll let you know, and you can go home, go about your day. So making it as less confusing rather than do this, do that. And I often talk about when I got my vaccine from my car, when I got my first two Pfizer vaccines, and the first time I went, there was someone kind of in a military uniform. A uniform can be a trigger for some people. Wasn't a trigger for me. It can be a trigger, yelling, "Move over there! Do this, do this, do this, do this!" Like, literally a drill sergeant. And it was like, "Ooh, that wasn't very nice. I didn't really like that." And I wasn't particularly triggered, but it was kind of, ugh, it was kind of stress inducing. And next time I went, they had someone who wasn't wearing a uniform, who kind of said to me, "Go over there," move motion with their hands to go over there, and that was less triggering. Next, please.

And again, using a loud voice like the person who was saying, "Move, move, move, move, move," expecting people to move or speak quickly, respond. Have you heard your vaccine before? What day did you have it? Can you gimme your ID? All of those things. You don't want people to trigger. Do you happen to have an ID? Sometimes they ask for an ID. Sometimes they don't. They can't legally ask you for your ID, but anyway. People who are triggered sometimes act in ways that are inappropriate or perceived to be inappropriate. So they get triggered, then they do things that sometimes other people don't like. Let's look at that. Next slide. As perceived inappropriate behavior. And if you go to the next slide, Priya, sorry. Sorry, go ahead, Priya. I'm sorry.

So strategies for prevention and mitigation. Some strategies involve providing quiet area, providing ear protective or noise-canceling headphones, adapting your expectations, not expecting people to move quickly, and having in-home vaccines when someone needs that. Excellent. Adapting expectations requires you to look at your own assumptions regarding accept public behavior. Perceived inappropriate behavior can be pacing, stimming, sitting on the floor, asking numerous questions, covering your ears, or crying. And for all of those things, pacing doesn't hurt anyone. Sometimes it aggravates me. I'm a pacer too, even though I don't walk much, but sometimes when my adult kids do that, it annoys me. Stimming, may be rocking back and forth. Sitting on the floor, something I used to do all the time before I used a chair. Asking numerous questions. Just informing people that sometimes when someone's asking a lot of questions, they want all of the information, and that is very important to them. They're not asking questions to be aggravating or to irritate you. They're asking questions because they need to know that, and that often can be a disability issue. Covering their ears doesn't mean they're rude. I have a friend who will cover his ears when he doesn't have his headphones with him, his noise-canceling headphones with him, who covers ears because that's the only way he can be in the space. It blocks the noise out. It blocks some of the noise out, and it's not personal. It's not about me. It's not even about what I'm saying. It's about there's too much noise in the environment. And crying. If someone's crying, obviously in distress, you wanna talk to them and see what's going on. But maybe someone's crying and that you say, "Are they okay?" and they're, "Yeah, I'm just crying." Okay. That's okay. So those perceived inappropriate behaviors are just sometimes an aspect of someone's disability. Next, please.

Again, what to do, ask the person calmly, interact with them if they're crying. If they're pacing, you just let them do it. Ask how you can help, brainstorm some solutions together. I see you're pacing up and down. This seems to be really hard for you. Are you okay with just pacing or is it something else we could do? Would you rather go to a quiet area? What can we do? Do you have any other solutions? You seem to be upset. I notice you're crying. Would you like to talk about that? Would that work? Would you like to be by yourself? Would you like to be with more people? All those things and deescalating. Next, please. Some deescalation strategies, be empathetic and non-judgmental. I always try, I'm not always good at it, but I try to put myself in the position of the person who's exhibiting the behavior. What does it mean that they're pacing? They're not doing it just specifically to aggravate me if they're my adult kids or my young kids when they're living in the house. That's not done specifically to aggravate me. It's being done to express things, to get some energy out, to do those things. Someone's crying or someone's overwhelmed or asking questions, why are they asking so many questions? What must it like be to be that confused or to be flustered?

Respecting personal space, we've all gotten a lot better about that since COVID, so respecting that distance. Use nonthreatening nonverbals. You don't wanna point in someone's face. You don't wanna cross your arms, saying, "Why are you behaving like that?" Putting your hands on your hips. You don't wanna be doing that. You wanna keep your emotional brain in check, like if you're getting angry at them, just put that in check. If you're aggravated, just put that in check, and focus on feelings. Next, please. Hold on a second. And other deescalation strategies. Readdress, refocus non-relevant questions. If someone's asking questions that aren't relevant, kind of refocus it. Yeah, if they wanna ask something about something totally different, and I don't know about this question, "Well, yeah, you're here to get your vaccine, so maybe we can talk about that another time or maybe we can talk about that later."

Setting limits when somebody's crossing boundaries. It's okay to set limits. You don't have to let people invade your personal space either or do any of those things as well. Choose wisely what you insist upon. Pacing's okay. Things like that. Allow silence for reflection. When you say something to someone, allow silence. Notice I just did that? Allow time for decisions. If you're asking someone to fill out a form, they're signing their consent. Allow them the time to do that. I'm not particularly good at allowing silence for reflection, you might have noticed that about me, but that's something I need to work on, but those are some deescalation techniques you can use. Next, please. Other strategies, move to that quieter area, such as quiet space in the vaccine site. Breathing. One tip that's really great is someone will say to someone, "Take three deep breaths." Well, it takes more than three. Or they'll say to someone, "Breathe deeply." That's a good thing. What's really effective to see is someone breathe with me. And do that with them. That accomplishes two things. They're relaxing, and guess who else is relaxing? You. Great idea. And you can look into each other's eyes and focus on that.

You can also call on a peer support specialist. And if you have a peer support specialist on site, that is best. Having a peer support specialist available with phone is second best, and your centers might provide that. I'm not sure about the mental health resources around peer support in Arkansas. We looked into that a little bit, but if you're aware of that, we'll talk about that later. And lastly, calling a crisis support line saying, "Hey, I need some deescalation tips," possibly doing that. We have some resources for you, but you probably know about them since it's your state. Next slide. So more things to do to make the vaccination process more comfortable, ask the person what they need. "You're crying, what do you need?" not, "What can I do?" 'cause they might not know what you can do. You never wanna say, "Stop crying," or, "Stop looking scared," something like that. What do you need? Invite them to a quiet, low-stimulation area. Or if it's really, really anxious, invite them to move to the front of the line and explain what will happen next if it's your practice to allow people to move to the front of the line. Maybe they just wanna get it over with. Next, please.

Things not to do. Do not call 9-1-1 unless the person is threatening to physically hurt themselves or others. Why don't you want someone to call 9-1-1? Let's go back way back to the beginning of the presentation. What's the goal? Is for them to get in and out and get a vaccine. What's not the goal? For them to get locked up in an institution or jail because then they'll be locked up and their liberty will be deprived, and also they won't have a vaccine, so you've lost in a couple fronts. So unless the person is threatening to physically hurt themselves or others, you don't need to call 9-1-1. That's where you want people in the vaccination sites to be trained. Next slide, Priya. That is for questions. So what are questions that you have so far? Anybody? Will you type them into the chat or voice them?

- [Benny] This is Benny. I don't have a question, but I have a comment to say.

- Okay, thank you, mm-hmm.

- [Benny] This is very well put together. You guys are doing a good job.

- Thank you. You get a fabulous, fabulous prize of your choice. Thank you. Thank you for that feedback. We'll be sending you a survey about it afterwards, so thank you for saying that. I appreciate that. Now we're gonna go to some scenarios. And we'll go to the first scenario for you. So you get a call from public health, or maybe it's an email from public health. Ask them what to do when a person is rushing out of the vaccination site, covering their ears and saying, "I can't stand this." Maybe it's happening real time. Maybe it happened yesterday. They wanna know what they should have done or what they can do. Who has some ideas about what to do? I would really like to hear from some of the people from the Mainstream Center staff because I know that you're on the phone, so if you could maybe take some turns with that. And Rita and you folks, what would you do if you got the call? Or anyone else? Everyone's invited to answer. Calmly approach them and try and deescalate. I see that from Benny.

Sometimes the visibility gets lost in the chat and sometimes they don't. That is great, calmly approach them and try to deescalate. If someone's running and they're gone, you don't chase them. You don't chase someone. You approach them calmly. What can I do to make this easier for you? How can I help? What would make this experience better? Might have been something upset them. Might have been someone, it might have been someone literally look at them the wrong way. Doesn't mean the person actually did that, but they were perceived to look at them the wrong way. Or maybe somebody was casting some shade. Somebody was giving them a dirty look. Find out what upset them. Well, and, "Hey, maybe we can do this for you at home if you can't stay here," or, "Hey, maybe we can do this over in this room, away from all those people." We can do that, yes. Anyone else? New scenarios? Okay, let's go to the next one. You get a call from public health asking you what to do when a wheelchair user's at a vaccine site that's not structurally accessible. Public health calls you. What do you tell 'em? Mainstream, do you wanna jump in?

- [Rita] This is Rita.

- Hey, Rita.

- [Rita] I have a list of those that are accessible since they're public health.

- You have, what was it?

- And if not, and there's not, they could always call, connect with here in Little Rock. I'm sorry, they can connect with the Medical Center here, and their sites are accessible. They may have a partnership together to get it done, but they should have resources already in place with Arkansas Health Department that they can call and say which sites are fully accessible.

- And legally if they're within a reasonable geographic proximity of each other, they all should, if they're not within a reasonable geographic proximity, they all should be accessible, and if the building was constructed after 1990, it needs to be accessible.

- [Rita] Well, and then there gonna be a lot of sites in rural areas in Arkansas that were built long before 1990 that they're still using.

- Right, and they legally have to have them be accessible. I mean, you wanna have it in accessible, and you wanna have it in an accessible site, and legally you have the obligation to do that. Sometimes you don't want someone to go away without a vaccine. If it's a nice day and there's privacy and the person is okay with this, you might be able to give them the vaccine outside, assuming the weather is good. That's one possible-

- [Rita] Excuse me. And they have done that in the Little Rock area. They have had sites that were outside that were accessible. Little Rock has managed that pretty well in reference to having accessible sites for persons with varying disabilities.

- Yup, but if they're there already, if there's any way-

- It's not what I'm saying though. When they set up their sites, they are accessible.

- Good.

- Everyone that I have seen here in the Little Rock area. Now I can't tell you about the rest of the cities in Arkansas. I'm just talking about one location right now. They have-

- I understand. I understand. Let's go to the next scenario, please. You get call from a consumer saying they get a bill for an American Sign Language interpreter after getting a vaccine. What do you say? What do you do? Who would like to speak to that? I think you guys know the answer. Yes, Brenda.

- [Brenda] I would need to get in contact with the site and tell them that that is their responsibility.

- Thank you. Thank you. Brenda gets a fabulous prize. She gets a, let's see, what did you get already? I'm trying to remember the prizes you got already. I try not to repeat prizes. You get a little award game, a little plaque, plastic word game. We rearrange letters to make words, like you get at a kid's birthday party. You know those little ones? I mean, you, you get that, and, yes, it's an illegal surcharge. You can't do that. You can never charge the consumer for the interpreter or for anyone else, yes. Next please. You get a call or an email from public health asking you what to do when a person without an apparent disability is upset because some with a disability was perceived to cut in line. What do you tell that that person at the vaccine site who's the public health person or who's the vaccine administrator person? Lakesha, do you have an opinion?

- [Lakesha] I was typing. I would first explain to them about making a site accessible and giving accommodations 'cause maybe due to that person's disability, they need to cut line.

- Right, I mean, right. Yeah, and you say, I wouldn't say, what I would say, you don't wanna betray that person, you don't wanna violate their confidentiality, but you might wanna say some people get, some people are prioritized because of, some people are prioritized because they have a medical condition. Some people might appear to be cutting. It's not because they're rude. And maybe you say that in the beginning, some people get prioritized because of other conditions you don't know about. And it's a tricky one, but it's you wanna create a culture where everyone's gonna get a vaccine. It's not like they're not gonna get a vaccine and you are, and it's not like that person's gonna take an extra, they're gonna take an extra minute or two. It's not gonna ruin the rest of your day and just become this, like, yes, some people get priority in terms of getting a vaccine. Well, what do you mean? You use all the regular deescalation tips you'd use for anybody else. Yes. Okay. Next please. You get a call from a consumer saying they were told to leave their service minature horse outside the vaccination site. What do you say? What do you say? Any Mainstream staff have ideas about what to say? Or others. I see something in the chat. It says, "Aren't they required to permit dogs and miniature horses?" Yes, they are. Miniature horses can be service animals as long as that animal is an actual service animal. They don't have to provide certification for it or anything like that, and as long as it's under the owner's control. Make sense?

- This is Priya.

- Sorry, Priya.

- [Priya] No, no. No apology is necessary. You've read Benny's comment, and Brenda says, very similarly, "Miniature horse is allowed."

- Yay. Miniature horses and dogs are allowed. Very, very good. Okay, now let's go to the next slide. And I would like questions or comments on any of the things I've spoken about or haven't spoken about today that you would've liked me to speak about. Questions, thoughts, ideas? Things you're still unclear about? It's okay not to know. I always talk about the ADA as being multiple exposure material. Some people say that makes it sound like it's radioactive, but you need to be reminded of it. Things change, aspects change, and how its views changed.

- [Priya] Melissa?

- Yes.

- [Priya] I'm on slide 83, when you get a call from public health asking-

- Oh, I'm sorry.

- [Priya] No worries.

- I had jumped ahead to my question. So I'm using a different screen. You get a call, okay, so anyway, hold onto those questions that you all wanna ask originally. You get a call from public health asking what to do when a deaf person who requested an interpreter ahead of time shows up at the site and is no interpreter. What do you do? The public health person saying, "I did everything I did. I called the interpreting service, and the interpreter's not there. What do I do?" What would you do? I mean, that person calls you. You have to answer them. Any thoughts? We're getting towards the bottom of the area, so I'm gonna throw out some thoughts that I have.

- [Priya] This is Priya. I'm actually gonna jump in. I do see Brenda has come off of mute. Brenda, did you wanna jump in?

- Yay, Brenda.

- [Brenda] I'm sorry. I'm slow at raising the hand and that kinda stuff.

- No worries.

- So am I. So am I.

- No worries.

- I have manual dexterity issues. Trust me, I get it.

- I would tell them to ask the person who needed the interpreter if they want to reschedule the appointment first and wait for an interpreter, or if they want to go ahead without an interpreter and use some of the other accommodations that might be available.

- Yeah, that's a great answer, Brenda. Thank you for that. One thing I would suggest the first thing you do is say to the person, "Maybe you can use video remote interpreting." So if an interpreter isn't physically there, they should have video remote interpreting as a backup, and maybe they can get someone to do it that way. So that's a possibility as well. I try not to reschedule. If the person wants to have an interpreter there on site, that's fine, but every time somebody leaves, it's they're less likely to come back. So you wanna try and solve the problem but respecting their desire for someone to interpret live, so asking them what they'd like best. They might be fine with VRI or something if that's available and they might be fine with a different process and other kinds of things. So, thank you. Thank you, Brenda.

So have had time to think of your other questions? Now I'm on the right slide. I wanna quickly go over some resources for all of you. And we have the Arkansas Crisis Center. I'm sure you know about that. The Nationalist Suicide Prevention Line, you know about that as well, sure. And for vaccines, next slide, please, the CDC has the pre-vaccination. This is not the checklist that I've been talking about. The CDC is the pre-vaccination checklist for COVID-19 vaccines, Immunization Action Coalition, and that's the screening checklist for contraindications to vaccines for adults. Again, not our checklist. We have the ADA Information Line, which you can call and they are sponsored, they're funded by the Department of Justice, and they'll give you great answers. I'm not sure what the hold time is like and how they do that now. You also have the Southwest ADA Center, and you can call them and ask them questions if you wanna know how it goes, and there's also the U.S. Access Board. We'd appreciate you taking a few minutes to provide feedback to us. We're gonna be sending you a survey. And that's gonna be coming out right afterwards, Shaylin?

- [Shaylin] This is Shaylin. I did put it in the chat for those that can access the chat, but we will also be sending it out following today's training on just a quick survey, just to continue strengthening our trainings and hearing your feedback about your experience today. And then we'll be following up later this week with the slide deck in an accessible format and the transcript. And following weeks, we'll be following up with the full post-production archive of the trainings.

- And next slide. Is more resources where you have Self Advocacy Resource Technical Assistance Center, SARTAC, and then the Autistic Self Advocacy Network, ASAN, for plain language, and the Association of University Centers on Disabilities, and you have those plain language resources. Next slide, please. The most important slide. Thank you. Thank you for your attention. Thank you for your participation. Thank you for coming here today. Thank you for participating in Project ALIVE. It's really, really exciting. This is a great project. I'm thrilled to be part of it. And also a special thanks to the interpreters, to the captioners, and I wanna thank my team as well, and thank you to April as always. So, Shaylin, do you have any closing words?

- [Shaylin] Just echoing your gracious remarks and thanking everyone for being here. Do wanna remind folks that we'll be doing our second training again this week on Thursday, June 9th at 1:00 PM Central time. That's 2:00 PM Eastern time for us. We're looking forward to having a conversation on navigating vaccine hesitancy with Regina Dyton, our equity consultant, and much more ahead. So thank you all so much for joining us. We'll be in touch, and please don't hesitate to reach out in between if you have any questions or comments, thanks.

- I can't wait to, I can't wait to see you all on Thursday. I'll be in the background and I won't be speaking. Maybe a little. And Regina is awesome. So thank you so much, everyone. Have a great rest of your day. We'll see you on Thursday.

- [Benny] Thanks, everyone.

- Thank you. Bye-bye.