

Pacific ADA Center
Emergency Management and Preparedness-Inclusion of Persons with Disabilities
Thursday, May 14, 2020
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>> LEWIS KRAUS: Welcome to the Emergency Management and Preparedness: Inclusion of Persons with Disabilities Webinar Series. I'm Lewis Kraus from the Pacific ADA Center, your moderator for the series. This series of webinars is brought to you by the Pacific ADA Center on behalf of the ADA National Network. The ADA National Network is made up of ten regional centers that are federally funded to provide training, technical assistance and other information as needed with the Americans with Disabilities Act. You can reach your center by dialing 1-800-949-4232.

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Do note that the webinar is being recorded and can be accessed on the ADAPresentations.org website in the archives section next week.

This is the seventh year of this Webinar Series which is issues in promising practice and emergency management inclusive of people with disabilities and others with access and functional needs. The series topics cover emergency preparedness and disaster response, recovery and mitigation, as well as accessibility, reasonable accommodation issues under the Rehabilitation Act of 1972, the Americans with Disabilities Act of 1990, the ADA, and other relevant laws. The coming sessions are available at ADAPresentations.org under the schedule tab of the emergency management section.

These monthly webinars occur on the second Thursday of the month at 2:30 Eastern, 1:30 Central, 12:30 mountain and 11:30 Mountain. You are on the list to receive notices for future webinars. Notices go out two weeks before the next webinar

You can follow along on the webinar platform with the slides. If you are not using the webinar platform you can download a copy of today's PowerPoint presentation at ADAPresentations.org in the schedule section.

At the conclusion of today's presentation there will be an opportunity for everyone to ask questions. You may submit your questions using the chat area within the webinar platform. The speakers and I will address them at the end of the session. Feel free to submit them as they come to your mind during the presentation. You may type and submit your questions in the chat box area as indicated on the screen or press alt H if you're using the keyboard and enter text in the chat area.

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Today's ADA National Network learning session is titled "Using the California Power Safety Power Outages for Inclusive Emergency Planning." This webinar will focus on the 2019 California public safety power shutoffs, the PSPS, including stories from the community, barriers experienced, coordination across public and private agencies and effective strategies that could become best practices. Working together is individuals to build a resilient community that keeps each other safe, aware, engaged and informed as part of how we need to plan for the future. We're going to hear how the California Foundation for Independent Living Centers, CFILC and other independent living centers are partnering with other stakeholders across the state to support people with disabilities and older adults during different types of disasters. Today's speakers are Christina Mills, the executive director of the California Foundation for Independent Living Centers. She has over 20 years' experience as a professional in the disability rights field and has been working closely with stakeholders to develop strategies for individuals with disabilities access and functional needs to maintain independence and quality of life during diverse disasters. Her organizations have also been at the forefront of coordinating on the ground durable medical equipment and assistive technologies. For those who have been displaced during a disaster. Anna Acton, the executive director of FREED Independent Living Center is also joining. Ana has 15 years' experience in providing direct services and leadership for independent living community-based services in California. FREED Center for Independent Living provides a wide range of services to people with disabilities living in Nevada, Yuba, Sutter, Colusa and Sierra Counties in California. I will now turn it over to the two of you, Christina and Ana. Take it away.

>> Thank you very much, Lewis and thank you to the ADA Center for putting on this series of webinars. And thanks to all of you for joining us today. I know this is a very important topic for many of you. And here we are looking ahead and looking into our next fire season and the potential of additional public safety power shutoff events happening in the state of California.

So, we're going to the next slide. So thank you, Lewis, you did a great job introducing me. My name is Anna Acton, I'm the executive director at FREED serving Nevada, Sierra, Yuba, Sutter and Colusa Counties. I'm going to go into what it means. Just as background a little on me, I have been working at FREED for some years now. I have some experience working on the state level around disability issues. And I live in Nevada County in a rural part of Northern California in the Sierra Nevada foothills. Next slide.

So, during my presentation we're going to cover what FREED is and other Independent Living Centers here in California. I'm also going to talk about the Aging and Disability Resource Connection initiatives here in Nevada County. I'm going to talk about the 2019 California public safety power shutoff timeline and what we experienced in 2019. We're going to talk a little bit about stories from the community, things we heard, things we saw, and how we worked to address those. I'm going to go over what worked for us in Nevada County and parts of Yuba County around the PSPS or public safety power shutoff events, and some of the barriers we experienced, areas of improvement that we need to address moving forward. And then I'll touch on some effective strategies for all of us to consider, some best practices for you in your local communities. Lastly I'll talk about the LISTOS campaign partnership that we have with the Pacific ADA Center and other local community partners.

Next slide. So, FREED is an Independent Living Center. We serve people of all ages from youth to older adults and everywhere in between. We serve people regardless of the type of disability they have and we serve people, again, living in those five counties, Nevada, Sierra, Yuba, Sutter and Colusa. We deliver a person-centered model of services to support self-determination of people with disabilities. We have a motto in the disability rights and independent living movement that is Nothing About Us Without Us and this has a painting of a hand with the words on the palm. And this really -- we really believe that people with disabilities are the experts in their own lives and we really work with -- in a very individualized way with people to understand what their specific situation is, what is most important to them, what their strengths are, and then we work alongside them in partnership to help them meet their goals, with a focus on supporting people to live in the community with the services and supports that they need and help empower them with the knowledge and advocacy tools that they need to be able to get their needs met. If you want to know where your local Independent Living Center is in California you can look it up and type in the zip code or city and it's [CFLIC.org /find-lic](http://CFLIC.org/find-lic). You'll learn more about that later. So as an Independent Living Center, FREED is one of 28 Independent Living Centers in the state of California, so wherever you are in California, there's an Independent Living Center that serves your community. We also have Centers for Independent Living throughout the nation in every state, so to be considered an Independent Living Center or a Center for Independent Living, we have to do a variety of different things, including specific core services that we provide. We have to provide services that are pure delivered. We have to have the majority of our staff and board members be people with significant disabilities. And we have to provide services through the independent living philosophy and through a peer and person-centered model. So federally, we have certain core services we have to provide, and then in the state of California, we have additional core services, those include independent living skills training, basically working off the premise that we do a lot of skills transfer, the idea that, you know, you give a person a fish, they eat for a day. If you teach a person to fish, they eat for a lifetime. We provide individual and systems

advocacy, so helping people understand what their rights are on an individual level but also working on systemic issues such as disaster preparedness and response and recovery to ensure that the needs of people with disabilities are being met in those systems. We provide peer counseling, both individual and in group settings. We provide information referral so we get people connected to the resources that they need, that they want and that they can benefit from. And then we do transition services, and that really is broken down into three areas. Nursing home transition, so institutional to community living. We also work on diversion services, helping divert people from going into higher levels of cares or institutions, and people living in their homes in the community where they want to live. We also do youth transition, so helping people transition from youth into the postsecondary life, you know, work and play. We also do housing assistance, helping support people to find and maintain housing, personal assistance services, helping people get their personal attendant care needs and connecting with them personal attendants to manage those personal attendant services to get their personal needs met. We also provide assistive technology services. So we have an equipment use program that many of us do throughout the state or we have device lending libraries, where you can check out or borrow a device, kind of a "try before you buy" type program. Next slide, please.

I also want to touch on the Aging and Disability Resource Connection of Nevada County. ADRC is how we like to refer to them. I know we're full of acronyms in this world. So around the ADRC we actually, in California, have just designated ADRCs throughout the state and then have a number of additional communities, counties that are working on developing an ADRC. The goal of an ADRC is to streamline access of long-term services and supports, and it's really a collaboration, and the collaboration in California has to be between an Independent Living Center like FREED as well as an agency in aging. In our case it's agency in aging area four and other providers of long-term supports and services. It's based on individual needs and available regardless of the individual's age, income or disability. The idea is that there are many different service providers in our communities that are providing services, and we can work collaboratively to ensure, regardless of where an individual enters, long-term support and safety net system, that they get connected to the services that they need and that they are eligible for. It is a no wrong door type of system, leveraging those organizations and those collaborations so people get what they need. Oftentimes when people are looking for disability or aging-related services, they maybe never have had to reach out for support before, they don't know where to start. They know what they want or what they need, but they don't necessarily know how to get there. And so we work collaboratively to address those needs. And there's four core services related. Enhanced information and assistance, short-term service coordination, to deal with more crisis or urgent needs, and then the long-term planning for person-centered counseling, options counseling, to help people plan for their long-term service and support needs, and then there's transition supports, both kind of those major life transition supports around hospital, discharge, or around transition to nursing homes. Next slide, please.

So, I wanted to start a little bit with just going over what FREED's role has been in emergency response over the last few years. I would say FREED is almost 30 years old and this is something that we have done throughout the history of our organization. In my personal experience, being with FREED, it really kind of came together a few years back. There was

the Oroville spill incident in butte county and many communities that we serve affected by evacuation orders, largest evacuations in state history. And so it really came to head when we realized this was really a critical role that we could play both in planning, response and recovery from disasters. And then, of course, we have had multiple large wildfires for the last few years that have, again, honed kind of our services and our response and our collaboration around local disasters. So on an ongoing basis, FREED works with our local offices of emergency services on emergency planning and sheltering needs. We provide information to consumers on personal preparedness, helping people develop their own personal plan given their circumstances, of what they're going to do if there is a flood, and the Yuba or Sutter communities, or a wildfire that we've been experiencing throughout multiple of our counties. We sign up consumers for notification and alert systems to help them be better informed and make sure they're connected with the notification system, and we participate in statewide advocacy regarding access and functional needs around disasters. We also work to identify individuals who are at risk due to power shutoffs. Leading up and during a disaster, we also call consumers in our database. We have thousands of individuals in our database. And we can -- we will call consumers in our database in impacted areas. For example, during the Oroville spillway incident, potential flooding, during wildfires and public safety shutoff events, we quickly identify individuals in those areas and reach out directly to them to provide assistance. We work with consumers who have lost assistive technology and help them with replacement of those items. This happens a lot around wildfires, whether our wind complex series of fires throughout the state, 2018, 2019, the butte -- can Camp Fire, this is an issue, that they evacuate, with their equipment maybe we help with equipment. We also suspend normal intake processes during emergencies. When a disaster takes place in our local area we are quickly organizing staff off of maybe typical duties and helping organize them in response to the community need. We embed a staff person in our County Operations Center. We have done this in multiple counties during multiple different incidents where we become a go-to for access and functional needs issues and help the county with their response during those wildfires or potential flooding. We also visit shelters to provide support to individuals and provide technical assistance to sheltering to ensure people's needs are met while they are sheltering and have been displaced from their homes. Next slide.

So power shut-off de-energization... I have a hard time saying that word... or public safety power shutoffs. We're really going to go into what we experienced in October 2019. PG&E executed five PSPS events in FREED's catchment area just in the month of October, and, again, we're located in that northern Sierra foothills area and the PSPS events were activated due to elevated wildfire risks. And what we have seen just similar to other disasters is that people with disabilities are disproportionately impacted during disasters and during PSPS events. We have people with disabilities and older adults who rely on power for life-sustaining measures or independent living. So a PSPS event is maybe an inconvenience for some people in the community, but people who rely on that power for durable medical equipment and assistive technology, it really puts them in kind of a crisis situation, and that's exactly what we found in October 2019. We know that in the foothills of the Sierra Nevada here, we do have power outages periodically, but these are very different than a PSPS event like they experienced in 2019. Power outages in our community often are due to a snowstorm. It may be isolated to a particular part of the community. And often it doesn't extend for multiple days. Rarely once in a while three or four days, but it's limited to a certain area, not the entire county,

and often it doesn't extend more than a couple hours or a day. But with the PSPS events we saw a very different situation that really put a burden on the community and on individuals and how to get needs met during multiple days of shutoff. Next slide. PSPS timeline. So just to kind of give you a little overview of what I'm talking about here, in September 2019, we did have one PSPS event and it was really actually a blessing for us to have that event. It was a couple-day event, but it was very limited in scope to our area. So it allowed us to really reach out to people in that area and really develop some systems and best practices that would really come in handy in October, right? So these were just a couple counties that were impacted in certain parts of the county, so it's not as expansive of an event as we saw in October. So then going into October, like I said, there was five events. And I wanted to go over these a little bit with you. There is the first event that was -- actually there was six events in October. The first event, though, was just Yuba County. It wasn't Nevada County and it was really more limited in scope. And then we went into events that happened October 9th-10th and this was about 36,000 people impacted during this power shutoff. We had 11 healthcare facilities who lost power. These included assistive living, nursing homes, hospital, and clinic. The next event, October 23rd-24th was about 42,000 customers in Nevada County and it really expanded more statewide. That's where we saw about 189,000 customers affected statewide and an interesting thing happened here. For Nevada County. After approximately two hours of de-energization, a backup generator was initiated that powered areas of the downtown grid. And this was really an important step, because during the October 9th-12th event, power outages, the downtown areas didn't have power. We saw two-hour waits for people at gas stations. We saw people having to try to go to Roseville to get ice to refrigerate their critical medical prescriptions. And it was really widespread. But then when this October 23rd-24th event happened, PG&E brought in a backup generator and was able to power the downtown grid, which was really a game changer for the community, because it powered some of the critical kind of -- it created basic access to services such as food and fuel and hospital and those kind of things. And then we went into another event that basically many people did not get power back on between the October 23rd event and the October 26th event, and we had extreme fire danger. We had approximately 42,000 people in Nevada County without power and then the statewide impact was even much larger, I think close to a million customers in 33 counties did not have power during this October 26th event. And then we went -- before power could be restored completely in Nevada County we went into our next event October 29th. It was smaller scale statewide with only 430,000 customers affected, but we had a similar number of people affected in Nevada County. Again, we've been through multiple PSPS events and some individuals have not regained power through these multiple events. And we had complete re-energization by October 31st in Nevada County. Next slide, please.

So during this event, we had -- there were 7 to 8 days where individuals -- some individuals within our community did not have power. And I want to share with you just some of the stories we heard during this event. It was really interesting because at the beginning of the public safety shutoff events and the first few days, we didn't hear as much from people almost. It was as if, oh, this is only going to last a couple days and I should be able to kind of get my needs met. But as the event continued over consecutive days and into a week for some people, the desperation and the needs started to kind of compound for people. We had consumers calling saying I only have six hours left in my oxygen tank and in order to conserve my oxygen I'm going to lay down in my bed and not move so I don't use more oxygen than I

need to. We heard individuals saying that they -- multiple individuals saying they were dialing down oxygen levels to conserve oxygen during the time. We had a consumer who -- someone who contacted us and said that they had an oxygen concentrator with a battery that only lasted four hours. This was -- they contacted us after -- mid-October, in the second or third event, and I asked them, I said, what did you do during the last PSPS event? He was saying I really need a place where I need power, I need a place where I can just rest, where I can plug in and I don't have to worry about recharging my oxygen concentrator. And I said, what did you do during the last event? He said I drove around every four hours to try to find power. I'm on SSI, I'm out of money. It's the end of the month, and I don't have any more money for fuel. So we were able to put him in a hotel. We had multiple people who used CPAP machines who came to us, and one person in particular stands out to me. She was so exhausted when she came into our office and she was so tired. She said she needed a place with power so she could sleep. She explained to me that when she sleeps, she -- and she falls asleep, she stops breathing once per minute. And so she had not slept in a few days and was absolutely exhausted at that point. We also... so those were some of the stories that we heard from individuals and then we quickly started working to address those needs. So next slide.

So I'm going to give a quick overview of the type of things that we did during the 2019 October PSPS events. Nevada County is a community of about 90,000 people with a wide expanse of land. Very, you know, rural in nature. We received 198 incoming calls. 80 individuals were served with backup battery charging stations, hotel stays, or gift cards for gasoline or food. We made 18 hotel arrangements for a total of 67 nights because, again, you know, there was multiple days where some people had their power out for seven days, eight days in some cases in some of the really rural areas. We transported six individuals to hotels because they lacked transportation themselves. We provided 24 people with gasoline per generators. What we found is some people did have backup generators, but it got really expensive. Again, people are on limited income and may have a generator the end of the month. They're on SSI, and they don't have any money for their gas for their generator. And I could even relate. I was without power I think for six days in my home and we ran a generator, a propane generator and it costs us about \$500 in propane to run our generator during that time, which was a significant cost that most people can't afford. We distributed 49 backup battery charging stations. After that first October PSPS or the power was out to the whole area and then PG&E brought up the backup generator, our office was... kept power. Which means we could be a charging station for people. So we charged 26 devices at our office and nine people came in multiple different days with multiple devices to charge, whether it was a powered wheelchair or mainly oxygen devices, as well as their laptops or phones. We had to purchase hot spots in order to continue working while the power was out. We had gone to a VOIT system. Even though the power came back on in our office, the Internet was not working so there was not sufficient power to power those utilities to keep the Comcast, for example, on to our area for our phones and Internet to use hot spots. We incurred about 24 hours of overtime of staff trying to address the needs of people in the community. And then we kind of developed our own Emergency Operations Center where we had designated staff, doing intakes for arranging hotels and transportations for distributing batteries and then we also worked with volunteers for moving those batteries and dropping them off at people's homes. And then we had to do a sense of follow-up with people while they had the batteries during the PSPS events, including home visits to ensure they could utilize the stations properly. Next slide.

So this a picture of the Goal Zero Yeti 3,000 Lithium portable power station. So these devices are 3,000-watt hours, and they work really well for people who have CPAP machines, part-time oxygen. We found they did not work well for people who had high levels of oxygen concentration that they needed 24/7. They would just not last long enough to power those type of devices. They work well for power chairs. They also work well for inflatable mattresses, for those kind of devices. Most people required daytime charging of these batteries at either community resource centers a PG&E set up or at locations such as FREED. So it's something to consider with these, is they're only going to last so long depending on how much wattage the device you're plugging into uses. So for some people it worked really well and others who really had high levels of power needs with higher wattage, it's not the best solution, so we would really direct those people to the hotel stays. It did work well for people who had backup generators, because those backup generators, again, running them 24/7 is expensive. There's also maintenance issues. Your generator worked well one day and the next day doesn't want to start, it needs maintenance. So we noticed some people had the backup generators -- gas generators along with these batteries was a good combo. And then they also require certain comfort level with technology and people needed support for troubleshooting. It's kind of a techy piece. So for those who are kind of the techy consumers, they really got a lot out of them. We had one person who used a ventilator, a power wheelchair, and was able to be basically use two of these kind of a techy guy, could really manage it well, and was able to actually get through multiple days of power outages with the two backup batteries, someone with a very significant disability. And just they can take up to 25 hours if they fully are depleted to recharge, so that becomes a little barrier on multiple days of outages. Next slide.

Next slide, please. Thank you.

So, what worked? Christina is going to go more in depth in her presentation, but this was really -- we did some very quick coordination with PG&E of resources on the fly at the 11th hour you know, Christina will talk more about the contract with PG&E, but at this time we had no contract. We had relationships with PG&E. Some individuals at PG&E, and we quickly identified that there was a need, there was going to be multiple power outages and what could we do. Literally organizing Friday before major power outage statewide that was going to happen on Saturday. So in some respects it worked well that we were able to quickly be nimble and organize. It also was a challenge. I'll go into that later. But it was really -- it worked well. We had multiple days. We were calling each other daily. PG&E was ordering batteries and having them shipped to Independent Living Centers. They put together an account with debit cards that we could tap into to pay for those hotels for transportation, for food vouchers for people. We were able to get those backup generators from PG&E in downtown Grass Valley. I want to stress that was a life changer for our organizer and communities, the downtown grid and those essential services remained powered on. And it just meant that people didn't have to drive literally an hour and a half to get ice, right? We could put people in hotels within their community so they could go home and feed their cats and dogs and not have to transport them an hour and a half away to Sacramento where there was power. It really made everything work a lot better. We didn't have those waits at gas stations and people were able to go and get food at the local grocery stores. It was still hard,

but it was better. And then the community resource centers expanded from 1 to 3. These are the ones set up by PG&E. These were -- there was one, and they identified a need for more, it would get 3 just in Nevada County. Next slide.

So pre-screening. We pre-screened consumers before the major PSPS events in October. And that helped us kind of assess the community needs. That September PSPS was critical. This year, 2020, I feel like we're going to be in a much better situation because we know what PSPS events are. We are prescreening people today, now, so we can identify who needs -- who a battery would work well for, who is going to need to go to a hotel. Organizing with those hotels ahead of time and transportation providers. The pre-screening is really helpful. I also want to say just a shout-out to our county, the messaging, to community partners was great. And to the public. There was a lot of communication daily reports from the county, both public health and Office of Emergency Services to our community partners that made us be able to coordinate services. We did marketing and outreach. The Department of Health and Human Services outreached around PSPS and local resources such as Independent Living Centers. We also had PG&E outreaching as well as other community partners. We also -- our County did a great job with just messaging in general, whether it was local media or with their Facebook, we had reliable go-to places to direct our staff and community members to get really good accurate up to date information. And FREED was considered a critical resource. And this was really important in how we collaborated and able to provide services, right? Because the county was saying, hey, you're a critical resource. We were on the grid when PG&E brought up in the big backup generator to power the downtown grid, which kept our power on. And that really helped us in our capacity to deliver.

We forwarded calls to our managers, had our cell phones, we were taking calls basically 24/7 for people who needed assistance. And we had hot spots to address those.

We also provided follow-up calls to consumers who got batteries to improve their usability around technology. This is -- for those who were not familiar with technology, it took a lot more follow-up, we did home visits, making sure things were connected correctly and making sure that they understood how to operate it. We gave easy to use instructions to people. So the backup batteries can be used on a basic level but if you can get more techy, then you can do things turning on and off with your WiFi when away from home. So those are nice, but also there's some basic instructions and basic usage that was fairly easy for people to get, especially with some home visits. Next slide.

Our coordination with our Emergency Operations Center is a key piece. I really want to stress that, that without that coordination on the local level, we would be way less effective as an organization to respond effectively. We had our local 211 call center, 24/7 call center embedded in emergency operation center that provided direct feedback loop for emergency managers and for 211, giving the right information. We put together a shared database. So we were able to push out 211 as a place to call, and they did pre-screening for us. We gave them the pre-screening questions for the program that we had with PG&E, and we had a shared database, so we get permission, they put the person on the shared database, we would check it 24/7 and then we follow up with people, get them that battery, get them a hotel, get them transportation, get them a food voucher, and then we were able to loop back with

them and they could see the person got their needs met. We have -- we were able to really increase our capacity during this time to serve a larger population, and so did the food bank. I just want to give a shout-out to the food bank, that did some amazing work. People had lost a lot of food in the power outages, end of the month again, and they were able to serve many more people. Just as they're doing right now with COVID-19. And we had that strong relationship already that existed before this event happened with our Office of Emergency Services and public health, it's so important to have that local level coordination. And then the county was really shooting out multiple emails to their community partners, multiple times a day, keeping us engaged, giving us most up to date information so we could plan and share that with our community. Next slide.

So we also worked with our homeless shelter and our hospital. And this was really I think a success. A lot of people are going to hospitals just for power means, and they, just to get connected to power. And so we have a relationship with the hospital. They referred everyone who had just gone to the hospital for needing power to us by the time the next PSPS came around, those same people did not go to the hospital. We got them in hotels and got them on backup battery and reduced hospital admissions. Next slide.

So barriers, I'm going to go over these quickly, because I'm running out of time. I'm long winded. Back to back PSPS events, some had no power for seven or eight days. It was difficult to stand up a new program like this in the middle of a PSPS, and we also found that people -- there was some major issues around access to oxygen supply for people, both in the community and in the facilities, like assisted living or nursing home facilities. At certain times we only had a single pharmacy operating, right, in town. So people getting access to prescriptions was an issue. And then that inability to refrigerate medications. Next slide.

The community resource centers that PG&E set up had limited hours and did not meet the needs for some of the people we were working with because they needed to be able to, you know, plug in items for longer, maybe they were open, there were issues for privacy. If someone had a CPAP machine or nebulizer, for example, they would go there. We got feedback about wanting more privacy while they were using their nebulizer, for example, because they didn't feel like they were on display in the middle of the community resource center. There were also temporary tents. Really looking more to a brick or mortar community resource center I think would be more comfortable for people. We had some organizations that ceased providing services during the PSPS event, and that made it hard. They didn't have power they weren't able to effectively serve the community. We also found the re-energization created surges in household appliances, and this was true of gas generators, people were having issues with blowing up their so to speak their oxygen concentrators and not working because of the surges. And there were issues with messaging with PG&E. Because everything is happening so quick, the power is going off, not going off, it's going off for this long, it's not going to go off... and then kind of over-messaging almost we started getting feedback they weren't listening because there was so much messaging and they didn't even know what to believe anymore. Next slide.

So, again, this really was a crisis for individuals on -- that needed electricity for life-sustaining devices. We had a lot of individuals with a plan. When we asked what the plan was to call

9-1-1. And we had to say, again and again, that's not a good plan. One, we're in the middle of fire season. So if your plan is to call 9-1-1 and then a major fire breaks out, and those ambulances or first responders are busy fighting fires, you're not going to get your needs met. We had dropping temperatures and the difficulty of people staying warm and then the batteries in the hotels did not meet everyone's needs. And the batteries being too technical. And a lot of that has to do with, you know, taking people out of their homes. People's homes are set up to accommodate them well. Take them and put them in a hotel, what about their assistive technology? What about their bed that at home is at the right height so they can transfer independently but in a hotel that might not be the case? Next slide.

So a couple strategies I want to highlight here that coordination across both public and private agencies is critical. And really working with organizations that already interface with those with disabilities and older adults. So there are community providers, organizations that already have lists of people, that already work with this population, the more you can engage in them, the more effective you'll be in adjusting needs and it will increase your capacity to do so. We have to help people plan. And we have to have very diverse solutions for things like public PSPS events. So whole house systems, for example, for backup power is going to be critical. We need organizations to work to build their capacity to work remotely, right? We're learning that through COVID-19. What are you going to do if you don't have access to power phones? So thinking ahead and building your capacity to work in the more difficult situations. Next slide.

So a few things around utilities, to really look at developing mechanisms to keep power on to critical infrastructures. That backup, you know, generator in the downtown grid was key. There are other strategies utilities can use to kind of limit the power outages. So instead of affecting the whole county you're affecting just certain areas potentially, and kind of decreasing the impact zone of power PSPSs. And really improving communication. Utilities, improving communication with community partners, right? So the -- the Emergency Operations Center, the public health, the local organization coordination is key, but also we are communicating with partners and counties. It's really critical for us to be effective in addressing needs. And then having community resource centers that are more expansive that are overnight that you can drop off a durable medical equipment in a safe manner and come back and pick it up so you don't have to stay there all day, that there are more brick and mortar or in places that are ADA accessible and that your kids can have a grassy place to go and play during the day while you're there. The privacy issues. And then the ability to charge multiple devices that I can take my wheelchair and my backup charging station, my phone and my laptop and get them charged at the same time. Next slide.

So we are working with the Pacific ADA Center on the LISTOS California campaign. I know I'm out of time, so I'll say there's four steps and this is really about personal preparedness. Find your five trusted allies and share your plan is what we're working with people on. Prioritizing your health needs and creating lists. Creating your emergency supplies kit and plan how and when to evacuate. Those are some of the key pieces we use for personal preparedness. And there's a website here. And you can find more information on the Pacific ADA website. Next slide.

So just to give a sense of the campaign, LISTOS campaign, with the Pacific ADA Center. We have our Sierra connecting point, the regional public authority, and they do the 2-in-1 program. We have a Meals on Wheels provider and neighborhood center of the arts, an arts day program for people with developmental and intellectual disabilities. We have the Sierra foothills village. And the food bank. Those are local community partners that -- often the types of partners that already are working with those with access and functional needs. Next slide. Okay. Questions.

>> LEWIS KRAUS: Okay, Ana, this is Lewis. I think we are in an unusual situation on this webinar at this time. Ana has to actually leave here, so we're going to take a quick question because we want to make sure that we have enough time for Christina to deal with her part of the presentation. So I'm just going to look at a couple questions that came up that I think were related to you and some of the other questions that I don't get to we'll ask them in question and answer. So there was one person who asked: What worked for consumers that were not comfortable with the technology when you were talking about the Yeti?

>> ANA ACTON: Yeah. What was useful was really providing the one-on-one kind of hands-on support for those individuals. These were individuals who are often older, in their 80s or 90s, some of the people we were working with, and so easy simple to use instructions on how to use the backup battery charging station, the Yeti, was critical. But following up with phone calls as well as going and doing some home visits. Sometimes we went to their homes multiple times just to check in and make sure things were working for them. That's what we found to be most useful.

>> LEWIS KRAUS: Okay. Another question -- actually, before we do that, let me just make it clear that even though Ana is talking about the Yeti in particular, the Pacific ADA Center and the ADA National Network is not promoting any particular manufacturer. There may be other manufacturers that have devices that are similar. So one person asked if you could send her your pre-screening questions. Do you have those, Ana, and I can... if you want, before you go, go ahead and get her email out of the chat window.

>> ANA ACTON: Do you want me to send that directly or to you, Lewis?

>> LEWIS KRAUS: You can send it to her. Okay. I think you have your next meeting in 2 minutes, right? So I think we're going to let you go. And before we turn it over to Christina. Thank you so much, Ana, for a great presentation. Really thought it was fabulous. And there were things that people really need to understand here that were a model and exceptional, including getting herself on the Emergency Operations Center as an Independent Living Center, if you're an Independent Living Center or another disability organization, this is an excellent model for what you can try to achieve in your regional area, in your local area, and their Emergency Operations Center to help coordinate all the efforts being done. And there's a question about copy of the PowerPoint. The PowerPoints are there on the website at ADApresentations.org in the schedule page today, the emergency section. Tomorrow it will be in the archive section. All right, with that, thank you so much, Ana, for that. And I'm going to turn it over to Christina.

>> CHRISTINA MILLS: Thank you, Lewis. This is Christina from the California Foundation for Independent Living Centers. I just want to thank Ana for her great presentation, as always, on what her local community has experienced and how her organization has both been a leader in these efforts around disasters but has also been seen as an example for many around the state and across the country. Thank you.

And to Gabriel at Pacific ADA who has been assisting us in the technical stuff in preparing for this presentation today, thank you all.

So I'm going to quickly go over some of the things that I think some of you know about our organization, but I do want to do just a quick brief recap/history of what we are, for those that are less familiar. Next slide. So our mission statement, we're a statewide organization. We work to increase access and equal opportunity for people with disabilities by building the capacity of Independent Living Centers. Next slide.

We are not an Independent Living Center and we are oftentimes confused as an Independent Living Center. Instead we're working to build the capacity of the centers to better serve their communities and local individuals. We also have a number of statewide programs that we are funded to provide. So digital access project is our affordable Internet program. Freedom Tech is assistive technology. Alternative loan program, similar to a personal loan at a bank but specific to AT. Our Do Network, our community organizing hub for all the independent living centers, and ability tools, which is the Assistive Technology Act program of the state of California that we refer to as Ability Tools program. And then our youth organizing disabled and proud program, which is all about organizing, connecting and educating youth with disabilities across the state. In addition to building the capacity of Independent Living Centers, we are also a membership organization that works on a lot of public policy. So the Independent Living Centers, like Ana's Center for Independent Living have an opportunity annually of being a member of CFILC and then get a vote on what public policy priorities our organization works on throughout that year or longer term. I want to stress that because a lot of people, while they don't understand the differences between what our organization does statewide versus a local Independent Living Center. There's also been some historical confusion around what is the difference with membership. And really it's the public policy piece. We are purposely housed in Sacramento near the capital so that we can be in and out of the building often doing advocacy on a variety of different public policy topics. And today I'm here to -- really I'm very excited to talk about for the first time in a public way across the nation our latest program that we launched a couple weeks ago, the Disability Disaster Access and Resources Program. Next slide.

So just to be clear we're not an Independent Living Center, but what you should know, too, we are very unique in the way that the folks at the Independent Living Centers, the directors, that make up our membership are also my board members. So I have no other board members, the directors that pay to be members are my board members. And so if you would like to see who our current membership is, I left a link there and you're welcome to check it out. We do aim to have all 28 centers as members. Unfortunately, we don't have that capacity at this time, but we have increased over the last couple of years, which has been very exciting. Next slide.

So how did we get here? A lot of people are wondering, so you're partnering with Pacific Gas and Electricity to provide resources during a public safety power shutoff. And for years, prior to me taking over CFILC, our former executive director was very passionate about both disaster and healthcare advocacy. And it was really through her leadership that we have gotten to where we are now. So CFILC and our Independent Living Centers very early on commissioned a few different actor/action disaster reports with June Kales who wrote the reports. You can find them on the website. You can Google them. I think they will come up that way. To really highlight both government officials, locally, statewide, and anybody in the community who cared about the disasters and how they were impacting people with disabilities. To really use those reports to create better policies and checklists and mechanisms and everything possible to make inclusive disaster strategies in the future while we continue to face disasters of all sorts as time moves on. So those reports are out there. Certainly we would love for people to use them and I can tell you personally that last time I reviewed one of them, I said, oh, my gosh, we could have written the same exact report again. June did a terrific job of writing the reports and I think there's a lot that can still be gained from the information shared in that in terms of how we could do better. CFILC, again, we also have sponsored and supported or opposed legislation related to disasters and, of course, have fostered lots of different relationships with policymakers on what might work or what might not work for our community when building inclusive disaster designs. Providing expert witness testimony, both, again, on a county level, local level and statewide, and also nationally. We host and participate in the Disability Disasters Coalition that I know some of you are a part of as well. Previously it was known as the California Disaster Readiness Coalition. It's morphed into the California Disaster Strategies Coalition, which is seen more of sort of an arm or chapter of the National Disaster Strategies Coalition. And like you heard Ana say, we really encourage and foster and help build Independent Living Centers partnership between the regional and local Office of Emergency Services so there can be coordination and planning on a local level. I always say to folks that I don't know your local communities. You know them best. There are some infrastructure and things that we can do statewide to help make that easier, but when it comes to your local communities, you are the experts on that, not the statewide folks. We also have worked over the years to get a number of our Independent Living Center staff in place as functional assessment service team members, and some of them still exist while some of them don't. It still is a great, although some disagree, a great mechanism to get people involved in the disaster world for folks with disabilities and access and functional needs. And then a number of us over the years have been doing virtual and onsite shelter accessibility support and making sure that shelters are not turning away people with disabilities because they might have a personal assistant or need a cot that is a little higher or a sign language interpreter or need their medication refrigerated. There are all sorts of things that come up that require some expertise at the shelter level. And then Ana mentioned this as well, but we have been fulfilling for many years the assistive technology and durable medical equipment needs for individuals that are displaced or quickly evacuated from their homes without their technology in place with them. So fortunately, as the assistive technology program of the state of California, we have the capacity to be able to provide a lot of that equipment. We have device lending demonstration centers across the state that have equipment available for a loan, on a loan basis, and then we also have many Independent Living Centers that provide reused closets full of different ATDs. There's never enough to sit

on committees and advisory committees and boards that talk about disaster and things we need to be prepared for in a disaster that we could all be participating in. Your city council meetings, your planning committees, your county meetings, as well as regional and statewide. I mean, if there's anything that you get out of today, I hope it's you can get involved and cultivate the relationships that are needed to make sure that people with disabilities and older adults are represented at the table in a variety of different committees and councils out there.

And then CFILC also established a few years ago the disaster relief fund. Prior to that we had no funding to do any disaster work that we had been doing. It was all in kind support, both CFILC and the Independent Living Centers. And oftentimes we were using our loan closets to give away equipment but sometimes had to turn people away if we ran out and therefore couldn't replace something that prevented someone from going into a hospital just simply because they didn't have their wheelchair when they were evacuated. The Richard Devylder Disaster Relief Fund has taken donations as small as \$5 and as large as \$5,000 and is what we use to really help people get their needed AT and DME when we don't have it in our loan closets available. I'll say one of the last things that we purchased with this fund is some sensory items for individuals in the Butte Camp Fire area that lost -- that had intellectual developmental disabilities and needed a weighted blanket, a weighted ball, and another individual who lost his scooter, we replaced his scooter. And another individual I can think of off the top of my head, his service dog lost his jacket in the fire. We used the fund for all kinds and it's been wonderful. And then last year we had some funding and we were able to ask all of the Independent Living Centers if any of them were interested in becoming accessible charging stations to their community. And Ana talked about how the consumers in her area specifically took advantage of that last year. We did that because of the barriers we were seeing in the community, both in southern California and northern California when it came to getting access to the community resource centers. And I know southern California Edison calls them something a little different, a lot of folks saying they weren't accessible to get to, or they weren't accessible when you got to the place, there were all sorts of barriers. We found the funding and asked the centers, would you like to become a charging station in a place that is accessible to members of your community. You can find charging stations and which centers are participating in that effort on our website, which I'll talk more about. And now officially we have gone into our first funded program with Pacific Gas and Electricity support and our contract that is in effect this year. Next slide.

So, where did we start? A lot of people will say to us you know, how did you know what the community's needs were? Some of you might be familiar with an event that we put on every year called the Disability Capital Action Day. We worked in partnership with some of the folks at PG&E to determine what kind of survey questions we might want to ask the community to see if they are ready for a variety of different types of disasters if they were to hit. And we included power safety shutoff in that. So you can see from the results here we received over 500 responses, or about 500 responses. Once we ran it at the actual event physically and then we also ran it an additional two weeks online. So we had representation from folks with mental health disabilities, the deaf community, blind, intellectual and developmental disabilities, other sensory, mobility and chronic health conditions. We asked folks, you know, are you ready for a disaster? And 35% of all told us know, which is the maximum. And then when we asked individuals, you know, if a disaster were to occur, what would you need if the

power went out? You can see that we received a lot of different feedback. 113 people said they would need accessible reliable transportation. They would need backup generators or batteries, disaster preparedness kits, a place to stay, temporary housing someone to check in on them, food, land line phone, a cell phone, other, and first aid kits. So they were slightly different than the disaster prep kits. Sorry, the chat box is in my way. And then we asked, you know, how many of you that are taking this survey actually use assistive technology or durable medical equipment that requires electricity. And of all the folks we interviewed, 53% said they use some form of electrical AT or DME. So that gave us what we needed to know in terms of how we would pursue a potential pilot program in California, knowing that power safety shutoffs were going to be a part of our life for a number of years. But the other question we asked, which has really been quite interesting to hear from the community about is how many of you that are on -- or that use electrical AT or DME are on the medical baseline program. And here in the graph I am sharing that 40% said yes they were. 32% said, no, they weren't. 21% didn't know. And 6% just were not sure or did not answer the question at all. I think that is really important to point out because as we have moved forward, it's become one of our deliverables in our grant this year, our contract. And I can tell you that over the last couple of months the number of people that I have talked to about the medical baseline program are very much confused with the differences between that program and the CARES program. The medical baseline program is not about your income level. So the three major owner invested utilities, which are PG&E, Southern California Edison, and Sempra which covers San Diego Gas and Lights. Their criteria is very similar. And that is not -- it is not based on financial requirements. So although folks like myself, who use durable medical equipment and AT qualify for the medical baseline program that gives us a 10% discount on our bill, because we use more electricity than the typical person to keep our AT&D charged us. It is not -- the utilities is income based and that provides a 20% discount. I think it's important to note for folks on this call that you can be eligible for both. It's not about selecting one or the other. Next slide.

So here is the launch of our program. For those who haven't seen the press relief from us in PG&E or haven't gotten our emails, our new website, disabilitydisasteraccess.org went live a couple weeks ago and we have been receiving applications from folks across the state that have said that they will need support assistance during a public safety power shutoff. I want to make sure everybody definitely understands that this is a pilot program. Prior to us going into this work we did a lot of research on a variety of fronts, and one of them was does anything similar to what we're trying to do in California relate to other states? And while there was some similarities here and there, there was nothing statewide anywhere else in the nation that has been done to make sure that people with disabilities and older adults who use AT and DME are safe and well during power safety shutoffs.

So California is the first to take this on, and the pilot program is, you know, exactly what a pilot program is. It's a study and an opportunity for us to figure out what is going to work long term. Maybe an entity, the government of some level may determine they want to fund and support long term. Our project is based on best practices and lessons learned, and fortunately we experience some of that last year through the PSPSs that we worked through prior to having a contract to actually do the work. Next slide.

So our research last year and the impacts really helped me figure out what our priorities would be in our contract, and what we needed to really prioritize. So we developed relationships with battery vendors and we tested. We did small scale, I would say, tests of AT and durable medical equipment with different batteries. I think it's important to mention that we chose batteries over generators and it's really important for people to know whether they're talking about a generator or a battery, because they can be very different things and have different capacity. Accessibility is also very different with a generator versus a battery. And you heard Ana mention that some folks that had generators ended up crashing their AT or DME because they weren't prepared to generate electricity from a generator that could be a much higher voltage than a battery when they turned their backup plan on. So through those test samples that we did, we got a lot of information back about how long a specific type of battery would work with a specific type of durable medical equipment or assistive technology. And I will say, again, it was a small sample. We tested some of the most generic AT and DME out there because we knew that that was what people were most often using. We tested a variety of different CPAP machines. And bi-pap machines with different batteries to see how long they would last, what kind of battery it was, what situation it was used in, to finally determine what batteries might work best for folks that use some of this equipment on a regular basis. So last year during the PSPSs, you know, word had gotten out that CFILC and the Independent Living Centers were going to be doing some type of partnership. As a result of that, even though we weren't in contract, we said that, yeah, we're absolutely ready to, you know, do what we can to help out, because regardless of contract or not, Independent Living Centers are resource service center in the community that are often tapped for a variety of reasons, and funding, while it's very important, you know, we do our best to try to make ends meet where we can. With that said, once we had put out our phone number to folks to let them know that resources and support might be available, we had received over 1,000 calls statewide in the areas that were going through a power shutoff. So Ana shared her specific statistics, but across the state, we had already been working to set up our contract, so we had purchased 250 batteries and we had put all 250 batteries out to community members in PSPS areas. We had to do that very fast. It wasn't something that was planned outside. I didn't write, you know, how it was going to be done. We just made it happen simply because it was the right thing to do and we wanted to make sure people had what they needed to stay safe. In addition we worked very quickly to get our centers access to debit cards so they wouldn't have to, you know, use money that they may not have quick access to, to put folks in hotel rooms. One of the lessons learned there was that folks didn't expect to be in hotels for a number of days, especially over 2 or 3 and realize that in the future they would like to have a plan to be more able to stay in their own homes. Because maybe they didn't bring enough medication with them or maybe they didn't realize sleeping on a hotel bed wasn't going to be the same in terms of controlling pressure sores or whatever the situation might have been. Didn't pack enough clothes. And then we provided over 250 meals to folks in the PSPS affected areas either through restaurant or grocery gift cards distributed to folks that were either in their own homes with batteries but lost their food because it spoiled, as well as those that were put up in the hotels. And then we assisted over 40 individuals with either accessible transportation or if they had transportation on their own gas to go to and from. And I just want to point out that while this helped us learn a ton and really develop our pilot, as we move forward in 2020, we certainly did not expect that we would also have a wildfire breakout in a PSPS area. So while we thought we were going to be doing the best we could in every area, we did as best we could but we also didn't intend

that one center would absolutely close down completely because they were hit by a wildfire. Next slide.

So what I think is really important is to stress every individual situation is unique and different. And while we have an application process now that every center involved in this project is going to be using, last year really taught us that every situation is different. And so we didn't want to make eligibility based on income and we didn't want to make eligibility based on whether somebody was on the medical baseline program. And we didn't want to make eligibility based on somebody being on public benefits. We saw such diverse situations last year that we realized we could set up an application assessment, basically, that gets us what we need broadly across the state, but it's going to be the local center that has to figure out, you know, given the situation in the local community and the individual's situation, what is going to work best for them? And what I continued to stress to everybody is that, number one, we are not doctors and we are not first responders, and our program is simply a Band-Aid. And while we hope we have something long term and we're learning as we go, there are systemic issues and things that need to be changed far beyond just the actual services that are being provided. And that is, again, where your leadership and the collaboration between people with disabilities and OES and EMS folks coming together at all the different levels is going to be key in disaster planning in the future. And what will, you know, a PSPS look like in a COVID-19 environment? I can tell you that it's being discussed and thought about right now. But, again, it's something we have not experienced, and we're going to try our best to make sure that it's, you know, thoughtful and done in a safe way, but I think that we're all concerned about what shelters would look like in the future with the social distancing, what would it look like for folks that need transportation and might have a variety of durable medical equipment that they need to take with them. There's just endless factors. But resources are limited, and only reach so many individuals. And I can tell you that now that we have put up our application for resources, it's going to go quick. Batteries are not cheap and while we worked out a deal to get them decreased in price, the batteries that we chose to go with as our primary run about \$3,000 apiece. And so you can imagine \$3,000 apiece and we already have purchased 250 and we have another 280 on the way to California. That's a drop in the bucket considering the population. And what we found through all of our applications so far is that the -- by far the majority of folks that definitely use AT and DME that require electricity do not know that they're either eligible for the medical bay line program or have never heard about it. So we've had them tell us. And aside from getting folks hooked up into the medical baseline program when they're qualified, that we are also setting people up to be successful long-term and helping them create their own individualized emergency prep plan. And so we're all looking at different formats and different plans that can be provided to folks in different scenarios that should be taken into effect or into account. But, again, I just want to point out that every community is different. So if you're in a community that is prone to fires you might be planning for one thing. If you're in a community that is prone to fires and floods, you might be preparing for something else. Next slide.

So I want to touch on -- I know my time is very much up. We are prioritizing the tier 3 areas of California first and the Tier 2 areas second. Some of you might be wondering, what does that mean? There's going to be a map on the next slide and a link to where the map is on the California public utilities website. We are looking at the areas that are going to be most likely

impacted or could be impacted by a wildfire and therefore the power would be shut off in those particular areas. So folks submitting applications for resources right now, again, I don't expect we're going to be able to help everybody who applied, but we will do our hardest to meet the needs as much as we can, but we have to prioritize those that are in an extreme area of danger and then a medium area of danger. So the program will have statewide -- does have uniformed consistency, but has local expertise attached to it. And, again, we will be helping people enroll into the medical baseline program, assisting them with long-term plans, and then providing training and public awareness as we go. Of course, that is significantly shifted in a COVID environment too. So rather than doing a lot of stuff in person we plan on also doing it online in formats like this.

Next slide. Here is the map I was referring to. I listed out the tier 3 counties purposely. If you're looking at the map, the reddish-pink areas are considered extreme areas, and then the orangish-yellow are the elevated, what I refer to as the medium level areas of the state. Where I listed each county to the right of it is the extreme counties. I did not list the second most priority counties. And, again, you can get that map from the CPUC website.

Next slide. So all counties are covered by the pilot except for San Diego and Imperial Counties. Twenty of the Independent Living Centers are engaged as partners in this work, and we have the expectation that we will be partnering with many of you who are on this webinar, both locally and regionally. And, of course, with other disability organizations that serve people that use electric AT and DME. Next slide.

Again, this is a small scale preliminary program and study and we're going to learn a lot for it, but we have no roadmap and we're going to be documenting a lot of what we learn through both data but also through case studies and narratives on a monthly basis so that we in the end hopefully have a very helpful and useful report for government and policymakers to determine what a long-term program may look like. The PSPSs in California are not going away any time soon. And the expectation is that while the utilities work to create better microgrids and uniformity that prevents wildfires from occurring in the future, we're going to be in the world of PSPSs for a number of years until that is completed. Next slide.

All right, I know that I am out of time, but I do want to just say again that if you need our website, the disabilitydisasteraccess.org link for any additional information, we will put this PowerPoint up there as well and have a link to the Pacific ADA archive that they post tomorrow. I'm available to answer any questions. There's an email address at the end that you can email me add. You're also welcome to catch me by phone or in social media. Just know that a lot of my time right now is being prioritized on this program as well as some of our other COVID-19 priorities. And I see that someone asked me why San Diego and Imperial was not included. So that power company, Sempra has not been a part of some of the statewide discussions and Southern California, Edison and Pacific Gas and Electricity, they reached out to us. We are working with both of those utilities. In Southern California, our Independent Living Centers down there received funding directly from Southern California Edison, but we all are coordinating in the south. And in the north the funding comes from California for PG&E and then goes out to the centers through that mechanism. Sempra, because I think they cover only those two counties and are so many, they didn't approach us

on this, frankly, we don't have the center from those areas involved in our membership, so it makes sense for them directly to collaborate with the independent living in their area. Next slide. All right. So how it works, you apply for resources if you need PSPS specific resources through our website or you can go through your Independent Living Center to fill out an application. It's then determined, assessed on an individualized basis. And then we make sure that you're supported in enrolling in the medical baseline program if you weren't already. And then setting up your personalized disaster plan. And then determining what PSPS resource strategies might work best to keep you safe and well. Next slide. All right... woo! I talk fast but I'm two minutes over, so I just want to thank you again, Lewis and Gabriel for giving me that extra three minutes now.

>> LEWIS KRAUS: Thanks so much, everyone. And so you have your contact. The contact information for Christina, if you would like, there are questions that came up that we weren't able to address, but in respect for your time, we're going to end here. So you can contact her if you have a question on the ADA level about anything that has been said. If you contact your regional ADA Center. Don't forget the email you'll get with link to online session evaluation. Complete that for today's program. We value your input. Today's session was recorded. It will be available for viewing next week at ADAPresentations.org in the archives section of emergency preparedness. And our next webinar on June 11th, we're going to be joined by the disability access manager, ADA coordinator from the County of Marin. We hope you can join us. Thank you very much Christina and to the no-longer-here Ana for a great presentation. Thank you all for joining us. And thank you for attending today's session. Have a good rest of your day!
Bye-bye!