Pacific ADA Center Webinar

ADA National Network Learning Session: Operationalizing the Principles of Inclusive Emergency Management

March 10, 2022

>> Welcome to the emergency management preparedness inclusion

of persons with disabilities webinar series.

I'm Lewis with Pacific ADA Center, your moderator for this

series.

This series of webinars is brought to you by Pacific ADA

Center on behalf of ADA national network.

The ADA national network is made up of 10 regional centers

that federally funded to provide training, technical

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You do not have sound capabilities on your computer for to

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I do want to remind you the webinar is recorded and will be

able to accessed at the ADApresentations.org website.

In archive section next week.

This is an 8th year of this webinar series which shares issues

and promising practices in emergency inclusive of people with

disabilities and others with access and functional means.

Series topics cover emergency preparedness disaster response,

recovery and mitigation as well as accessibility and

reasonable accommodation issues under the Rehabilitation Act

of 1973 and the Americans With Disabilities Act of 1990, the

ADA and other relevant laws.

Up coming sessions are available at ADApresentations.org under

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Monthly webinars occur on the second Thursday of the month at

2:30 eastern, 1:30 central, 12:30 mountain and 11:30 pacific

time.

By being here you're on list to receive notices for future

webinars in the series.

Those notices go out two weeks before the next webinar and

open to registration.

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 at any time.

And the speakers and I will address them at the end of the

session.

So feel free to submit them as they come to your mind during

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Or you can call us at 510-285-5600.

Today's ADA national network learning session is titled

operationalizing the principles of inclusive emergency

management.

This presentation will outline how key principles for

inclusive emergency management are being used by California

Governor's office and emergency services, that's call OES,

Kern county and the FREED center for independent living to

address whole community needs regarding mass vaccination,

evacuation and transportation planning, and public safety

power shut off events.

Today's speakers are Vance Taylor, the chief, of the office of

access and functional needs of California Governor's office of

emergency services.

Georgianna Armstrong, the emergency manager and Kern County

and also Carly Pacheco, the executive director of FREED Center

for independent living.

I am now going to turn it over to the three of you;

Vance, Georgianna, Carly.

>> VANCE TAYLOR: Excellent.

Thank you very much, Lewis.

I appreciate that.

I appreciate all of the attendees for participating today.

I know that particularly during the pandemic we've all done of

these trainings to be very aware that you know online is very,

very useful tool thanks for turning in here or Netflix or any

of the other competitors out there.

I want to just give a very quick background and let you know

that as Lewis said my name is Vance Taylor I have chief at

offs a needs at the California Governor's office of emergency

services.

Which is very long title for those that don't know, sort of I

think an unofficially competition in state government the

longer the title the better.

So if that's the case, clearly I'm winning.

I know that when we talk about things like inclusive emergency

management, and use terms like access and functional needs,

that most people either know it what that means or have a

sense of what that might mean.

But I want to make sure that we're all in the same page,

Especially when we talk about accessing functional needs.

So if we go to the next slide, I want you to see exactly how

we define it.

Okay.

This is been written into California state statute.

So any time that laws now access functional needs inclusion

and integration, this is the definition that is being used.

Any time we write guidance issue best practices or lessons

learned this is that foundational definition.

And it's a lot bigger than most people expect.

Because we're talking about all of sorts of different

individuals from a variety of groups, individuals with

developmental and intellectual or physical disabilities,

chronic conditions or injuries meaning they've got a broken

leg, you have an functional need that may not be permanent,

but for the moment you have an functional need.

We're talking about individuals with and older adults,

children women in late stages of pregnancy, there

institutionalized settings, people who are low income,

experiencing homelessness or transportation disadvantaged.

And at least in California, if you look at all of those

individual populations, and overlap it on top of a map of the

state, which has 40 million people in it, but, you will see

that we're talking about a significant number of individuals.

And the reason why that matters is because historically

speaking we as a nation haven't been done real great job with

being inclusive.

Considering access ask functional needs and the way that we

plan, prepare, respond and recover from a disasters.

Because of that, we have had gaps built into our emergency

management system.

Not at all intentionally, in fact, we have had wonderful, good

what I would refer to a salt of the earth people, emergency

managers that wanted to serve their communities, but

unfortunately what has happened historically is that emergency

managers were essentially gathered with other emergency

managers and they would come up with plans.

But because of those individuals didn't typically have a lived

experience in access functional needs world they lacked the

perspective needed to have a broader view of what the whole

community needs in out to be safe independent before during

and after during after disasters.

So they would do things like say work in emergency information

out there with a press conference.

But they would fail to consider the fact that not everyone

could hear the words being said.

And so they wouldn't have an ASL interpreter.

They wouldn't think about at fact that point to map go here

for safety, blind people can't process that information.

Because they can't see it.

And a they wouldn't put things out in alternate formats.

And they would oftentimes use very complex terminology, lingo.

Which also presented challenges for people that limited

English proficiency or intellectual disabilities.

And so this lifesaving information that they wanted to get out

didn't actually make it to everyone in the community.

And we saw issues not just in communication but in evacuation

where they would send school buses evacuate communities, which

works for most people.

But then somebody would roll up in a wheelchair.

And say where's the lift, where's the accessible vehicle.

And then that person had to choose between getting on the bus

and somebody lift them pick them up and say they are not on a

bus, but leaving their wheelchair behind or having to stay in

the impact area and just hope and pray that they would be

okay.

Terrible, terrible choice.

We saw shelters some that were not physically accessible

buildings.

And lacked full wrap around services.

And again, this was never intentional.

It was simply because there was a lack of perspective driven

by a lack of lived experience among those in the planning

process.

To get ahead of this issue, to overcome it to live bond.

And a next slide.

You will see that in 2008, the Governor created an office of

access and functional needs, a place that within his office of

emergency services.

But senior level executive, appointed by the Governor, with

charge to brief the Governor and the director of OES on these

issues.

So the office now exists to identify what are the needs that

everyone has?

>> LANCE TAYLOR: Once those needs are identify how do we

>> LANCE TAYLOR: So what I've experienced in my time as chief

of this office, first off, countless disasters in the last six

years with experienced we also had more declarations that were

at the presidential level in the last six years than we had in

previous 20 years combined.

So I like it to think maybe I'm not -- maybe you just got here

in time.

But as I've seen these different operations, I've seen these

different missions, as we've embarked on these different

response activities, it's become very clear to me that what

differentiates oftentimes a successful operation from a well

intentioned but lacking response is the degree to which

emergency managers operationalize certainly outline what those

are.

There are really three key principles that drive successful

emergency operations when it comes to inclusivity.

The first one is integration.

It's a recognition that we have got bring people to the table.

Right?

It's not enough to say hey we're emergency managers we're at

the table.

We have to

>> Vance this is can you pause for one second?

>> Sure we need to make sure our other interpreter.

Okay.

She needs to be spotlighted.

>> Captioner, if you can tell me if you can give us a link if

you're doing something to an external link like Streamtext as

well. So people are asking for that.

>> So take a moment and let us know in the chat window if you

have that available.

>> The there is no external option for this, everyone.

So the captioning will be from zoom only.

Okay.

Go ahead, Vance

>> LANCE TAYLOR: Yeah, absolutely.

And thanks for pausing.

We want to make sure everybody can access this and that this

information is going to go out to everybody in way that is --

so when we talking about integrations, full integration, it

really is not enough for people at the table to think okay I'm

here let's get going.

We have to stop and look to identify who is not at the table.

Which communities are not being represented.

And we can't expect that those communities are proactively and

able to work throw way through the process to make this

through to us to see that table.

While many do, which is great, there's too many that can't

work through that process.

So we proactively have to look and see who is not there and we

have to find them and then we need to bring them to the table.

That's the only way we can effecting perspective included this

these important conversations.

That's how we understand needs.

The second thing we have to work together.

And we have to recognize that emergency managers are any one

of us.

And a communities will fail or succeed but we will do that

together.

Partnership means that when we work together we create we move

away from your plan mind set of our plan.

And there's a level credibility that comes with that, right.

But if there's a short coming we will address that together.

And that we're in this together.

And then the third principle is synergy.

Right?

It's this idea that when we come together we achieve more

collectively than we can ever achieve on our own.

And those three principles need to be grounded.

They need to be rooted within every single emergency

operation, within every project, within every product.

In order to be successful when it comes to inclusive emergency

management.

I want to walk you through how we integrated these principles.

And we used these principles as foundation pieces for

California's mass vaccination pilots that we.

Next slide.

>> LANCE TAYLOR: So real quick, vaccine came up the wanted to

get this out nationally, they wanted do mega vaccination

sites.

They weren't quite sure what that was going to look like.

They task the FEMA and Cal OES to do pilots.

We did two big pilots.

One at the coliseum and one at Cal State L.A.

And we were going to get vaccines out to the community and the

goal was to reach under served communities.

Right?

At or run through this I believe it was eight week process.

And at the end of that we would have a blueprint that the rest

of the country could use to set up their mass vaccination

sites.

So let's go to the next slide.

Let's talk about integration.

Right.

Bringing people to the table to understand and address needs.

So, we included our stakeholders we brought stakeholders to

the table.

With them identified address what were some of the needs.

They talked about things like accessibility service.

The fact that we needed in person and remote interpreting

language capabilities.

Right?

So we in person ASL interpreter but we also VRI, video remote

interpreting available.

We had in person language translators, but we also had a

telephonic language translation service where you call and you

state the language and within ten seconds they connect you

with a translator that speaks that language fluently.

And that way everybody could have their language speeds met.

We also had materials in large fonts, braille, alternate

formats.

It before we had people at the table they said, hey, we're

going to need durable medical equipment.

They might need tents that are climate controlled so they

would be safe from the elements.

Some people maybe particularly those on the autism spectrum

might need privacy rooms.

Right?

People have sensory issues.

We've got to account for that.

They talked about we need para transit.

We need shuttles we need train rides and we need them all to

be free.

They talked about the need for mobile vaccination clinics.

Van that is could go out in surrounding neighborhoods and

vaccinate people.

Next slide.

When it came to partnership, working together to create buy-in

and credibility.

We got direct input from the Pacific ADA Center.

We got direct input from a disability rights California

And from independent living centers and state county on

developmental disabilities and many, many, many, many other

stakeholder and partners.

They were involved in planning and implementation from the

beginning.

They became trusted sources of information for our public

messaging.

So we pushed out messaging.

Some people in community might not trust government or

recognize who or what Cal OES is.

So to have our partners amplify that message made all the

difference in the world.

We deployed these mobile vaccination clinics I was telling you

about.

Directly to independent living centers.

And other locations.

Let's go to the next slide synergy, toke we can achieve great

things.

Goal was to put 6,000 shots in people's arms every day.

And what we end up doing was 9,000 shots a day.

By time the pilot ended more than seven 20,000 vaccine had

been administered.

More than 103,000 went out through mobile clinic.

And again, the think about an equity and under served

communities.

More than 68 percent of all of those doses went to targeted

under served communities.

And people of color.

Which these successful outcomes were greater than we had ever

hoped.

And we were able to achieve those outcomes because we worked

collaboratively.

We worked together.

So again, when we talk about emergency management, we can talk

about things like mega vaccination sites.

We can talk about testing sites.

Or, as you will hear in a moment, from our other presenters,

you will hear an about power shut off at events.

Whatever the operation is, it needs to be rooted in the

principles of integration.

Right?

It needs to be rooted with integration, with partnership, and

with synergy.

That's how we lift communities.

That's how we lift one another.

That's how we develop truly inclusive emergency operations

that don't leave people behind.

It's how we identify and address unmet needs.

And it's how we as individuals and collectively as a society

draw a line in the sand that says in 2022, we're all in.

And we will achieve and we will do it together.

So thank you for letting me share that with you.

I'm happy now to turn it over to Georgianna Armstrong from

Kern County.

She will present about some exciting things they've done and

the way they are integrating these principles and inclusion.

>> GEORGIANNA ARMSTRONG: Thank you, Vance.

This is Georgianna Armstrong.

I am the emergency services manager for the county of Kern.

I am very grateful that Vance invited me to participate in

this seminar.

I did happy to share with all of you what we've been working

on in Kern County.

But I do need to clarify I'm not an expert I don't consider

myself an expert.

I don't consider our plan done.

We're always looking at our gaps and trying to find ways to

improve that.

So while I can share with you what we've done in Kern, I'm not

trying to present this as we have all the answers.

Because we don't.

Next slide, please.

I cannot overemphasize that the ability for emergency managers

to be effective in developing plans that work for access and

functional need communities is completely dependent on

bringing in the subject matter experts.

As Vance mentioned in his presentation, prior to really

looking at issues emergency managers worked with stakeholder

groups which were traditional other emergency managers and

first responders.

So when we started looking at what we needed to do to develop

the plans that were needed for full community response, it's

really reliant on creating an expanded group of stakeholders.

And these are the ones that we work with most often in Kern

County.

It is not a completely inclusive list.

These our main players.

I need to emphasize to the emergency managers on this call,

our key partner has been the independent living center of Kern

County.

They have been extremely generous with their expertise and

their knowledge and they've always been willing to work with

us.

And while I don't have time to go into their role in all of

our projects, please know we could not have a completed any of

our projects without their direct involvement.

And so we are very grateful to the ILC.

Next slide, please.

As Vance mentioned, if the emergency managers don't have the

subject matter expertise in order to build an effective

response we need to bring in the subject the matter experts.

And that comes from the community organizations.

Building that partnership has also enhanced our response

capability.

Because these organizations know their clientele.

They know their needs.

And they also become a trusted community messenger.

So working with them helps expand all of the capabilities that

we are able to do it once again it is almost impossible to get

this right without involvement of those groups.

So for a quick next slide, please.

So for a quick overview of how long we've working on this,

Kern County has what we call ready Kern, which is our letter

and notification system.

And we were very careful in our campaign graphics, in the fact

that we work with community action partnership of Kern County,

their 211 line, to assist us with multilingual dissemination

of our messages.

And we developed several years ago some public service

announcements to promote registering for ready Kern.

One of them was specifically targeted at the AFN community.

And in order to do that, we worked with the ILC to help bring

us quote/unquote actors to be in this PSA so that the

community we were trying to reach would recognize themselves.

That person is speaking to me.

Because they are walking the same walk I am.

I did have an epiphany after this aired as one of our actors

who is deaf, he's also the pastor of largest deaf congregation

in Kern County and he participated in this PSA.

Some time later he and I were speaking and he mentioned

something to me.

He mentioned that one day he was just putting gas in his car

and a young man was riding his bicycle nearby.

This man is the young man was not a member of his

congregation.

But he recognized the pastor from the PSA, went up to pastor

and said where do you get your information how do you know how

to be prepared.

And that really reinforced for me in order to reach the whole

community we have to feature the whole community.

And we also have to look at the dissemination of information

to our deaf constituents that really requires looking at going

above and beyond what government normally does.

We can't expect the community to always come to our website to

see what we are doing.

We can't rely on typical news releases.

We need to be much more specific in how we get that

information out.

And this was a lesson that he taught me that I have never

forgotten.

And it has carried forward in other projects.

Next slide, please.

In 2008 the U.S. Army corps engineers advised Kern County of

gaps or weak in a local dam that could have a massive impacts

to Kern County if that dam were to fail.

So for two years, we worked on developing this massive

evacuation plan.

After one of the key stakeholder meetings I went up to the

table where we had our AFN groups and asked what their

involvement had been with the first responders represented.

And basically they told me there was none.

So the first responders were developing their plans based on

what they are trained to do in their discipline.

But at that point, it hadn't expanded their focus to how are

we going to make sure the needs of the entire community are

addressed.

Next slide, please.

Which led to a sister project.

We were grateful to have support from California office of

emergency services, we were one of their pilot projects where

they provided us with consultants to help us build and an

evacuation transportation plan for persons with disabilities.

The map that you're looking at is the map that if something is

going to keep me up at night, it is this one.

And the we identified facilities where there are people who

would need transportation assistance to evacuate.

We developed MOUs with at transportation providers that had

accessible vehicles because local government tends not to have

that equipment.

So that we could incorporate those transportation providers

into our incident command system working with first responders

to help evacuate the persons at each of these facilities.

Which are shown by red dots.

We also looked at designating a specific bus stops for people

who may not be in the facility.

But who would require transportation assistance.

And all of this of course, would have been done at no cost.

So that was our first major entre into getting into the AFN

evacuation planning.

Next slide, please.

While we've not had a dam failure fortunately, we have had

enough fire and incidents where we've had used components of

that evacuation plan for smaller events.

Our lead local department to intake requests for

transportation assistance is our aging adult services

department which operates a 24/seven hotline number.

And in our alerts and warning, we direct people to call this

number if they need assistance.

Those requests are submitted to the EOC and we work with the

transportation providers to pick folks up and to take them out

of the area wherever they need to be or to a shelter.

Next slide, please.

Even though access and functional needs is not a traditional

ICS position, we did establish a seat in our emergency

operations center specifically for access and functional need

coordination.

Again, aging and adult services is the lead for that position.

Theorem bedded in our operations section which means, if there

are gaps or problems that AFN position identifies, that, those

concerns are brought to the highest level for immediate

response.

And it's embedded into what we do.

A few years ago we had an incident where we were very

frustrated with lack of ASL interpretation being shown in our

news conferences as briefings.

At that time we scrambled and used a cell phone to bring in

the various departments that were giving oh out information

for the event.

We filmed them.

Using with an ASL interpreter and then had our public

information officers disseminate through social media outlets.

We have since procured more effective camera and reporting

equipment which is stored at the EOC and the entire

intentional use of that equipment is to make sure that we can

record information for our deaf constituents in a way that is

better able to be seen than just working with a smart phone.

Next slide, please.

We've also as we partner with our organizations we've been

able to use some grant funds to help support some of their

activities which help us within emergency management.

In Kern County, which is in has the southern end of the San

Joaquin valley we're separated by mountains from Los Angeles

county which is, which was the source of our A S L

interpreters.

We were very concerned about not having ASL interpreters that

we could activate immediately.

So we worked with the ILC and we're able to provide some is

grant funds so they could expand their ASL program which they

have done.

The county now has a contract with the ILC so when we need

interpretation services they are available locally and they

can respond to EOC quickly.

We worked with community action partnerships of Kern County as

a trusted information source to work with the Spanish speaking

community and lower level income constituents.

And they provide a training on preparedness and preparedness

kits.

We were also working with an organization that supports

individuals with developmental disabilities.

And we were able to use grant funds to purchase some equipment

for them which helps them provide visual training because

their clientele are visual learners on how to use their cell

phones, to call 911, to register for ready Kern.

And also some basic preparedness information on building kits

and home fire safety.

So by working with these organizations, they were able to a

reach sections of our community that would have been difficult

to reach for us at the EOC.

And we are grateful for their support.

Next slide, please.

And for emergency managers, if you're not aware, I wanted to

bring this up, in 2011 FEMA issued a direct information

bulletin which specifically says that local government needs

to address access and functional needs in our grant programs.

The problem was there was a gap -- next slide, please.

Because in order for local government to expend funds to

actually procure an equipment needed for tactical response it

has to have an authorized equipment list number.

And keeping in mind the AEL is the key point to getting into

the homeland security grant I wanted to list them.

Because when, when FEMA added these ADL numbers, it opened it

up to jurisdictions throughout the country that if they were

willing to budget funds from their grants they have clear

approval to purchase the equipment needed to support various

needs at sheltering -- during sheltering situations.

We did not have that before.

So the FEMA director rate, basically gave us at authority to

talk about stuff but it didn't give us the authority to

purchase stuff.

We are now at the stage where we are able to purchase

equipment as needed using grant funding.

Next slide, please.

Working ILC and other organizations we have developed an

equipment list of the kinds of supplies and equipment that we

want to have at our shelters to support various needs.

Because Kern County is large geographic area, we have three of

these trailers with these specific equipment items stored in

them for deployment to any shelter as needed.

Next slide.

And because Kern County's large and we primarily deal with

wildfire situations we sometimes are very limited in the

facilities where we can establish shelters.

We were concerned about having accessible bathrooms and

showers.

So the county of Kern purchased and what you're looking at is

a dual unit fully accessible bathroom shower trailer that we

can deploy to shelter sites to ensure that we have these

services available.

Next slide.

After we built up our equipment for sheltering operations, we

realized we had no developed a sheltering SOP, standard

operating procedures.

We basically thought we do what we do because we know how to

do it.

But we decided that we needed to get more in depth and to

really formalize to make sure that our sheltering operations

met the needs of the entire community.

So these were our foundational goals, equal access and

support, acting on the client's words to define their needs,

to support their customary level of independence, and to make

sure that what we were doing and how we were doing it was

compliant with ADA.

Next slide, please.

So within our SOP we have our basic standard, you know, how we

set up a shelter, who is activated to do t et cetera, et

cetera.

And then we included a section within our basic plan dealing

with each one of these subjects so that our sheltering staff

was really clear on how to respond, what to activate, what

equipment to use, and how to support the needs of each of

these different sections.

Next slide, please.

In Kern County we also wanted to assist the AFN community to

build their level of preparedness.

We worked with some industry experts including June Isaac son

kale and Richard and a developed a series of videos that are

broken down into an introduction, skills test, building a

support team, emergency supplies, we also had a section

specific for people with physical and mobility limitations.

Those with low or no vision, those with hearing issues.

These videos are in English.

They are in Spanish.

They are captioned.

They are with ASL service and hosted oh Kern County ageing and

adult services website.

Next slide, please.

In California we're now dealing with what's called PSPS where

there can be extended power outages.

While that an inconvenience to larger community it can

extremely dangerous for persons who are reliant on medical

equipment that requires electrical power.

So the county purchased and also working with ILC once again,

a be in of portable power units.

They are safe for indoor use as opposed to say a generator.

And we have those available to be deployed when we have notice

of a power outage to support constituents in their home to

continue to operate their medical equipment.

Next slide.

When Kern County stood up our Covid-19 vaccination clinics we

were again grateful to the ILC.

We wanted to make sure that our clinics met the whole

community needs and the ILC helped us to develop a working

group of stakeholder organizations.

Those participants actually came to the site.

They walked through.

They gave us feedback on things that we were missing.

Things that we could improve upon.

We used the real time on demand remote ASL interpretation

services we had that available and that was used.

We also did the mobile clinics.

And we worked on providing accessible and free transportation

for persons who requested that assistance.

So we wanted to make sure that we made the availability of

these Covid-19 vaccinations, we wanted to remove barriers and

we wanted to make sure that people had full access to that.

Next slide.

So an as I mentioned Kern County does not believe we have all

the answers but we're continuing to work as best we can.

The two prompts that are next up on my list, is to see if we

could replicate that interpretation.

I would like to have a blanket purchase order with a contract.

Ask then open that up to all first responders in the county so

that if they are responding to a person who needs though is

services to communicate with that responder. The responder

can pull out their iPad, pull out their cell phone and be able

to communicate using that service.

The other project that we are working on is that we will be

developing our own evacuation plans specific for skilled

nursing facilities and assisted living centers during disaster

response because evacuation of those sites requires additional

training, additional planning, and the ombudsman program will

be key and instrumental to our success on that.

I didn't an include on page and thank you good-bye but this is

my last slide.

So thank you for this opportunity.

>> All right thanks.

Now we will hear from Carly.

> CARLY PACHECO: Hi everybody.

Thanks Vance, thanks Georgianna.

Thanks to Pacific ADA Center for hosting this event.

Georgianna mentioned independent living centers I am executive

director of FREED.

We're another independent living center in California.

ILC of Kern County, that Georgianna is partnering with is a

sister center of ours.

I want to give you a little piece of information about what an

ILC is for those that might be unfamiliar.

So there are 28 independent living centers in state of

California.

There are about 400 centers nationally.

And these are independent nonprofits that are peer-led

organizations.

So we serve people with disabilities and we are people with

disabilities.

A minimum of 50 percent, 51 percent of our board and staff

must be individuals with disabilities.

So that lived experience that Vance is talking and that

expertise comes to that only from working with the

disabilities community but we are representative of the

disability community.

So FREED has been an independent living center since 1985.

We serve 5 counties northeast of Sacramento.

But today I'm going focus specifically on Nevada county where

we've experienced a lot of emergency events.

But also have a really I think, a sort of a model relationship

with our office of emergency services.

Next slide.

So a little bit about what FREED does in general around

emergency management.

We work with our local office of emergency services on

emergency planning and sheltering needs.

So we meet with them directly.

We consult with them similarly to what Georgianna described

helping them, helping ensure AFN population is integrated into

all levels of planning, response, and recovery for events.

We provide information to our consumers on personal

preparedness.

So anyone who receives services from us we talk about personal

preparedness during the intake process.

We want to get them signed up for any notification and alert

systems.

And there's a large partnership with our pacific emergency

services to support that.

For example our county has just adopted a new system called

zone haven which I'll talk a little bit about in the next

slide.

And so ensuring that we can get individuals made fully aware

of that resource.

So that they can utilize it is a key piece of what we do as

well.

During events we suspend our normal intake process.

We want to serve people quickly.

And as effectively as we can.

So we work with consumers who may have a lost assistive

technology and need replacement.

Consumers who may be struggling with any sort of

disability-related need around the event.

And integrate our services with the sort of the web of

services that are happening to make sure that folks with

disabilities are getting what they need.

And you know, public safety power shut offs have been

mentioned today.

So that is something we're dealing with in California quite a

bit.

During those events we provide temporary housing,

transportation and financial assistance.

And outside of those events, we provide those back up

batteries similar to what Georgianna showed to sort of help

ensure people are prepared prior to those events.

Today I'm going to talk about an incident that wasn't public

safety power shut off but a mass power outage.

And for which we were authorized to use those resources for

PSPS events to meet the needs.

So I will talk a specific recent even we've gone through

today.

You can move to the next slide.

So a little bit about Nevada County.

We are a high fire threat county.

So all of our county is in tier 2 or 3.

Those designations are developed by the California public

utilities commission.

And essentially it means we're a really high fire threat area.

We also are impacted by winter storms.

We have quite a rural area of our counties.

A lot of people live far outside of the city centers.

There's a lot of private roads that aren't maintained by the

county necessarily.

There are many people that rely on well water, which is in a

power shut off event appeals means you often don't have access

to water.

We have an older population as far as the state goes.

So a large number of older adults.

And we've had a lot of public safety power shut off

experiences some that have been very long.

So some of our first experience with public safety power shut

offs some people were without power up to like eight days.

So really events.

And interestingly enough, we have multiple utility companies.

So that also just sort of complicates the matter that eastern

end of our county butts up against the state of Nevada.

And their power comes through that state.

So we have three different power utility companies that feed

the county as a whole.

Kind of an interesting geographic area.

And you can move to the next slide.

So working off of Vance's kind of model right integration

partnership and synergy, how do we integrate?

We have this established relationship with our local office of

emergency services.

It's been going on for many, many years.

And FREED has been in the county since 1985.

So, so we've working together for quite a long time.

It's a smaller county.

There's about 100,000 people.

There's lots of collaboration that happens here.

So a little bit of a small town feel.

One, you know, the pieces is key member of the office of

emergency services here used to be a freed staff member.

So we know each other, we live close, we collaborate in many

ways quite a bit.

And a response in planning.

That helps keep things that top of mind.

We do this year round.

So it just keeps us connected with updates that happening,

changes, and can make sure that we're always aware of what's

going on.

We hope participate in emergency plan development and

trainings.

So we do have a couple training a year with the hospital,

local nursing homes.

And facilities.

FREED is a piece of those trainings transit.

So we do participate in some of those moving individuals out

of facilities.

We also an aiming and disability resource connection.

So a group of all the nonprofits and organizations that

serving older adults and people with disabilities that were

meeting with regularly and coordinating with regularly so, we

can really gather quite needs from that that group.

We can also raise up to our office of emergency services.

And really, I ink we operate from this standpoint that when

you prioritize those with access and functional needs what

you're actually taking care of whole community.

And making sure you're meeting everyone's needs.

So that's just a little bit about integration.

If you move to the next slide, we've goat an example of how

integrating access and functional needs into all of the work

we're doing helps prepare everyone.

So one of the tools that Nevada County uses is ready go

handbook.

This direct mailed to every household in county once a year.

For the last several years.

And it integrates those access and functional needs strategies

into the emergency preparedness plan that everyone is

provided.

So it's just part of the planning process that everyone is

hopefully going through being provided in an opportunity to go

through.

And this so I have a page on the scene from that book.

4 steps for an emergency preparedness for all.

County actually used freed's planning consumers to develop

this four-step plan that they provide to everybody.

So just an example of how really integrate AFN into what

everyone is doing meets everyone's needs.

And the book also highlights our public safety power shut off

services.

So again, everyone can be aware of what is available should

they have those needs.

So some examples of how this integration built into assistive

technology questions are built in.

Durable medical equipment needs are built in.

Service animals are built in.

Medication are built in.

Discussion around evacuating early before a watch or a warning

phase has happened, if you're at higher risk or you have some

specific needs.

I see in chat someone looking request a copy of handbook.

I will when I'm done here when we occupy for questions I'll

put a link in the chat.

Or maybe we can send that out after this.

Yeah.

It's an available online and I think it's a really great tool.

And you can move to the next slide.

So how do we partner?

Georgianna talked about an AFN seat at their emergency

operations center.

And at times FREED has a seat at the emergency operations

center.

Really sort of depends on the event and the circumstance and

when it makes sense, but that's a role that we play at times.

So we again have that direct line of communication.

We also share direct contact information across partners.

So I have the program manager of our office of emergency

services, emergency operations coordinator.

We share cell phone numbers.

And an understanding that we can call off hours, right?

And make each other aware of what might be happening and what

we're hearing.

We co-plan with our local 211 public health county social

services.

And office of emergency services.

So we have coordinated meetings with all of those groups.

And we have a shared communication system during emergency

events.

So our local 211 has a tool that they use that not only shares

sort of situational awareness information and resource

information and real time as that changes, but we also can

share referrals from 211 directly to FREED directly to county

social services.

And wean share referral information back to the county when we

need to escalate a situation that's going to need some

additional specific support.

So that tool has been really critical.

And was really critical in this event we recently went

through.

You can move to the next slide.

So this event that I'm going to talk about was a pretty

massive winter storm for our county something we haven't seen

in many decades.

And it was referred to as one of these 100 year storms.

So overnight we got a significant amount of snowfall in all

areas of the county.

Not all areas of the county typically get snowfall.

Because part of our county is not in a very high elevation.

So two thirds of county was without power.

There were over 500 individual power outages.

Many or I would almost say most roads were blocked on the

screen you have an image of a snow covered road with an

emergency vehicle behind a tree which has fallen on to power

lines blocking that road.

This was a very typical scene all over the county.

And the longest individuals were without power was 16 days.

So was also a very long event duration for people.

So something that was very different that we had not dealt

with either the duration or the number of individuals that

were affected.

You can move to the next slide.

So just quickly this is a timeline of that event.

So I note this right after Christmas holiday.

And during the new year's holiday.

So it was a particularly challenging time.

We had lots of people on vacation.

Things like that.

The other challenge was that many of our staff and counties

county staff were stuck.

So, many people were stuck in their homes for at least three

or four days.

On the chart this highlights we had our initial snow fall

December 27th.

Additional snowfall on the 29th and the largest number of

customers without power was 32,000.

And something to note is that a customer can also be for

example a mobile home park is one customer might have 100

households within that customership.

So county roads were not cleared until January 2nd.

So it took about a 7 days for all county roads to be open.

And then again we have a lot of private roads maintained sort

of being blocked for longer than that depending on downed

power lines and things like that.

So Jen, it was a pretty significant event.

We really saw power restoration for everyone by January 11th.

And you can move to the next slide.

So what worked well?

We had you know quick phone call communication with office of

emergency services.

And us, so OES was able to share the scope of the challenge.

We were able to let them know what available resources we had.

We worked together to obtain additional resources.

This was not a public safety power shut off.

I did not have authorization to use those resources to meet

these significant needs we saw initially.

But working with the county, the county was able to some

advocacy with pacific gas and electric company.

Within a company hours we had authorization to use these

services.

So that collaboration was really successful.

We worked a lot around community messaging and misinformation.

So social media and also some other providers you know had

some information released that just wasn't correct.

And was kind of clogging up communication for us.

And so really working together to clear that missing

information and that miscommunication so that people knew what

resources were actually available and could and where they

could go to get those.

We had a shared referral system between 211, the county and

FREED.

So talked about that.

That was incredibly critical here for this event.

We screened an unprecedented number of individuals.

And found that people with disabilities and older adults that

we typically don't didn't need to serve during our power shut

off suddenly when you can't exit your home can get to you.

You don't have a sec is to heat or water, those situations

become you know, significant health risk situations.

And so the number of people that we served really increased

for this event.

And then we were able to triage information back to the

county.

So some of what we were doing was talking to people about to

call 911 or when to call 911 or calling 911 with them.

In 3-way call when they were really stuck and things were

critical.

But, if they had say enough resources to get them through the

next day, then, but then perhaps it was going to become a

really emergent situation.

We were able to escalate those folks back to county.

And the county could mobilize their team to help clear know

and roads to get folks out.

You can move to the next slide.

So we were communicating with shelter locations and assisting

individuals that had complex needs there.

We were able to really be eyes and ears in the community and

feed that information back to the community.

So towards the end of the event what we saw is people were

running out propane.

They might have a household generator that had kept them

going, but now propane was becoming really short.

They weren't able to get refills.

And the county was able to mobilize to really get propane

resources moving and flowing again.

We collaborate with para transit, transit and county staff

working on temperatures out of area when that needed to

happen.

And county staff were reassigned to actually answer 211 calls

to keep up with that need.

And to do door-to-door check-ins and resources for mobile home

residents because we identified that those population really

shad some specific needs as well.

So actually county legal staff was door knocking door to door

checking in with those mobile home residents to make sure they

could get connected to what they need.

And you can move to the next slide.

So we actually served four counties for this event.

We received 917 individual requests for services.

We provide 82 hotel rooms for a total of 165 individuals that

needed to get somewhere out of the area that had power.

We provided transportation to hotels when that was necessary.

We provided 725 food vouchers for individuals in hotels.

Or individuals with some specific dietary needs that may have

lost food.

And 574 gas vouchers to help people with the cost of keeping

generators running and to support propane purchases.

And you can move to the next slide.

And I'll just say that those were, we've never encountered an

event that needed this level of response.

So it was really pretty significant for us.

So what did we learn?

Right?

Synergy, part of this as Georgianna said which I think is

true, we're never, we're never experts we're never fully

there.

We always have room for improvement.

We always can learn.

We learned a lot from this event.

So we've recognized that you know, the county with counties

only daily briefing we neat community partners to also attend

those county briefings.

We provided that feedback and we're working on that plan right

now.

We need additional partners to join our monthly coordination

meeting with office of emergency services.

So we're expanding that meeting so we really have full web of

those organizations that are providing response during an

event together.

And doing that monthly.

We the county is going to create a community-based

organization liaison position in their emergency operations

center.

That's not something they've had before but something they

recognize from this event would have been really helpful and

create that position.

And we have this great collaborative referral tool.

But it does didn't fully meet all needs we saw with this

amount of individuals needing support, there was some ways

that we struggled.

So county will provide information technology staff to help us

build a tool that will better meet those needs.

And then we're working together on the development of a

voluntary organization center for Nevada County, probably in

collaboration with some neighboring counties just so we can

even further cement sort of our relationship and how different

organizations can provide support in these disasters.

That's also my last slide.

I will talk it back to Lewis and the team for questions.

>> All right.

Thank you so much.

Everyone, this is the time to submit your questions in the

chat window if you have not already.

And we'll start going through them now.

There's a lot of them.

So going back to Georgianna's presentation, one the first

questions was did you have money to grant out or did you get a

grant to provide the funds?

>> GEORGIANNA ARMSTRONG: Thank you for the question.

We included these as projects in our emergency management

program grant called the EMPG.

So those were grant funds from FEMA to the state to us and

including them as projects allowed us to use grant funds.

We didn't have any local funds but we used some of our grant

funds for that.

>> All right.

Let's move on to the next question.

Actually this is more an of a statement.

Maybe this will be covered but we will writing a policy on

what to do with durable medical equipment after the emergency

situation.

For example, if someone uses a wheelchair while at our

shelter, and they don't have one where they reside, should we

give them the wheelchair when the emergency is over and they

leave the shelter?

Especially applicable for those persons without stable

housing.

So just their comment.

But if any of you want to add to that, that's fine.

>> LANCE TAYLOR: I was going to say this is, actually really

important issue because what we found oftentimes following a

disaster people do lose their durable medical equipment.

But either because their home or apartment has burned down or

because they are not able to get back into their home or

property based on the damage of surrounding area.

They evacuate so quickly they can't take it on.

So thankfully through our partners whether that's ILC or

American Red Cross or Cal OES or others we're oftentimes able

to get them in shelters if we can send that DME along with

that individuals we always try to do that.

That said, and this is just one important note, if there is a

federally declared disaster we typically say that we are

loaning that equipment to individuals.

And reason we say loan instead of give is because if there's a

FEMA reimbursement or a FEMA award that going to associated

with that we don't want for that individual to be essentially

penalized for receiving that equipment.

But yeah we always try to send it along with them.

>> Someone else want to add to that?

> CARLY PACHECO: This Carly, I think Vance covered it I was

going to say in California there are some other specific

funding sources that can used during a disaster to provide for

lost durable medical equipment or assistive technology as

well.

So just I really also suggest connecting with an independent

living center in your area.

>> That's great.

I lost my place.

Okay.

Here we go.

What are the specs of product that is not a generator that

Kern county has available for residents?

>> GEORGIANNA ARMSTRONG: Thank you.

You Google portable power supply communities you will find a

bunch equipment that not reliant on gasoline or any other kind

of fuel that would dangerous to burn inside.

Lot of people use them for camping and things like that.

Ones we went through a competitive process from company called

Yetti, Y-E-T-T-I, because we wanted to make sure we had large

units that would have an extended run time that were easy to

use that had clear dials so the user could understand how much

power was left and also, with solar panels, to recharge them

if the electricity hadn't come on.

We were very concerned about people trying to use power

equipment that would be life threatening in doors.

So there is lot of it available out there.

>> Okay.

You should add to that please

>> LANCE TAYLOR: I just wanted to say, there's another great

resource on this. If you look at the disability disaster

access and resources program, which is run by at California

foundation of independent living centers, and specifically

designed to assist folks, before, during, and after PSPS

events, they've done a lot of research to find out what type

of equipment is going to be most helpful in terms of things

like back up batteries or generators, and was they've done is

they've tested them all.

And so they've can basically tell you if you've got a CPAP

machine, this is what the device you might want to use in

terms of a model.

Or a battery or generator versus if you've got an 02

concentrator, or you're got to charge your wheelchair you

might want to go with a different device.

And it's really important because I think a lot of times we

just assume back up battery is back up battery.

And we know based on our unique needs that one battery may not

be the right fit for all people.

And that program also is if you are in high fire district it

can help you fund those devices.

So I think I encourage people to check that resource out and &

to make sure they are getting right device that will be best

for them and that's also going to be able to take them down a

road that will hopefully lessen the financial impact of buying

that type of device.

>> Thanks, Vance.

Moving to next Georgianna another compliment in chat excellent

approach accessible communication and other services,

Georgianna.

The next question was time permits at the end we're going to

do I would like more information on A D L and where I can

access this list.

Could a link be put into the chat.

For example I recently learned that autism supplies aren't

approved for PA reimbursement wondering if these items would

also be ADL for potential purchase in advance of a disaster

via grant.

Thank you.

They found the link would still like Georgianna to speak a bit

more on this if she can.

>> GEORGIANNA ARMSTRONG: That's important verbiage to use

when you're speaking with local emergency manager you're work

on a project.

There is an AEL number which is 19AF-01-COMM.

Which is for communications and sensory support.

The AEL is written broadly enough you have lot flexibility

within that category to get the equipment that right for the

mission that you are trying to finish.

So FEMA's list was expansive enough that I think you could

frame whatever equipment you're looking for if it relates to

AFN issues you're going to find a home for it within those AEL

numbers.

I've got just that sheet of AELs on my desk as I'm constantly

referring to it.

But for anyone else that didn't find link you Google FEMA

authorized equipment list it will take you to the AEL.

>> Great.

Thank you.

And you should also note Georgianna, there is a link in there

somebody said would like to talk to you about accessible

hazard alert system for your community and putting a link in

there and their address in there.

Okay.

>> GEORGIANNA ARMSTRONG: I found that I & I will be reaching

out to them.

Thank you.

>> Okay.

Next question.

One what around capabilities of your 911 system do you use a

smart 911 system in which disabled can register document

access such as evacuation with wheelchair and, what mistakes

are missteps view have you learned from or would advise

against?

And can you get a copy of ready set go?

>> GEORGIANNA ARMSTRONG: Was that question to me?

>> Vicky, can you reply in has the chat about that.

I'm not sure either if that's to Georgianna or to Carly.

So one second.

Or anyone she says.

Okay.

>> GEORGIANNA ARMSTRONG: This is Georgianna.

For our ready Kern system, I think we've got a pretty much

down.

We are going to be building up to add to what's called I pause

which federal government alert on the platform which allows us

more capability.

Kern has had smart 11 which a program I really admire I'm told

the grant that funded is running out and there's discussion

that Kern will no longer have smart 911 which is very

disappointing to me.

We do not in Kern County support any kind of established

database of people registering their disabilities and I'm very

much opposed to that.

So I was looking to smart 911 to be our resource during a

response to be able to get information.

So I'm not quite sure where we're going to go from here.

But it is an issue we need to address.

> CARLY PACHECO: This Carly with FREED.

I don't believe we have a smart 911 system.

Because it's the first I've heard of a thing.

I'm writing that down to look into that.

We in Nebraska county and really all of our counties we

advocate similarly we don't advocate for any registries for a

number of reasons.

And I've paste ad ling to that ready set go handbook into the

chat.

So feel free to grab that there.

>> GEORGIANNA ARMSTRONG: One more time, just because we've

got Vance, hey Vance if Governor ever says how could

California use some of our surplus, we would love it if the

state could fund smart 911.

Because I think it's a good program.

Just throwing that out there.

>> LANCE TAYLOR: I'm glad you brought that pick up smart 911

has been deployed in various counties through the state I

believe it is actually growing, we're in the process of

updating that 911.

Not just to make it more accessible, we've already got it to

where people can text 911 now.

Which has been great.

Not just for people for example in that community.

But also, we're finding that sometimes people are hiding in

other rooms I can't talk and come help.

And these other systems are existing where you can essentially

voluntarily go into the system and say I use a power

wheelchair or I have the following needs.

And the idea there is that on a 911 call you may not either

have the time or the wherewithal to convey that on a call.

But if you want you can prepopulate the information so that

first responders arrive at your door and can have that

information.

We can provide updates on what status in terms of county break

out of that but it's capability that we're trying to make sure

everybody's got.

>> All right.

We are running out of time.

You referenced earlier Georgianna to a handbook and the

manual.

If you were saying you would make that available if you wanted

to make that available through us through as link as part of

this webinar you can do that.

Otherwise, you know, your contact is there for people to get

ahold of you.

So we're going to realize many still may have questions for

the speakers and there's a lot of questions we weren't able to

get to.

I apologize if we did not get a chance to ask your question.

If it is an ADA related question you can contact your regional

ADA center, that would be or specific ADA center.

If you would like to ask that question.

If you would like to get ahold of Carly or Georgianna or

Vance, I believe their contact information is there.

If not, go ahead and if you guys wouldn't mind putting that

into the chat people can get that and they can contact you

directly.

You all are going to receive an email with a link to online

session evaluation.

Please complete that evaluation for today's program as we

value your input.

And and want to demonstrate that importance of the webinar

series to our funder.

Keep it going.

We want to thank our speakers today for sharing their time and

knowledge with us.

And it was a really great presentation all of you, really

wonderful just to let you know that.

A reminder that today session was recorded and it will be

available for viewing next week at ADApresentations.org in

archived section of emergency management.

Our next welcome back near will be on April 14th and we hope

you can join us.

Watch your email two weeks ahead of time for the announcement

of the opening of registration.

So thank you all for attending this session today.

Thanks again Vance, Carly, Georgianna.

And everyone, have a great rest of your day.

>> LANCE TAYLOR: Thanks for the opportunity.

Appreciate it.

Thanks everybody.