CA Disaster Strategies Coalition Meeting Minutes

Lessons Learned from CFILC’s PG&E Pilot Program

February 13, 2020

Facilitator: June Kailes

Minutes: Megan Cowdell

Presenters: Dani Anderson, Donna Reed, Ana Acton

Attendance: Donna Reed (CID San Mateo), Sarah Blackstone, Armando Escobedo (TCIL), Dan Murphy (DAC), Debbie Kaplan (Oakland), Brian Snyder (FREED), Ana Acton (FREED), Margaret Hall , Kate (Center for Accessible Technology), Sydney Pickern (DREDF), Sarah Blackstone (Monterey), Dani Anderson (ILRC), Larry Grable (SCIL), Michael Galvan (CRIL)

1. ILRC – Santa Barbara, Ventura, and San Luis Obispo Counties
   1. October 2019 PSPS Events
      1. 800 calls made to ILCs
         1. 350 Far North
         2. 200 Bay Area
         3. 201 Central
      2. 28 counties served
         1. 82 hotel nights provided
         2. 250 batteries distributed
         3. 250 meals provided
         4. Accessible transportation provided to 40 people
      3. Most prevalent needs
         1. Power for CPAP/BiPAP machines and charging power wheelchairs
      4. 10 ILCs were impacted
         1. 5 of them made hotel arrangements
         2. 8 of them provided batteries
      5. Main concerns
         1. Communication issues between ILCs, other NPOs, and the county
            1. Not enough planning time before everything happened
         2. Inability to make hotel reservations due to hotels being full
         3. Reaching off the grid consumers was difficult
      6. Positives
         1. Creation of new community relationships with planning for better future communication
         2. Consumer awareness to prepare and know ILCs have services
2. CID – San Mateo County
   1. Geography
      1. Large urban area in suburban areas
   2. Received 6-10 calls a day during outages
   3. Services provided
      1. 11 batteries distributed
      2. Two hotel vouchers provided
      3. After hours charging station
   4. Problems
      1. No local protocols in place, seemed nobody was prepared.
         1. Received calls from the county – provided two batteries to the county which were given to a nursing home whose backup power failed.
            1. Able to support two people to stay on life support
            2. Able to assist an individual receiving an organ transplant
      2. Limited infrastructure in county. Once the power outage happened, people were stuck.
         1. Hotels were shut down
         2. Gas stations were shut down.
         3. Difficult to get transportation to get people out, also difficult to get in and provide support.
   5. Lessons Learned
      1. Working with the Fire Station to house and deliver batteries during the next PSPS.
         1. Need to get consumers out of the area prior to the shut-down.
3. FREED – Yuba, Sutter, Nevada, and Colusa counties
   * 1. Consumer Needs
        1. Folks with oxygen needs
           1. Had consumers with only six hours left on their tanks.
           2. Heard stories of consumers dialing down their oxygen trying to conserve power.
           3. One consumer had to drive around every four hours during the first PSPS to keep his oxygen tank charged.

He was on SSI and it was the end of the month, so trying to fill-up his truck and move around was difficult.

* + - 1. CPAP
         1. Had an individual come in who was exhausted and needed power to sleep.

She came in on day three and had not been able to sleep during this time.

* + 1. Messaging
       1. Lots of communication received from county across multiple media platforms.
       2. Emergency Center was activated and operating 12 hours a day.
       3. 211 operated out of Public Authority operated as an emergency operation center.
          1. FREED provided screening questions to identify consumers relying on power, added them to a secured Google spreadsheet which FREED could monitor and respond to.
          2. Used a phone app on cell phones to make it look like calls were coming from FREED.
    2. Successes
       1. Counties had advocated for large backup generators to run the downtown grid. During the first PSPS, we saw two hour waits at gas stations, people driving over an hour to get ice for medications.
          1. During second PSPS the entire Grid was kept online which was a game changer.
       2. Three community resource centers run by PG&E.
       3. Food bank activated and distributed food at many locations outside of their normal distribution.
          1. Good messaging and communication with local media to inform people where to get food.
    3. PSPS Events
       1. FREED worked closely with PG&E.
       2. In early September, there was an isolated PSPS in Nevada County
          1. Did an overlay of consumers in the FREED database to call consumers and prepare them
          2. Identified 373 consumers who were impacted, able to identify 272 who lived in the area.

Pulled FREED staff of day-to-day duties to reach out to consumers.

Left 149 voicemails, contacted 88 people.

40 people were signed up for medical baseline or code red.

51 people had a plan, 17 did not have a plan.

24 had a backup generator

16 said they relied on power for medical or IL devices.

* + - * 1. This small event helped us to prepare and plan for the larger events.
      1. First large PSPS Event happened at the end of September.
         1. Many staff were attending the IL Conference in Southern CA.
      2. October PSPS Events
         1. Received over 300 calls
         2. 67 hotel nights
         3. 60 backup batteries
         4. 24 individuals provided with food
         5. 6 individuals transferred to hotels in Sacramento or Yuba City
         6. 9 individuals came to charge devices
         7. Spent $123,000 on direct community assistance.
      3. Relationship with hospital
         1. Over a dozen individuals admitted to the hospital just for power needs.

FREED targeted these as priority individuals to get back up batteries or hotels.

None of the individuals went back to the hospital during the next PSPS.

* + 1. Challenges
       1. PG&E had a lot of inconsistencies
          1. Outage maps are not up to date.
          2. Also were not accessible to screen readers, unsure if this has been resolved.
       2. Re-energization surges damaged medical equipment’s and appliances
       3. People with fixed incomes didn’t have the extra funds to make it through the PSPS because it was the end of the month.
       4. Learned who batteries could support well vs who needed a hotel voucher.
       5. There was a lot of fear and anxiety
          1. People had a hard time due to lack of oxygen and sleep.
       6. Had loss of medication
       7. Mother’s of newborns with breast milk going bad
       8. Lost phone and internet services
          1. On top of power, had landlines go out as well as cell phone towers.
       9. Limited field supplies
       10. Supply of oxygen to healthcare facilities and community members.
       11. Burden on pharmacies
           1. Those that were up and running were often only taking cash or unable to process insurance.
       12. Community charging stations
           1. Folks were waiting for hours, and then told they could only charge one device.
           2. Advocated to prioritize charging of DME and allow them to also charge their phone.
       13. Battery Distribution
           1. Had a difficult time initially working up a system on who can receive a battery. Didn’t just want it to be based on income.
       14. Need training of staff on emergency response
           1. Lots of OT for staff
       15. Community Resource Centers need to be 24/7, people need power beyond the regular work hours.
           1. Some community members felt embarrassed and rushed charging here – no privacy for types of devices being used.

1. Questions/Answers/Comments
   1. Can you share the 211 screening questions? – Sarah
      1. ACTION ITEM: Yes, Ana will locate them and send out.
   2. Is there a protocol any ILC has developed to build capacity during emergencies? – Sarah
      1. One of our strategic priorities to complete before PSPS season.
      2. Have tapped into our Public Health Department who has agreed to provide that assistance.
   3. How did the batteries best support consumers?
      1. There were a variety of ways we were able to meet needs.
      2. Some people had a gas generator they used to recharge their Yeti battery.
   4. What is the Backup Battery Charging Station compared to a battery?
      1. A consumer-focused charging station. Currently using the Yeti 3000.
   5. When you deliver the battery, do you have to help set them up? Was it complicated? What training was provided?
      1. Did internal trainings and shared do’s and don’ts with staff
      2. Did go to the consumer’s home to setup.
         1. Did provide lots of information and best practices.
         2. A few consumers we did have to revisit to provide additional training.
      3. It is too techie for some individuals. We put these people in hotels instead.
         1. Those who are tech savvy can prolong the life of the battery.
            1. ACTION ITEM: Ana will share the usage guidelines created by a consumer.
         2. We did go to people’s homes to deliver and setup.
            1. Batteries are heavy, we had volunteers help to deliver.
            2. The batteries weigh 85 pounds

Had to be selective on who could safely help lift and transfer the batteries.

* + 1. Only one of the 60 batteries went bad for FREED, CID had two batteries go bad. They were quickly fixed.
  1. Is there a protocol to safely store the batteries?
     1. Need a climate-controlled location to store them.
     2. Want to ensure they stay charged – plug in at least once a month
  2. Does Goal Zero support with longevity for people who need these? – Todd
     1. There is a video where a representative shared, they last around 500 cycles or for five years. - Brian
  3. Is Goal Zero helping with plans to make this more affordable and to rotate devices out?
     1. Right now, they are just providing the devices.
     2. They did run out of them
     3. They did provide a discounted rate and helped with shipping fees
     4. These are batteries and this will be the reality with any battery system. There is a shelf life to them.
  4. Did you provide instruction on where to place the battery in a home?
     1. Generally, we gave the consumer an overview of usage.
     2. It does need to be in a well-ventilated area, there is a fan that cools the battery.
     3. The location between the battery and device should be kept as short as possible to use less power.
        1. Using a long extension cord will draw more power.
  5. How did you teach people the wattage hours?
     1. Most of the batteries have stickers showing the number of hours.
     2. Then calculate how often the consumer needs to use it.
     3. The Yeti 3000 will give you an estimate of how many hours it has left with the device charging.
     4. Can also use a meter with your wall plug to determine how much electricity you are using.
  6. If I call with a list of what I’m using, could you tell me how many batteries I need?
     1. For the most part yes. We will walk through the needs and decide if a battery or a hotel stay is going to be the better accommodation.
  7. Are there ongoing negotiations with PG&E around their practices and how they will set things up for the next PSPS events? – Deborah
     1. Ana is meeting with some representatives today at a county event.
        1. County is a great place to advocate for these changes.
     2. CFILC has advocated and shared bet practices learned.
  8. This is great information based on real experience, policy makers need to hear this. Can we arrange for a briefing at the CPUC? Many people don’t know how it works on the ground. – Deborah
     1. You’re welcome to use any of the info we’ve provided to advocate. – Ana
  9. How do community centers prioritize who gets to charge devices and for how long? We’ve heard people with the greatest needs being denied time to charge their critical devices.
     1. We advocated at the local level to prioritize people for DME as well as charge more than one device.
     2. Also, should allow people to safely and securely drop off items to be charged, folks shouldn’t have to wait at the center all day.
  10. How can we prevent damages from re-energization surges?
      1. Backup battery charging station acts as a regulator and will help absorb the fluctuations being produced by generations.
  11. Data you’re collecting Is great and can go a long way for grant applications in the future. – Todd.
  12. It’s important to remember this is a pilot. Do you have any sense of where everyone else is at in the state and how to reach locations not covered by their ILC? Worried about the infrastructure, easy for PG&E to wash their hands and place liability on the ILCs. – Margaret
      1. SCE has chosen to do their pilot in a very different way than PG&E.
         1. Most of their work for the AFN population is being done internally.
         2. They are working to go in and assess the needs and will the subsidize the batteries needed for each consumer.
         3. 8 ILCs have grants from SCE to provide community education
      2. Need to remember we are just one provider in this. It’s about building community partnerships and encouraging people with disabilities to prepare and self-advocate. – Dani
      3. We have received some criticism on the roll out of this. Please direct criticism to PG&E. We are part of the solution, but shouldn’t be relied on as the only solution for addressing the needs of the AFN community. – Ana
         1. You need to build up your capacity to be able to do this work.
         2. This is a partnership, it will take a community to address it, not just one organization.
  13. When you gave batteries to the fire station, did they do so knowing the responsibility for charging and delivery the batteries?
      1. Met with the Fire Chief who agreed to take on the project.
      2. Currently have the batteries properly stored in their locations and ready to assist us for the next PSPS.
  14. What’s the difference between Medical Baseline and Critical Care?
      1. Medical Baseline isn’t income contingent. If you have a disability and need medical devices, it can provide cost savings on power.
         1. Many working PWDs weren’t subscribing because they just saw it as a discount.
         2. Utilities are now using this to notify consumers with PWDs of shutoffs, so it’s important we get consumers signed up for it.
      2. Critical Care is identified as people who cannot survive for two hours without power.
         1. Also, not income eligible – only is if receiving a subsidized battery.
      3. This isn’t standardized across the utilities. They all have similar programs, but different names and qualifications.
      4. Need to be careful as advocates, can’t assume it’s the same everywhere.
  15. Powering the downtown grid is something we can all think about. Bringing in large backup power systems to power critical infrastructure.
      1. This is a resiliency hub.
      2. This is critical for advocating for policy.
  16. NCIL Conference would be a good place to start a conversation beyond California.
  17. SCE has recognized this isn’t just a PSPS issue. The power can go down for multiple reasons.
      1. Yes, PSPS prompted the conversation. Need to view it as a broader community preparation around any emergency.
  18. As advocates we need to be careful around deciding who is life-threatening and needs powers – whose life is threatened more than other. - Ana
      1. People need power to communicate. It’s much broader than just people who are going to die. – Deborah

1. Next Meeting
   1. 2/27/2020 10:30 AM – 12:00 PM
   2. Join Zoom Meeting
      1. <https://zoom.us/j/673719280>
      2. Meeting ID: 673 719 280
      3. Dial by phone: (408) 638 0968