

# Disability Disaster Access & Resources **2020 Gaps & Impact Report**



Prepared by the California Foundation for Independent Living Centers  
February 28, 2021  
2020 Disability Disaster Access & Resources Gaps Report

## Introduction

The Disability Disaster Access & Resources (DDAR) program of the California Foundation for Independent Living Centers (CFILC) provided services to over 2,500 people with disabilities and older adults who utilize electricity powered medical devices and assistive technology as a part of their daily living needs in order to maintain their daily living needs, wellbeing, safety and independence during a Pacific Gas & Electric (PG&E) Public Safety Power Shutoff (PSPS).

The DDAR program was launched during the Spring of 2020 and includes twenty Disability Disaster Access & Resource Center (DDAR) subcontract partners who provide direct local community services, support, and resources to individuals before, during, and after a PSPS event. The assistance provided to individuals through the DDAR program gives many people with disabilities and older adults the skills and resources needed to proactively prepare for a PSPS event and increases their resiliency when required to navigate different types of emergencies and disasters.

While preparing to launch the DDAR program CFILC's original implementation vision was drastically changed when at the same time our state, country, and world began dealing with the rising unknown of the coronavirus pandemic. Instead of slowing down or putting the program launch on pause, CFILC and the Disability Disaster Access & Resource Centers (DDARCs) across the state seamlessly pivoted to a remote work environment and adjusted our program strategy to safely assist individuals who would need both disaster and PSPS support.

The DDAR program is the first of its kind throughout the country. The partnership built between the utility company, PG&E, CFILC, and its network of Independent Living Centers led by and for people with disabilities is what keeps the goals and intention of the program focused on individuals in the community who rely on electricity.

CFILC is a statewide disability advocacy non-profit that serves as a membership organization focused on capacity building and public policy change for California's 28 Independent Living Centers (ILCs), who can choose to be members. CFILC's membership represents 56 of the state's 58 counties. In addition, CFILC leads five other statewide programs: Ability Tools, Disability Organizing Network, YO! Disabled & Proud, Digital Access Project, and Freedom Tech.

Independent Living Centers are not locations that individuals live. They are service, and advocacy driven organizations that provide direct services to individuals of any age that have any type of disability and need support to maintain or establish their independence in the community. ILC's provide a range of services including information & referrals, advocacy, assistive technology, and peer support

Twenty of California's Independent Living Centers served as Disability Disaster Access and Resource Centers (DDARCs). Additional funding support from Anthem Blue Cross and the American Red Cross made this possible.

The 2020 DDAR pilot program was seen by many as a successful first step towards providing resources to individuals who reside in high fire threat areas as defined by the California Public Utilities Commission (CPUC) and PG&E. The proactive marketing and public awareness completed by PG&E, CFILC, and the local DDARCs was invaluable. Having a statewide collaborative partnership and clear communication setup between these three partners made a significant difference in the lives of individuals who are power dependent for their health and safety. CFILC and DDARC staff demonstrated their skills, including leadership, strategic thinking, creativity, and flexibility to meet the needs of the community. In addition, staff went out of their way and above and beyond the required scope of work to ensure individuals were served in the best way possible.

As mentioned earlier, the DDAR program is one of a kind and because of that a lot of the tasks and activities came without any kind of blueprint. Much of what was done throughout the pilot included building the plane as we went. It took the right partners, will, and vision to successfully launch and deliver a program that is now seen as a model across the country. With that said, there were also lessons learned, program gaps identified, and needs for improvement to be made moving forward. Post 2020 Fire Season, CFILC developed and administered a program evaluation to identify and understand the needs of our DDARC partners from a local perspective.

## DDARC Program Evaluation Feedback

Each DDARC was provided the following questions as a part of their individual program evaluation. There are similarities and some unique differences based on the DDARC location and 2020 fire season experience. All twenty DDARC's completed the evaluation.

### DDARC Evaluation Questions

Did your Disability Disaster Access & Resource Center bring on new staff to assist in administering the program?

How did your DDARC reach new individuals in need of services?

How did you DDARC reach out to existing consumers who may have needed DDARC services?

How did your DDARC reach out to new underserved populations for DDARC services? What were the outcomes and/or challenges you experienced?

What might your DDARC have done differently if services had not been administered during the COVID-19 Pandemic?

How do you plan to engage individuals/consumers differently in 2021?

How many individuals/consumers did your DDARC assist in enrolling in Medical Baseline services?

How did your DDARC assist individuals/consumers who were enrolling in the Medical Baseline program for the first time?

What trainings, online activities, or events did you find to be the most successful in 2020?

What specific challenges did you experience providing trainings, online activities, or events in your catchment area in 2020?

What trainings, online activities, or events do you plan to host in 2021?

What outside organizations did you provide DDAR presentations to in 2020?

Did these presentations to outside organizations result in DDAR consumer referrals? Why or why not?

What marketing strategies did you find to be the most successful in reaching DDAR consumers? (Please provide a detailed example of how your marketing strategy worked)

How do you envision your DDAR Demonstration Kit benefitting your DDARC in 2021? Specifically, how do you plan to use the kit?

What prevented individuals/consumers from working with your DDARC to develop a personal preparedness plan?

What benefits did you experience when working with individuals/consumers to develop their personal preparedness plans?

When you referred DDARC consumers to Ability Tools, what were their needs?

What was the most frequent device needed by DDARC consumers?

Share with us how you provided battery demonstrations and what you plan to do to improve or change demos in 2021?

How do you think we can best reach additional individuals/consumers in need of DDARC services that are not already enrolled for Medical Baseline programs?

Did your DDARC receive requests for batteries from individuals/consumers who were not impacted by a PSPS event? If so, what were the batteries needed for?

What additional reasons/causes do you feel DDARCs should be permitted to deploy batteries for? Why?

How can we better support individuals/consumers with the resources already available?

What additional resources are needed to better support individuals/consumers during a PSPS or disaster?

If you stood up any community charging stations in 2020, how were you able to make it happen? What were the lessons learned?

Would it be beneficial to partner/coordinate with a Community Resource Center (CRC)? If so, how would you like to see this work?

Is there any additional support that CFILC could have provided to improve the DDAR program and your ability to provide DDARC services?

Is there anything else you'd like to share that is a potential gap in the DDAR program or could improve services for 2021?

## DDARC Evaluation Categories & Answers

### *DDARC Staffing*

Having a dedicated staff or team of staff impacts performance. Thirteen DDARC's hired new staff to implement the DDAR program in 2020. Seven centers transitioned existing staff from another program to manage the DDAR program. The centers that had dedicated DDAR staff had the greatest impact in their communities. The outcomes included higher performance ranging from the number of disaster prep trainings provided to the community, personalized preparedness plans completed, enrollment in the Medical Baseline program, consumers served overall, and resources provided during a PSPS event.

### *DDAR Public Awareness, Marketing, In-Reach, & Outreach*

In reaching individuals who would benefit from the DDAR program CFILC and each of the DDARC's used a multiprong approach to meet the needs of its community members that rely on electricity. While social media platforms are a great way to get the word out and potentially reach the greatest number of people, CFILC is aware that nearly 35% of individuals with disabilities across California do not have access to the internet from their own homes. Using

traditional outreach strategies is still a staple when meeting the needs of many disabled people. Broadly promoting and direct contact with individuals was used to reach eligible consumers for DDAR services. CFILC created the DDAR website as a public communication and intake hub for the program and many DDARC's used the site to also promote the program on their organizational websites. Social media platforms were used, online and printed newsletters were proven effective as was outreach at community events. Some DDARC's held Personal Protective Equipment (PPE) drive-thru events and gave out flyers on the DDAR program. Presenting on DDAR services, attending virtual community meetings, and providing DDAR outreach at COVID-19 test sites were some of the ways that centers actively engaged members of their community while safely social distancing. At COVID-19 testing sites (and now vaccine sites), DDARC's were able to provide resource bags with DDARC materials to anyone who was there to get a coronavirus test. Other outreach activities included four DDARC's investing in local Public Service Announcements through the television or radio and about half of the DDARC's reached out to existing consumers through their agency databases and created an intake rap to solicit interest in the new DDAR program. Community partnerships was a significant way in which DDARC's reached new consumers. In a few counties, relationships were cultivated with PG&E Community Resource Centers (CRC's) who would refer eligible individuals to DDARC's during active PSPS events.

While there was a combination of in-reach and outreach required to meet the needs of the community during a PSPS event, some DDARC's were setup to meet the needs of their community in advance due to their years of disaster preparedness work or local office of emergency services partnerships.

Every DDARC has a consumer database. Some centers have historically documented whether the individuals they serve use Durable Medical Equipment (DME) or Assistive Technology (AT) and if those items require electricity. All centers have basic demographic information on everyone served by the center. This positioned each center to proactively reach out to those who reside in high fire threat areas and offer DDAR services. Many DDARC's began doing outbound wellness calls to individuals they serve on a regular basis because of the COVID-19 pandemic. During those calls they would bring up DDAR services and discuss PSPS events. The DDARC that serves Fresno, Tulare, Kings, Madera, and Merced counties went further and administered their own local survey on disaster and PSPS needs for their community. This allowed them to determine in advance who they already provide services to that would need additional support during a PSPS event. They also partnered with 211 and sent text messages about the DDAR program to individuals within their service area.

There were countless positive outcomes made throughout the DDAR pilot, but also challenges and service gaps that we have learned from and need to work towards changing. Having the DDARC's established at ILCs was a great way for existing consumers as well as new consumers to learn and understand the impacts of wildfires, PSPS events, and other disaster related topics. The Independent Living peer-led model was an effective way to explain and assist individuals in understanding why preparedness is essential for those of us with our own unique disability needs. The DDAR program gave ILCs an opportunity to engage with new community partners

and increase the number of individuals served. TCIL, DRAIL, and ILCKC formed relationships with Tribal communities they had not previously worked with and because of the pandemic many ILCs hosted or participated in PPE distribution events that led them to offering DDAR services to a wider audience. The majority of DDARC's offered virtual (web or phone based) services because of COVID-19 that benefited individuals in need of multiple services. ILCs continued to be recognized as long established trusted community partners that know how to provide services to people with disabilities.

Offering services remotely was challenging and not something that most centers are used to doing. Each DDAR spent hours educating and informing individuals about what it meant to live in a high fire threat area and how the DDAR program could benefit them if they were to experience a PSPS event. All DDARCs experienced consumers reaching out to request a portable backup battery for purposes beyond a PSPS event. Individuals made requests for upcoming planned power outages in their neighborhood, rolling heat waves, brown-outs, winter, and windstorms. Each situation would put consumers in vulnerable situations that could potentially be easily resolved with a backup battery provided to them. Individuals who use DME or AT were concerned about being isolated and not having any type of backup power. They were also concerned about having to call 911 in an emergency knowing the impact of the coronavirus and its spread. DDARC staff worked hard to emotionally support consumers and refer them to other agencies for appropriate services, when needed. CFILC hopes that PG&E understands that backup power is needed for more than PSPS events and will consider expanding its portable battery programs to fulfill the needs of the disability and Access & Functional Needs (AFN) community.

When CFILC asked the DDARC's what they would have done differently to reach individuals in need of PSPS services if the pandemic had not been an issue, most of them reported how helpful it would have been to have provided in-person disaster and PSPS training and to also demonstrate how the portable battery works face-to-face. That type of one-on-one contact could have limited individuals from making multiple calls to their local DDARC and misunderstanding battery instructions. Many centers also shared that they would have liked to have held events in the high fire threat areas of their territories and to have attended local community resources fairs where consumers can typically be found. Not having on the ground activities made it hard to reach individuals but also building relationships with new organizations that were inundated with their own workplace transitions and the virus. If physical activities would have been an option, centers would have liked to present and provide outreach at Senior Centers, schools, disability specific groups, and other organizations who tend to serve individuals who utilize DME and AT.

Below is a list of partner organizations that received DDARC presentations in 2020. Partnerships are a critical part of offering PSPS services and resources. The list of partners reached during the first pilot year is outstanding. However, CFILC recognizes that there are several potential partners missing from the list that could help DDARCs reach populations that may also need PSPS support.

## *DDARC Organizational Partners*

Amador Tuolumne Community Action Agency  
American Red Cross  
Calaveras & Tuolumne Counties  
Central Sierra Continuum of Care  
Calaveras Health and Human Services Agency  
Calaveras County Health Care & Safety Coalition  
Tuolumne County Health Care & Safety Coalition  
City of Redlands Senior Services, Special Education Local Plan Area (SELPA) Senior Affairs Commission  
Inland Empire Health Plan  
VOAD  
COAD  
North Coast News  
Red Cross  
Humboldt Operational Area Partners  
Long-Term Recovery of Trinity County  
Monterey County Access & Functional Needs Office  
Berryessa Senior Center  
Alma Senior Center  
Mayfair Senior Center  
Cypress Senior Center  
Southside Senior Center  
Camden Senior Center  
Latino Elder Outreach Network  
Healthy Lompoc Coalition  
SLO Aging and Disability Policy Council  
Santa Maria and Lompoc Brown Bag Activist Lunch  
Fund for Santa Barbara  
Southern California Edison  
Central Coast Community Energy  
NAACP  
Santa Barbara Non-Profit Resource Network  
Parents Helping Parents  
Path Point Achievement House  
Kern County Aging & Adult Services  
Kern County Commission on Aging  
CSD offices in Tehachapi Mountains  
Esparto Collaborative  
Yolo Healthy Aging Alliance  
Empower Yolo  
Fresno State Council on Developmental Disabilities  
Fresno Center  
Valley Center for the Blind  
Centro La Familia  
California Tribal Emergency Response & Relief Agency (CAL TERRA)  
County of Marin  
Partnership Health Plan  
Marin Clean Energy  
Marin Interfaith Council  
Abilities Expo  
Solano County VOAD  
Contra Costa County AFN Group  
Contra Costa County VOAD  
Housing Neighborhood Communities  
Butte State Council on Developmental Disabilities  
Over 50 Club  
VFW  
Meals on Wheels  
Fire Departments  
Sheriff's Department  
Community Health Centers  
Hospitals  
Far Northern Regional Center  
Butte County 211  
Santa Rosa Junior College  
Joselyn Center  
Eye-Das



DDARC's who were proactive and reached numerous partners with trainings and presentations had the largest number of PSPS consumer referrals in 2020.

Everyone looks forward to getting into the "new normal" post COVID-19, and DDARC's are no exception. Many centers are looking forward to hosting in-person trainings and focusing more on individual disaster preparedness. In fact, TCIL is looking forward to working with individuals to assess their preparedness needs and ensure that individuals think about their specific disability needs when putting their personalized disaster kit together.

### *Intake & Assessments*

Individuals qualify for DDAR PSPS services and resources when they: 1) Live in a high fire threat area, 2) Use DME and/or AT on a regular basis, 3) Are enrolled or willing to apply for the Medical Baseline (MBL) program and, 4) Have or develop a personalized preparedness plan. CFILC did not have access to PG&E's Medical Baseline customer database in 2020. This is something we are working to change in 2021. While our partners who provided services through the Portable Battery program were able to reach out directly to PG&E MBL customers the work done to reach eligible individuals for DDAR PSPS services was done through outreach efforts described earlier. DDARC's used the high fire threat map published on the CPUC website to prioritize geographic high fire threat areas and identify existing consumers by county and city that may be in need of PSPS resources within those areas. The high fire threat map and PG&E's website were also used as screening tools when determining an individual's DDAR program eligibility. Pinpointing an address in a high fire threat area was sometimes difficult along boarding county areas. Some consumers expressed themselves negatively when we explained that they were not in a high fire threat area and therefore would not be eligible for a battery or hotel, but that we could assist them with developing a personal preparedness plan and include them in disaster prep trainings. Having clearer maps that can identify exact addresses would help limit eligibility confusion.

DDAR applicants experience a streamlined intake process when proactively applying for services. The Disability Disaster Access & Resources website, [www.disabilitydisasteraccess.org](http://www.disabilitydisasteraccess.org), was setup as an information portal for different types of disasters and emergencies. It includes fact sheets, other helpful materials, and the initial DDAR intake form. Individuals who apply for services are asked a series of questions (below) before being referred to their local DDAR Center.

Full Name  
Email/Phone Number/Physical Address  
Type of Durable Medical Equipment and/or Assistive Technology Used  
Number of Hours Each Device is Used Daily  
Living Arrangements  
Current Backup Electricity Available  
Medical Baseline Status

Personal Preparedness Plan in Place  
Public Benefits Recipient  
Public Utility Provider

CFILC conducts the initial screening of the application to ensure that it is complete, and to identify if there is anything unusual or unique about the information shared. The completed intake form is then sent to the local DDARC that covers the city in which the applicant is from. The DDARC then reaches out to the applicant to setup an appointment to review the intake and initiate the assessment process.

After assessments are conducted, the local DDARC enters the applicants details into their center database and keeps a separate tracking list that indicates which consumers would best be served by a battery or a hotel. They also document if transportation is needed, if it needs to be accessible, if the consumer has their own transportation, and whether they could get to and from the hotel if provided gas assistance. Consumers who stay at a hotel are also provided resources to order or purchase food while away from their home during an active PSPS event.

Those impacted by an active PSPS event often return home to spoiled food due to the power being out. Many individuals served by the DDAR program have identified as low-income and are enrolled in public benefit programs. It would be helpful to coordinate with PG&E contracted Meals on Wheels and Food Bank programs to offer consumers a way to secure replacement food when returning home after an active PSPS event. A simple referral from the local DDARC to the local food source (that is partnering with PG&E) would decrease the stress level that many are left with when returning home.

### *Battery Deployment & Hotel Stays*

Consumers who went through the intake and assessment process were identified as either benefiting from a portable battery or a hotel room. When portable battery deployment appointments were setup up for drop-off or pick-up there was consumer confusion about where the battery was coming from, why another battery was coming, or why they were getting a battery if they were assessed for a hotel stay. It slowly became clear that other battery providers were providing services to some of the same consumers that had gone through the DDAR intake process. The challenge was that we did not have an opportunity to build relationships with the Portable Battery providers that were simultaneously also providing batteries to PG&E customers that had been identified through the Medical Baseline Program. While we are working to gain access to PG&E's Medical Baseline database it is important to recognize that DDAR does not only provide PSPS resources to existing customers already on the MBL. The work we do to enroll individuals in the MBL program is an important part of the overall DDAR process. Given that a large percentage of individuals who come through DDAR are qualified for MBL, but do not know about the program before engaging in DDAR services. While having access to the MBL database will prevent further consumer duplication between DDAR and the PG&E Portable Battery Program, there may be an issue with new individuals being

added to the MBL database and determining which provider will assist them. We will need to work out a process for new MBL enrollees that come in during fire season. CFILC would like to recommend that all consumer intakes and assessments come through the DDAR program and that DDAR provides referrals to the Portable Battery vendors for battery drop-offs. That will allow applicants to be introduced to other disability services at their local center, participate in disaster prep training, and work with a disabled peer to develop a personalized preparedness plan and personalized go bag or disaster kit.

CPAPs, BiPAPs, Oxygen Concentrators, and regulated temperatures were the most often electric driven medical necessity requests that came through the DDAR program. There were applicants who needed backup power for other devices such as wheelchairs, pressure mattresses, home Dialysis machines, communication devices, refrigeration for medication, and occasionally requests would come in for other creditable disability needs. For example, families with children with developmental sensory related disabilities would request a backup battery to keep lamps or devices that would allow their child to remain in their much-needed structured environment.

Fortunately, portable backup batteries filled the needs for much of the most common DME and AT requests. Most of the time individuals who needed more than a battery backup were willing to stay at a hotel while the power was out at their home. However, as the active PSPS events continued throughout fire season there were instances when the same individuals were impacted by a PSPS repeatedly. For some, going back and forth to a hotel became more of a challenge. A few individuals opted out of going back to a hotel and asked that multiple batteries be provided to them in an attempt to endure the PSPS from home. These situations, as well as the requests that came in for equipment that exceeded what a portable battery could provide, became a gap that was harder to fill as fire season and PSPS events continued. The need for larger portable batteries or other backup power alternatives is needed to keep individuals with disabilities safely at home during PSPS events. While the SGIP program is an alternative option and was offered to individuals who could benefit from it, the time it takes to get through the SGIP process, upfront costs, and negotiation with SGIP contractors was difficult for many who were trying to make it through the current fire season.

Below is a list of DDARC resources provided to qualified individuals impacted by active PSPS events.

Batteries Provided - 1125  
Hotel Nights - 537  
Transportation or Gas - 63  
Meals/Food Resources - 985

Individuals who do not proactively find their way to the DDAR or Portable Battery programs prior to an active PSPS event may be individually referred to DDAR through the PG&E active Emergency Operation Center (EOC) PSPS event escalation process. In 2020, DDAR assisted PG&E with 153 escalations. During an active PSPS event DDAR staff at CFILC and local DDARC's

in scope of the PSPS event work from 7am – 7pm to provide immediate support. This also includes weekends. Most PSPS events last year fell over a weekend and/or a holiday. Although CFILC secured two hotel contracts in 2020, we found it difficult to place individuals at a hotel in rural communities where lodging was limited. Often, we had to work with PG&E to have their contractors give up a room in order for a consumer with multiple devices to have it. In the future, it would be helpful to have PG&E secure a couple of extra rooms or notify CFILC that rooms should be reserved in rural areas in advance of a PSPS announcement.

Customers who engage in services during an active PSPS event are provided additional DDAR services: training, personalized preparedness planning, etc. in reverse of those who enter proactively. Regardless of how one enters the program, everyone is offered the same options once connected.

There was a total of 153 PG&E EOC escalations during active PSPS events. The following list shows which geographic areas encountered escalations.

CCCIL (Santa Cruz, Monterey, San Benito) – 3

CID (San Mateo) – 1

CRIL (Alameda) – 13

DAC (Butte, Plumas, Glen, Plumas, Shasta, Modoc, Siskiyou, Lassen) – 35

DRAIL (Amador, Alpine, Calaveras, Tuolumne, Stanislaus, Mariposa, San Joaquin) – 19

DSLCL (Sonoma, Napa) – 12

FREED (Placer, El Dorado, Colusa, Yuba, Sutter, Nevada, Sierra) – 48

ILCKC (Kern) – 1

ILRSCC (Solano, Contra Costa) – 2

MCIL (Marin) – 1

RICV (Merced, Madera, Fresno, Kings, Tulare) – 12

TCIL (Humboldt, Trinity, Del Norte) - 1

### *Medical Baseline Program*

Internet access/affordability is a significant challenge for disabled individuals. The best way to communicate and reach consumers among the disability community is by phone. The DDARC that serves Alameda County found that 60% of the individuals they serve do not have internet access at their own home. Over half of the individuals served by DDARC's in 2020 were not previously enrolled in MBL but met the enrollment requirements. The DDAR program assisted 279 individuals under the age of 60 in applying for MBL, and 952 individuals over the age of 60. Overall, 1,231 individuals became eligible for MBL because of support provided by the DDARC.

One of the benefits of the COVID-19 pandemic was the ease of access in applying for MBL. Not only did the MBL application go online, but it also did not require consumers to jump through multiple hoops to enroll. CFILC is concerned that when MBL customers are required to secure a

physician's signature of approval to stay on the MBL program in the coming months, that many qualified customers will be unsuccessful or not have the resources to obtain the signature and therefore be disenrolled. CFILC would like to recommend that if an individual is working with a DDARC to have emergency backup power for life saving purposes, DDAR staff should be given authority to qualify individuals eligible for the MBL program.

### *Individualized Preparedness Plans*

Each DDARC was required to assist individuals with developing a personalized disaster preparedness plan. CFILC identified that over 90% of the applicants who applied for DDAR services did not have a plan prior to working with a DDARC. The staff that provided disaster preparedness support quickly realized that for many people with disabilities, having a disaster plan was very personal. While the framework of a plan can come from a variety of sources and most often DDARC's used the American Red Cross or California Listos disaster preparedness form to get started, everyone has unique needs, and their disability impacted the way they needed to plan for their preparedness. For example, when using medical or assistive technology devices such as hearing aids requires that you have backup hearing aid batteries. If you use catheters or other types of incontinent supplies, you need to make sure that you have enough supplies to get you through several days during an emergency. Some individuals with disabilities have specific dietary needs or require medication on a regular basis. There are countless individual personal examples that need to be considered when assisting people with disabilities in planning for disasters and emergencies. DDARC staff are invaluable in this area because of the peer role modeling and personal experience that they can provide to individuals on the receiving end.

### *Trainings*

A variety of disaster readiness and portable battery trainings were offered through the DDARCs. Trainings were provided online and one-on-one over the phone. In a few instances, safe socially distanced trainings were also provided. Trainings offered online were recorded and are now available on YouTube for anyone to view. In addition, some training archives are also available in Spanish.

### *Additional Services*

Having the DDAR program administered through the same organization that also serves as the Assistive Technology Network (Ability Tools) of California was helpful for many individuals who also needed low to high technology support. For example, as community members became more aware of the DDAR program we received inquiries from individuals who did not need backup electricity to fill their DME or AT needs, but instead were in search of a free or low-cost wheelchairs, walkers, or other types of equipment to prevent falls from occurring when the lights were out at their home due to a PSPS event. CFILC and Ability Tools were able to fulfill

those needs through our AT Reuse program. In most cases these requests came in from older adults who lived independently and feared that they would fall and not be found for a long period of time.

### *Conclusion*

Given the sudden onset of the pandemic and the changes that needed to be made last minute, the nine-month DDAR pilot program was a success. Everyone involved in administering the program was flexible and willing to think outside of the box to fulfill the needs of individuals with AFN. Each of us increased our knowledge and skill level throughout the pilot and supported one another when needed.

We think it is important to note that there is no other program like DDAR across the country and throughout the pilot process we built the program as we went, leaving room for improvements as needed.

In addition to the gaps and recommendations provided throughout the report there is also a need to expand the DDAR program to fulfill the increasing needs of individuals who hear about and apply for the program. Increasing staff to assist with administrative and reporting duties is needed both statewide and at local DDARC's that experience continuous PSPS events. Marketing and outreach activities need to be adjusted to include families and children, youth and young adults with access and functional needs that qualify for the program. Diverse communities need to be reached and partnerships between PG&E staff and contractors locally need to be cultivated.

CFILC looks forward to continuing to foster and develop our partnership with PG&E. Working together to meet the needs of individuals with disabilities is critical. We believe that that the DDAR program has added significant value to what PG&E offers its customers who experience PSPS events. We encourage the company to continue going beyond the status quo and consider expanding portable battery options to meet the needs of people with disabilities who depend on electric powered durable medical equipment and/or assistive technology to maintain their wellness, safety, and independence whenever the power goes out, not just during PSPS events.