

Diversity and Inclusion Task Force Meeting					
Date: Novembe	er 15, 2019	Time:	2:30-4:30	Location: HOA Room 231	
Facilitator: Shawn Atin		Note taker:	Betsy Swansor	on Hollinger	
Attendees:	Shawn Atin, Claudia Bautista, Erik Parker, Mike Powers, Monique Nov Staff: Betsy Swanson Hollinger, Ma	vlin, Ramon	Tejada, Rebecca \	Livingston, Marcus Mitchell, Jennifer Orozco, Barry Willhite	
Not attended:	Tabin Cosio, Joseph Moore, Matt S	Smith			
Agenda Item	Discussion Summary and Agreements				
Welcome, Agenda Review and Introductions	<ul> <li>Monique Nowlin, Deputy Direct vulnerable elderly populations v Sheriff's OES, was invited but of Mike Powers introduced the top County. Today's topic is specifi needs (DAFN) when helping the The Emergency Planning Count having a focal point. Perhaps t example, recently we had 112 p door to notify them.</li> <li>Today is about being proactive</li> </ul>	or of Area Ag with physical, could not mak bic as our Tas c to understa em prepare for cil used to be he EPC shou beople who w	gency on Aging. M cognitive, access ke it. sk Force looks at to anding the needs of or a disaster. e more city specific uld have a membe vere notified the po gency Planning to	da and meeting minutes. Introduction of special guest Monique brings her expertise in serving our County's s and functional needs issues. Patrick Maynard from the best practices in inclusion in our workforce and across our of people who are disabled, have access or functional fic and silo'ed but now it's becoming more integrated and er of the DAFN community on it for decision making. For bower may be shut off and there was a need to go door to the inclusive of the DAFN needs. This meeting will be the have a special focus on preparing the DAFN for	



<ul> <li>Preparation and Notification Processes for our Residents Who Have Disability, Access, and Functional Needs for Disasters.</li> <li>Who are the DAFN?</li> <li>What are their needs, in case of emergency</li> <li>How do we engage the community to ensure we have the appropriate definition/outreac h services to them?</li> </ul>	<ul> <li>Melissa was invited to share her expertise in this population as HSA serves the DAFN and more recently has been in the forefront of outreaching to this population. HSA has programming to make sure they are safe and have what they need to survive before a disaster occurs or when there are PSPS's (public safety power shutsoffs) that would affect life dependent equipment or medicine.</li> <li>The DAFN is a wide grouping of people in our community and even in our workforce. We are specifically looking at how they can have equal access to services, support and information to ensure their safety, wellbeing, self-reliance and independence. It includes people in the following groups: <ul> <li>Developmental or intellectual disabilities</li> <li>Physical disabilities</li> <li>Chronic conditions</li> <li>Injuries</li> <li>Limited or no English proficiency</li> <li>Age, including older adults and children</li> <li>Living in institutionalized settings</li> <li>Low income</li> <li>Homelessness</li> <li>Pregnant</li> <li>Transportation disadvantages, including dependency on transportation</li> </ul> </li> </ul>
	50% of those in shelters during disasters are in these categories. FEMA and first responders know that they are tasked with handling the actual disasters so there are needed roles for other support services to help prepare and take care of people during a disaster. Local government cannot do it all by ourselves; there may be other community based organizations more closely involved in their lives that can make a bigger difference like MICOP, etc. People will go to their trusted community group before local government sometimes. People can be alone and without power from 1-3 days. There is a need to look at community mapping to hear the voice of the DAFN and where they live. It may be useful to take a similar approach as Health in All Policies, but DAFN in all policies. A need to have a disaster service worker that is DAFN friendly. For instance, the current Active Shooter training does not have a DAFN component. Perhaps have a guest speaker to come in and talk about the needs of the DAFN. Our Task Force can recommend best practices to serving the DAFN and perhaps have Dani Anderson of the Independent Living Resource Center join us. Edison has expressed interest in partnering with us on education and outreach for preparing for PSPS. We need a better plan for the homeless. Those in the Santa Clara river area were just standing on the side of the road when the fires came and they were displaced.



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Preparation and Notification Processes for our Residents Who Have Disability, Access, and Functional Needs for	Barry added that those in mental health institutions need to be looked at. The Thomas fire displaced about 70 people from Vista Del Mar and one of the closest places for them to go was San Francisco. This is unacceptable. Animals are important to us and we were doing a better job evacuating horses than people. Those with mental health issues may not be good candidates for a public shelter so we need a plan.			
Disasters. Con't.	Rosa shared an example of a community partnership that allowed us and others to disseminate the correct N95 masks because people were using bandanas, surgical masks that are not as effective keeping out smoke and particulate matter.			
	Most importantly our first responders cannot handle all matters before and during a disaster. 1 in 4 people have a disability, AAA says it has about 40,000 in their database. Community groups have data too. Fire uses a database to identify low income and densely populated areas when an event happens.			
	Matt proposed to start learning the challenges of each of the DAFN populations. Define the population and have an expert describe the unique needs would be useful.			
	Melissa added that HSA has a database of the DAFN and is augmenting the data from the state with Medicaid and Medi- Cal. During the Thomas fire, all DAFN who were contacted were then documented by HSA. Assisted living people need extra care that a normal shelter cannot provide.			
	<ul> <li>Best practices are:</li> <li>To establish an Office of DAFN and have the office actively engaged in the community</li> <li>Hire a consultant to go out into the community to do a needs assessment, to find out what the real needs are. This would be needed for each of the 10 cities.</li> <li>Have a DAFN coordinator to centralize outreach and make connections?</li> </ul>			
	Erik added those disciplines/Agencies who already work in these populations probably have many of the solutions thought through. Our group should focus on making recommendations not figure out how.			
	Jennifer mentioned that some people may not even know they are DAFN. If you have a one way in and one way out on a rural type road, you are DAFN for your accessibility issues.			
	Barry mentioned in the fireside chat's with the community having 48 hours of no power is a reality and are your prepared. You have the responsibility to save yourself. Rosa mentioned that after the Wolsey fire, some people got upset about smoke in their home and asked local government to fix it for them. Government was helping people who lost homes, not who still have some. Education on the proper role and scope of government may be needed to intercept inaccurate expectations from the public.			



Preparation and Notification Processes for our Residents Who Have Disability, Access, and Functional Needs for Disasters. Con't.	Beckie mentioned the importance of stock piling prescription medications. Some medications cannot be stockpiled due to insurance limitations. Barry noted that for critical medicines they can be flown in and we currently have a mass stockpile of certain medications in Camarillo.
Next Steps	We will use the December meeting to continue the dialogue.
Next Meeting:	December 6 <sup>th</sup> 12:00- 1:00 HOA Room 231