



County of Santa Cruz

IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

18 W. Beach Street, Watsonville, CA; P.O. Box 1300, Santa Cruz, CA 95061

(831) 454-4036 FAX: (831) 763-8906

Notice of Public Meeting and Agenda

IHSS Advisory Commission

Date: Friday, August 26, 2022

Time: 1:00PM to 3:00PM

Pursuant to AB 361 and Cal. Gov. Code section 54953, due to the ongoing COVID 19 state of emergency and upon recommendation of the County Health Officer, public meetings of the IHSS Advisory Commission will be conducted in remote format. Members of the public can attend virtually by teleconference.

PLEASE DIAL-IN TO THE TELECONFERENCE USING THE INFORMATION LISTED BELOW:

TELECONFERENCE INFORMATION

United States: (831) 454-2222

Phone Conference ID: 429 626 467#

FOR QUESTIONS REGARDING THE REMOTE MEETING PROCESS, PLEASE CONTACT THE PUBLIC AUTHORITY AT (831) 454-4036 OR JUAN.MAGANA@SANTACRUZCOUNTY.US

Agenda

1. Call to Order
2. Roll Call
3. Agenda Review
4. Consent Agenda
 - a. Approval of Meeting Minutes
 - i. May 27, 2022 Meeting.....Page 3.
 - b. Correspondence
 - i. Commission on Disabilities
 1. March 10, 2022 MeetingPage 9.
 2. April 14, 2022 Meeting.....Page 11.
 - ii. Seniors Commission
 1. February 15, 2022 Meeting.....Page 13.
 2. April 19, 2022 Meeting.....Page 15.
 - c. Commission Vacancies

The County of Santa Cruz complies with the Americans with Disabilities Act. This meeting room is accessible for people with disabilities. If you wish to discuss reasonable modifications or accommodations, please call 454-4036 prior to the meeting. For the comfort of those with allergies and chemical sensitivities, please do not wear perfume or scented products to the meeting.

- i. Two (2) – Consumer Representatives
 - ii. One (1) – Representative of an organization that advocates for people with disabilities or seniors
- 5. Oral Communications and Announcements: *Anyone wishing to address the commission on any item within the jurisdiction of the Commission and not listed on the agenda may do so at this time. Comments are limited to three (3) minutes in duration.*
- 6. Master Shelter Plan Presentation – Max Umney.....Page 17.
- 7. Regular Agenda – Action Items
 - a. IHSS Advisory Commission Meeting Location (AB 361).....Page 49.
- 8. Regular Agenda – Information Items
 - a. Updates/Housekeeping
 - i. Reminders from the Chair
 - ii. Topics & Speakers
 - b. Medi-Cal Asset Limit Increase.....Page 51.
 - c. Provider Concerns
 - d. IHSS Program Updates
 - e. Public Authority Updates
 - f. Subcommittee Reports
 - i. Legislative/Advocacy (Molesky)
 - ii. Website (Taylor/Andersen)
 - iii. CICA Conference Calls (Campbell)
- 9. Adjournment

Next Regular Meeting: September 23, 2022, 1:00PM – 3:00PM



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(831) 454-4036 FAX: (831) 763-8906

IHSS Advisory Commission

Meeting Minutes

Date: Friday, May 27, 2022
Time: 1:00PM to 3:00PM
Location: Remote Meeting
Present: Michael Molesky (Consumer, Chair), Lois Sones (Seniors Commission, Vice-Chair), Becky Taylor (Consumer), Linda Campbell (Consumer), Patricia Fohrman (Provider), Foster Andersen (Consumer), Jozett Irgang (Consumer), Maria Arreola (Provider)
Excused: None
Absent: None
Guests: Jessica Cirksena (IHSS and Public Authority Program Manager)
Staff: Juan Magaña (IHSS Public Authority)

Agenda

1. Call to Order
 - a. Meeting was called to order @ 1:04PM; a quorum was present
2. Roll Call
3. Agenda Review
 - a. No changes made to published agenda
4. Consent Agenda
 - a. Approval of Meeting Minutes
 - i. April 22, 2022 Meeting
 - ii. April 29, 2022 Special Meeting
 - b. Commission Vacancies
 - i. Two (2) – Consumer Representatives
 - ii. One (1) – Representative of an organization that advocates for people with disabilities or seniors
 - c. Motion to approve amended consent agenda called by:
 - i. First/Second: Sones/Taylor
 - ii. Ayes: Molesky, Sones, Taylor, Andersen, Campbell, Arreola
 - iii. Noes: None
 - iv. Abstain: Irgang, Fohrman (not present for vote)
5. Oral Communications and Announcements:

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- a. No oral communications or announcements were made

6. Regular Agenda – Action Items

a. IHSS Advisory Commission Meeting Location (AB 361)

- i. The commission reviewed the AB 361 findings and determined the need to continue holding meetings remotely.
- ii. Motion to approve the AB 361 findings and hold the next IHSS Advisory Commission meeting remotely was called by:
 - 1. First/Second: Taylor/Irgang
 - 2. Ayes: Molesky, Sones, Taylor, Andersen, Campbell, Irgang, Arreola
 - 3. Noes: None
 - 4. Abstain: Fohrman (not present for vote)
- iii. Motion carried unanimously

b. IHSS Provider Training Curriculum FY 2022-2023

- i. The commission reviewed the available training topics, as provided to the Public Authority by the Health Project Center
- ii. The following training topics were selected for fiscal year 2022-2023:
 - 1. Introduction to Palliative Care
 - 2. Person Centered Care
 - 3. Abuse and Mandated Reporting
 - 4. Depression & Anxiety
 - 5. Dementia Care Challenges: Anxiety, Agitation, & Anger
 - 6. Dementia Care Challenges: Wandering, Sleep, & Sundowning
- iii. A motion was called to approve the selected training topics for the fiscal year 2022-2023 IHSS provider training series.
 - 1. First/Second: Sones/Campbell
 - 2. Ayes: Molesky, Sones, Taylor, Andersen, Campbell, Irgang, Arreola, Fohrman
 - 3. Noes: None
 - 4. Abstain: None
- iv. Motion carried unanimously

c. CICA Membership FY 2022-2023

- i. Staff informed that the Public Authority received the California IHSS Consumer Alliance membership dues invoice for fiscal year 2022-2023 in the amount of \$750.00. Along with the dues was a letter to the commission requesting the commission to renew its membership; a list of the accomplishments for the current fiscal year; and a list of CICA's goals for the upcoming fiscal year.
- ii. A motion was called to renew the commission's CICA membership for fiscal year 2022-2023
 - 1. First/Second: Taylor/Campbell

2. Ayes: Molesky, Sones, Taylor, Andersen, Campbell, Irgang, Arreola, Fohrman
3. Noes: None
4. Abstain: None

iii. Motion carried unanimously

d. Meals on Wheels

- i. Sones reported that Meals on Wheels (MOW) received a notice of eviction for its Live Oak kitchen, congregate dining site, and administrative offices. The Live Oak School District, the entity that owns the property, has given MOW 6-months to vacate the premises. MOW now has to find a new location, with a commercial kitchen in a short period of time.
- ii. A motion was called to write a letter to the Live Oak School District Board of Directors requesting that they consider extending the eviction notice by 1 year, giving MOW 18 months to find a new location. In addition, the commission to write a letter to the Board of Supervisors asking the Board to assist MOW with finding a new property for them.
 1. First/Second: Sones/Irgang
 2. Ayes: Molesky, Sones, Taylor, Andersen, Campbell, Irgang, Arreola, Fohrman
 3. Noes: None
 4. Abstain: None

iii. Motion carried unanimously

7. Regular Agenda – Information Items

a. Updates/Housekeeping

- i. Reminders from the Chair
 1. *This item was not discussed*
- ii. Topics & Speakers
 1. *This item was not discussed*

b. IHSS Advance Pay

- i. An informational hand out describing the Advance Pay program was included in the meeting packet for commission members to review.

c. Provider Vaccine Requirement

- i. A copy of the most recent letter from the California Department of Social Services to all IHSS care providers informing them of the COVID-19 vaccine and booster requirement was included in the meeting packet for commission members to review.

d. Provider Concerns

- i. Molesky informed the commission that this item will now be a standing agenda item as it is important to hear any provider related concerns.
- ii. Fohrman inquired on the eligibility for health benefits for IHSS care providers. Stated that a provider was working for a consumer that was authorized 79 hours and 48 minutes per month and wanted to know if

IHSS was deliberately authorizing hours under the minimum number of hours required to become eligible for health benefits (80 hours per month).

1. Staff reported that hours authorized for the IHSS recipient are based solely on the needs of the consumer. The minimum number of hour requirement for health care eligibility has no factor in determining the level of need for the IHSS recipient.

e. IHSS Program Updates

- i. Jessica Cirksena, IHSS and Public Authority Program Manager, provided the following information:

1. Permanent provider back-up system: changes to the Governor's May revise include:
 - a. Increased maximum number of hours from 80 to 160.
 - b. Delayed implementation to 10/01/2022.
 - c. Caregivers will receive a \$2.00/hour wage differential under this program.
 - d. The current COVID-19 emergency back-up system would be expanded from 6/30/2022 to 09/30/2022 to serve as a bridge between both programs.
2. Medi-Cal redeterminations will resume once public health emergency ends.
 - a. Staff is working with Employment and Benefit Services Division to ensure IHSS recipient addresses are updated and informing them to submit their redetermination paperwork to not lose their Medi-Cal eligibility.
3. Direct deposit for all IHSS care providers will be required as of 7/1/2022
4. IHSS Provider Health Benefits:
 - a. There are 282 IHSS providers currently enrolled in the health plan offered through Santa Cruz County.
 - b. The Health Care Trust, the entity administering health benefits for Santa Cruz County IHSS providers, will be working with the Public Authority to increase enrollment
 - c. Language will be provided by the Health Care Trust and will be added to the Public Authority website.
 - d. Fohrman reported that SEIU 2015 offers health benefits to its members through Blue Cross/Blue Shield so this may be a reason why enrollment in the Santa Cruz County plan is low.
5. IHSS Career Pathways
 - a. A new program set to start 10/1/2022.
 - b. The goals of the program are:

- i. Recruit, train, and retain a network of high-skilled care workers.
 - ii. Improve consumer experience and care outcomes.
 - iii. Support a career ladder that allows care workers to build their skills and opportunities for career advancement.
 - c. There are five (5) pathways available to the IHSS providers and will provide a wealth of health care educational knowledge:
 - i. Category 1: General Pathways
 - 1. General Health and Safety for Caregivers
 - 2. Adult Education
 - ii. Category 2: Specialized Pathways
 - 1. Cognitive Impairments and Behavioral Health
 - 2. Complex Physical Care Needs
 - 3. Transitioning into In-Home Care
 - d. Providers who choose to participate can get paid for the time in training and may qualify for payments for completing training in particular areas.

6. Registry Recruitment

- a. An online registry application has been created; applications for the registry can now be completed online or via paper if requested by the applicant
- b. Targeted recruitment efforts are currently focusing on providers residing in south county but have clients in north county.
- c. Registry recruitment flyers have been posted in various locations in Scotts Valley and Watsonville
- d. To date, the Public Authority has received 55 registry applications and has add 34 new providers to the registry. In 2021, the Public Authority added 32 providers, so our efforts have already exceeded last years numbers.

f. Public Authority Updates

- i. This item was not discussed as all Public Authority updates were provided with the IHSS program updates.

g. Subcommittee Reports

- i. Legislative/Advocacy (Molesky)
 - 1. No report was provided.
- ii. Website (Taylor/Andersen)
 - 1. No report was provided.

iii. CICA Conference Calls (Campbell)

1. Campbell reported that Leora Filosena was the guest speaker at this month's CICA conference call. Leora is the new Deputy Director of Adult Programs at the Department of Social Services.
2. CICA will be offering a training for IHSS recipients on how to manage providers.

8. Adjournment

- a. Meeting adjourned at 2:35PM

Next Regular Meeting: June 24, 2022, 1:00PM – 3:00PM

DRAFT



Santa Cruz County Commission on Disabilities

701 Ocean Street, Room 510, Santa Cruz, CA 95060
P: (831) 454-2772 F: (831) 454-2411 TTY/TDD 711
commissions@santacruzcounty.us
www.scccod.net

Meeting Minutes

DATE: Thursday, March 10, 2022
TIME: 12:30 PM to 2:00 PM
LOCATION: Remote Meeting
PRESENT: John Daugherty (1st District), Fay Levinson (2nd District), Becky Taylor (3rd District), Richard Gubash (3rd District) Brenda Gutierrez Baeza (Vice Chair - 4th District), Michael Leimbach (4th District), Lynn Stipes (5th District), David Molina (Chair - 5th District)
EXCUSED: Stacie Grijalva (2nd District)
ABSENT: Robert Schindler (1st District)
STAFF: Kaite McGrew (Commissions Manager), Mitsuno Baurmeister (EEO Officer)
GUESTS: No members of the public were present.

1. Call to Order
Meeting convened at 12:33 PM.
2. Roll Call
3. Agenda Review
4. Approve February 10, 2022 Minutes
Motion to Approve Minutes
Motion/Second: Taylor/Gutierrez Baeza
Motion passed unanimously.
5. Public Comment: None
6. New/Continuing Business:
 - 6.1. Cabrillo Accessibility Support Center Advisory Committee Representation
Motion to authorize Commissioner Gutierrez Baeza to represent the Commission on the Cabrillo Accessibility Support Center Advisory Committee.
Motion/Second: Daugherty/Stipes
Motion passed unanimously.
 - 6.2. Assembly Bill 361 Statement of Findings
Commission considered whether adopt a statement of findings authorizing them to hold their next meeting remotely under the provisions of Assembly Bill 361.
Motion to approve statement of findings authorizing the Commission to hold their next meeting remotely if allowable under the provisions of AB 361
Motion/Second: Molina/Levinson
Motion passed unanimously.

7. Commission Reports:

7.1. History Report:

Commission held a moment of silence to honor local disabilities advocates Sylvia Caras and Barri Boone, both of whom recently passed away.

Motion authorizing Chair Molina to send a letter of condolence regarding Sylvia Caras

Motion/Second: Daugherty/Gubash

Motion passed unanimously.

Motion authorizing Chair Molina to send a letter of condolence regarding Barri Boone

Motion/Second: Daugherty/Taylor

Motion passed unanimously.

7.1.1. Commission History Project

Commission reviewed intern descriptions separating project research aspects from display design and implementation aspects. Commissioners are encouraged to share internship opportunities with their community contacts.

7.2. Legislation Report:

Commission reviewed 2022 state and federal bills that would impact the disabilities community as identified by the California Senior Legislature (CSL) and Disability Rights California (DRC).

Commissioner Taylor will work with Staff to update the report.

8. Ad Hoc Subcommittee Updates:

8.1. Recreation Subcommittee

8.1.1. Adaptive Swim Program Report

Commission reviewed the Adaptive Swim Program section of the Summer Activity Guide. To date Parks has not provided any timeline by which they intend to provide the additional training required to offer private adaptive swim lessons.

9. Staff Report

Staff reported that 22% of County employees have participated in the *Diversity, Equity, and Inclusion Employee Survey* so far with one week left in the collection period. The EEO Division has located 2019 American Community Survey (ACS) data which indicates that 11.6% of Santa Cruz County residents reported having disabilities at that time. 28.2% of participants in the DE&I survey to date report having disabilities which significantly exceeds the available workforce data. Publication of the 2022-2024 EEO/CC Plan is anticipated in Q2.

10. Emerging Matters:

Gubash reported that the disabilities community was successful in discouraging LA Community College District from appealing a judgement to the Supreme Court. Had the judgement been overturned, it would have set precedent, potentially weakening the ADA. LA Community College District dropped their appeal.

11. Adjournment

Meeting adjourned at 1:25 PM.

Submitted by: Kaite McGrew, *Commissions Manager*



Santa Cruz County Commission on Disabilities

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Meeting Minutes

DATE: Thursday, April 14, 2022
TIME: 12:30 PM to 2:00 PM
LOCATION: Remote Meeting
PRESENT: Stacie Grijalva (2nd District), Fay Levinson (2nd District), Becky Taylor (3rd District), Brenda Gutierrez Baeza (Vice Chair - 4th District), Michael Leimbach (4th District), Lynn Stipes (5th District), David Molina (Chair - 5th District)
EXCUSED: John Daugherty (1st District), Richard Gubash (3rd District)
ABSENT: None
STAFF: Kaite McGrew (Commissions Manager)
GUESTS: 1 member of the public were present.

1. Call to Order
Meeting convened at 12:32 PM.
2. Roll Call
3. Agenda Review
4. Approve March 10, 2022 Minutes
Motion to Approve Minutes
Motion/Second: Taylor/Stipes
Motion passed unanimously.
5. Public Comment:
Stipes will invite the County Clerk's office to present on the new voting center transition during the May meeting.
6. New/Continuing Business:
 - 6.1. Election of Officers
Motion to re-elect Chair Molina and Vice Chair Gutierrez-Baeza.
Motion/Second: Stipes/Grijalva
Motion passed unanimously.
 - 6.2. Assembly Bill 361 Statement of Findings
Commission considered whether adopt a statement of findings authorizing them to hold their next meeting remotely under the provisions of Assembly Bill 361.
Motion to approve statement of findings authorizing the Commission to hold their next meeting remotely if allowable under the provisions of AB 361
Motion/Second: Molina/Gutierrez Baeza
Motion passed unanimously.

7. Commission Reports:

7.1. Cabrillo Accessibility Support Center Advisory Committee Report: No Report

7.2. History Report: No Report

7.2.1. Commission History Project: No Report

7.3. Legislation Report:

Commission established the Ad Hoc Legislation Subcommittee to review and prioritize 2022 State and Federal bills that would impact the disabilities community as identified by the California Senior Legislature (CSL) and Disability Rights California (DRC). Molina appointed himself, Taylor and Grijalva to the subcommittee. They will identify the five most locally relevant and important bills for consideration at the next meeting.

8. Ad Hoc Subcommittee Updates:

8.1. Recreation Subcommittee

Gutierrez Baeza summarized upcoming activities including a wheelchair dance, a wheelchair basketball demo and barbeque, and a screening of Crip Camp. Daugherty and Gutierrez Baeza are both participating as panelists for the screening.

Motion to formally support the Crip Camp screening and the Shared Adventures annual day at the beach with community outreach.

Motion/Second: Molina/Taylor

Motional passed unanimously.

8.1.1. Adaptive Swim Program Report: No Report

9. Staff Report

Staff reported the *Diversity, Equity, and Inclusion Employee Survey* has been completed and data analysis is underway. Aggregate results will be shared at a future meeting.

10. Emerging Matters:

Levinson advised the Commission that a member of the public had concerns about Paracruz.

Levinson was encouraged to reach out to Daugherty for some background and refer the public to the Commission email address or the next meeting.

11. Adjournment

Meeting adjourned at 1:22 PM.

Submitted by: Kaite McGrew, *Commissions Manager*



Santa Cruz County Seniors Commission

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P: (831) 454-2772 F: (831) 454-2411 TTY/TDD 711
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www.sccseniors.org

Meeting Minutes

DATE: Tuesday, February 15, 2022
TIME: 12:30 PM
LOCATION: Remote Meeting
PRESENT: Dena Taylor (1st District), Antonio Rivas (*Vice Chair - 2nd District*), Mark Johannessen (*2nd District*), Lois Sones (*3rd District*), Enda Brennan (*3rd District*), Patricia Fohrman (*4th District*), Carol Childers (*Chair - 5th District*), Lynn McKibbin (*5th District*)
EXCUSED: None
ABSENT: Tom Haid (*1st District*)
STAFF: Kaitie McGrew (*Commissions Manager*)
GUESTS: Patty Talbott (AAA/Seniors Council) and 1 member of the public were present

1. Call to Order/Roll Call/Agenda Review

Meeting convened at 12:32 PM.

2. **Motion to Approve December 21, 2021 Meeting Minutes**

Motion/Second: McKibbin/Taylor

Motion passed unanimously.

3. Public Comment

4. Senior Legislature Report:

Staff reported that Charles Molnar has resigned from the California Senior Legislature (CSL). CSL will be electing a Senior Assembly person and a Senior Senator to represent Santa Cruz and San Benito Counties. Post-election, CSL will advise the Commission who was selected to serve on the Commission as an ex officio non-voting member.

5. New Business/Action Items:

5.1 Assembly Bill 361 Statement of Findings

Commission considered whether to authorize meeting remotely under the provisions of AB 361 at the next meeting.

Motion to approve statement of findings authorizing the Commission to hold their next meeting remotely under the provisions of AB 361.

Motion/Second: Johannessen/McKibbin

Motion passed unanimously.

6. District Reports:

6.2. District 1:

Taylor attended the Commission on Disabilities meeting and Supervisor Koenig's town hall meeting regarding the Live Oak Senior Center location. An affordable housing development may coexist with the senior center on the property, but the project is currently on hold. Taylor also

attended the AAA advisory council meeting where the topic was also discussed. The State budget has funding available for senior programs and the AAA is considering proposals for both Santa Cruz and San Benito Counties. The Master Plan for Aging had its one-year anniversary. Commission will discuss skilled nursing home over-utilization at a future meeting in response to a CalMatters article shared by Taylor.

6.3. District 2:

Rivas reported that Meals on Wheels has received substantial funding from Area Agencies on Aging (AAA). The status of the Live Oak Senior Center remains a concern. Rivas expressed his personal support for a rail transportation option for Watsonville. Johannessen reported that the AAA has discussed funding related to the Master Plan for Aging goals. The Governor's May budget revise may offer additional funding details. Older Americans Act funding determinations should be finalized by May. The County's Master Plan for Aging governance group will incorporate the Age-Friendly concepts into master plan implementation over the next two years.

6.4. District 3:

Sones reported that Elderday has paused in-center services because of the high levels of COVID-19 with a projected reopening by February 28th. Brennan encouraged Commissioners to focus on encouraging education on issues and voter participation rather than expressing personal voting viewpoints.

6.5. District 4:

Fohrman reported issues with the LiftLine taxi scrip program, establishing conservatorships, and farmers markets food distribution.

6.6. District 5:

McKibbin commended panelists on the State's Master Plan for Aging implementation webinar. She communicated with Supervisor McPherson to better understand local implementation efforts and encourages the Commission to continue monitoring the financial impact and the Commission's potential role in the process. A new Santa Cruz Community Clinic opened in Ben Lomond. Childers attended a planning meeting for the veterans housing project on Hwy 9 continues and advocated for them to prioritize homeless veterans. Meals on Wheels stopped serving meals onsite but is scheduled to reopen on Tuesday, February 22, 2022.

7. Staff Report:

Staff spoke with Alicia Morales (*County Human Services Department's Director for the Adult and Long-Term Care Division*) regarding the County's Master Plan for Aging Governance Group which consists primarily of elected officials. While it is too early to report on any implementation activities, a needs assessment will be conducted (potentially incorporating the *AAA Senior Needs Assessment*) and there may be an opportunity for the Commission to participate in subsequent subcommittees. After the May revise, Morales will update the Commission on State funding determinations that impact programs and services in her division which encompasses programs related to long-term care, veterans' services, public guardian services, IHSS, and Adult Protective Services, to name a few.

8. Adjournment:

Meeting adjourned at 1:35 PM.

Respectfully submitted by: Kaite McGrew, *Commissions Manager*



Santa Cruz County Seniors Commission

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Meeting Minutes

DATE: Tuesday, April 19, 2022
TIME: 12:30 PM
LOCATION: Remote Meeting
PRESENT: Dena Taylor (1st District), Antonio Rivas (*Vice Chair - 2nd District*), Mark Johannessen (2nd District), Lois Sones (3rd District), Carol Childers (*Chair - 5th District*), Lynn McKibbin (5th District)
EXCUSED: None
ABSENT: Tom Haid (1st District), Enda Brennan (3rd District), Patricia Fohrman (4th District)
STAFF: Kaite McGrew (*Commissions Manager*), Mitsuno Baurmeister (*EEO Officer*)
GUESTS: No members of the public were present

1. Call to Order/Roll Call/Agenda Review
Meeting convened at 12:35 PM.
2. **Motion to Approve February 15, 2022 Meeting Minutes**
Minutes revised to correct a typographical error.
Motion to approve minutes as amended.
Motion/Second: Taylor/ McKibbin
Motion passed unanimously.
3. Public Comment: None
4. New Business/Action Items:
 - 4.1. Election of Officers
Motion to Re-Elect Chair Childers and Vice Chair Rivas
Motion/Second: Sones/Taylor
Motion passed unanimously.
 - 4.2. Assembly Bill 361 Statement of Findings
Commission considered whether to authorize meeting remotely under the provisions of AB 361 at the next meeting.
Motion to approve statement of findings authorizing the Commission to hold their next meeting remotely under the provisions of AB 361.
Motion/Second: Johannessen/Rivas
Motion passed unanimously.
5. District Reports:
 - 5.1. District 1:
Taylor reported on topics covered at recent AAA Advisory Council meetings, including seniors in care homes, progress on the Master Plan on Aging implementation, State funding received for

seniors' programs, and Community Bridges' having been selected to provide the senior nutrition program.

5.2. District 2:

Johannessen reported that he serves as President of Santa Cruz County Bar Association Lawyer Referral Services and encourage Commissioners to attend the Senior Citizens Legal Services Fundraiser Gala at the Cocoanut Grove on May 13th. Rivas reported the Watsonville Senior Center and the Meals on Wheels program are going well. Rivas plans to meet with Watsonville's Mayor to discuss programs for seniors.

5.3. District 3:

Sones reported that Elderday is open and providing most in-center services for anyone comfortable coming back and bringing in new participants. Sones serves on the IHSS Commission and reminded Commissioners that the pandemic has exacerbated the lack of available IHSS caregivers in Santa Cruz County. Although wages have been increased significantly, housing remains unaffordable at that wage. The County has exerted considerable efforts to attract and retain caregivers. Commissioners are encouraged to consider creative ways to support caregiver recruitment.

5.4. District 4: No Report

5.5. District 5:

Childers reported that Meals on Wheels is serving lunches out of the volunteer center rather than the Live Oak Senior Center. McKibbin and Childers plan to celebrate a local luminary's 99th birthday in Santa Cruz.

6. Senior Legislature Report:

Staff will connect with Clay Kempf to see if a new CSL appointee has been selected. Commission reviewed legislation impacting the senior community and discussed the difficulty getting DME.

7. Staff Report: No Report

8. Adjournment:

Meeting adjourned at 1:19 PM.

Respectfully submitted by: Kaite McGrew, *Commissions Manager*

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County of Santa Cruz
Human Services Department

Emergency Shelter
Management and Operations Plan
2022

DRAFT

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Introduction

Local governments have the primary responsibility for providing care and sheltering for their residents when needed during emergencies. These tasks are led by the departments of human and health services. While the Human Services Department (HSD) is designated as the lead county department responsible for Mass Care and Shelter during emergencies, the American Red Cross (ARC) is a co-partner with local County Disaster Service Worker resources in the delivery of mass care services.

The American Red Cross, to the degree that their resources allow, may provide the hands-on management of shelters, although local government (HSD and Health Services Agency [HSA]) may provide each shelter with staffing at the beginning of the emergency, or to augment ARC volunteer efforts. Housing authorities, planning departments, and public works departments are also critical partners. These agencies are supported by the Operational Areas (OA),¹ which provides cross-functional and inter-jurisdictional communications and manages the flow of mutual aid and resource requests to and from the California Office of Emergency Services (CalOES).

The function of Mass Care and Shelter is to provide relief to people temporarily displaced by natural, technological, or human-caused emergencies or disasters. It may also act to funnel permanently displaced people to the appropriate support programs. This Shelter Management and Operations Plan details the staff deployment plan for Santa Cruz County's planned response for mass care and shelter associated with large-scale disasters. The intent of this plan is to create a framework for responding to a mass care and shelter event within existing statutory obligations and limitations. This plan does not apply to normal day-to-day operations; rather, it focuses on catastrophic events that can generate unique situations.

Legal Requirements for Local Government

California law sets the responsibility for emergency care and shelter at the local level. As per the Health and Safety Code Section 34070–34072,² local government is to “provide or contract with recognized community organizations” to make emergency or temporary shelter available for people made homeless by a natural disaster or other emergency.

California's State Emergency Plan and Standardized Emergency Management System (SEMS) puts local government at the first level of response for meeting the disaster needs of people in its jurisdiction. People seeking care and shelter immediately after a disaster will look first to local government for assistance.

[below, adapted from] *National Disaster Housing Strategy*, January 16, 2009,
Disaster Housing: Sheltering; Shelter Responsibilities and Roles

“Effective shelter operations are based on a clear understanding of responsibilities and roles across all levels of government, non-governmental organizations, and the private sector. These responsibilities and roles should be woven together in a

¹ [in part...] Government Code Section 8605: Each county is designated as an operational area... The governing bodies of each county and of the political subdivisions in the county may organize and structure their operational area. An operational area may be used by the county and the political subdivisions comprising the operational area for the coordination of emergency activities and to serve as a link in the communications system during a state of emergency.

² https://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=24.&title=&part=1.6.&chapter=2.&article=

complimentary manner, starting at the local level and tying in support from the State and Federal levels as appropriate. All involved must fulfill their roles... to provide shelter operations that meet the needs of individuals, households, and communities.

Local Government

Local governments designate an Emergency Manager who has the day-to-day authority and responsibility to work closely with the local government, non-governmental organizations, the private sector, and the State to set requirements, develop plans, and obtain resources for those most likely to need shelter assistance. Emergency Managers should provide guidelines for shelter operations and management, ensure adequate shelter capacity is available, and lay out procedures to ensure close coordination across shelters during a disaster.”

Purpose

The purpose of this plan is to provide the framework for the County of Santa Cruz Human Services Department, with support from countywide Disaster Service Workers (DSWs), to deploy appropriately trained staff to address the mass care, housing, basic health, and human service needs of persons affected by a disaster event. Therefore, this plan provides for the protection of the population from the effects of hazards through the deployment of personnel in support of shelter management and operations.

Scope

The function of Mass Care and Shelter is to provide relief to people temporarily displaced by natural, technological or human-caused emergencies or disasters. This Shelter Management and Operations Plan outlines the Santa Cruz County Operational Area’s planned response for mass care and shelter associated with large-scale disasters. The intent of this plan is to create a framework for responding to a mass care and shelter event within existing statutory obligations and limitations.

Mass Care, Housing, and Human Services ([Essential Support Function/ESF #6](#)),³ details the procedures, responsibilities, and concept of operations for mass care services, response and recovery functions during a potential, imminent, or declared emergency. It provides a structure in which to effectively direct, manage and control the following defined activities:

- **Mass Care:** The provision of shelter, feeding, basic first aid, bulk distribution of needed items and related services (such as support for companion animals) to persons affected by a large-scale incident.
- **Human Services:** The provision of very basic supplemental services to support the personal and/or immediate recovery needs of disaster victims. Attention is focused on more vulnerable persons — persons who because of age, disability, or language (Access and Functional Needs, [AFN], populations) may need additional assistance to benefit from the mass care services described above.
- **Basic Health Services:** The provision of physical and behavioral health services to support the shelter population including first aid, contagious disease monitoring and control, refill of prescription medications, and monitoring of people with chronic health conditions. It also

³ Emergency Support Function (ESF) #6 – Mass Care, Emergency Assistance, Housing, and Human Services coordinates the delivery of Federal mass care, emergency assistance, housing, and human services when local, tribal, and State response and recovery needs exceed their capabilities [FEMA]

includes coordination with neighborhood health clinics and use of the Medical Health Mutual Aid System⁴ to address local shortfalls.

- **Housing:** The provision of short-term emergency housing for persons displaced from their residence because of a disaster incident. Depending on the severity of the incident, disaster housing may take various forms: (a) evacuation center, (b) short-term emergency sheltering, (c) long-term sheltering, (d) interim housing, and (e) permanent housing.

The County of Santa Cruz model for shelter operations is integrated and inclusive. To the maximum extent feasible, people with functional needs will be sheltered with the general population and shelter staff will make efforts to provide reasonable accommodations as defined under the Americans with Disabilities Act⁵ (ADA).

Role of a County Shelter Management Team

It is important for HSD, the Emergency Operations Center (EOC) Care and Shelter Branch and collaborating departments to build a Shelter Management Team. Among other tasks, the Shelter Management Team will be responsible for operating shelters, establishing shelter security, ensuring the availability of adequate care, food, sanitation, and first aid, and selecting and training personnel to perform operational tasks. To fulfill this role the Shelter Management Team will:

- **Designate a County Care and Shelter Coordinator**
This person shall coordinate care and shelter planning and operations for the County. At this time, the EOC Shelter and Care Coordinator fills this role, and they coordinate with the Office of Response, Recovery and Resilience (OR3), who lead the overall emergency response effort for the County.
- **Develop a Memorandum of Understanding with the Red Cross**
A statement of understanding helps to solidify the mutual working partnership between the County and the Red Cross. A Memorandum of Understanding with the Red Cross is being developed for this purpose.
- **Identify and Survey Shelter Facilities**
County staff work with the Red Cross, school districts and other government agencies to compile an up-to-date list of pre-disaster, ADA compliant designated shelters. The shelter sites must be approved by Environmental Health, either through a pre-inspection or inspection when the site opens.
- **Ensure that Facility Agreements are in Place**
Have statements of understanding with designated shelter sites to clarify terms of use. Work with the Red Cross to develop applicable agreements.
- **Train Staff to Operate Disaster Shelters⁶**
Work with the Red Cross to provide government partnership shelter training to County employees who will staff and, especially, manage disaster shelters. In addition to basic Red Cross shelter management course work, training shall also include: County personnel's role as Disaster Service Workers (DSWs), basic California Standardized Emergency Management System (SEMS) where appropriate, the National Incident Management System (NIMS) and the Incident

⁴ https://www.caloes.ca.gov/PlanningPreparednessSite/Documents/California_State_Emergency_Plan_2017.pdf

⁵ ADA Best Practices Tool Kit for State and Local Governments <https://www.ada.gov/pcatoolkit/chap7shelterprog.htm>

⁶ A detailed Training and Exercise Plan is annexed to this plan.

Command System (ICS). All of these are minimum requirements for County of Santa Cruz employees; in particular, for those who will be tasked in emergencies. DSW trainings will be administered from a curriculum developed by a group of Bay Area human services departments, with the HSD Staff Development division as the representative from Santa Cruz County. ICS and NIMS trainings are organized by the County Office of Response, Recovery, and Resilience. Trainings will be carried out as described in this plan's Training and Exercise Annex.

County Profile

The County of Santa Cruz is home to approximately 270,000 people⁷ located along the Monterey Bay. The county covers 445 square miles, and has four cities: Watsonville, Capitola, Santa Cruz, and Scotts Valley. Of the population, 4.4% are under 5 years old, 18.6% are under 18 years old, and 18.3% are over 64 years old. 11.5 % of the population have disabilities. Within the county, there are 106,000 units of housing, with an average household size of 2.7 people per household. The median household income is \$89,986, and 10.7% of the population meets the federal definition of poverty.

Assumptions

Care and shelter personnel must keep these assumptions in mind when planning for disasters.

- **Responsibility for care and shelter belongs to local government.** However, the American Red Cross and Salvation Army, along with other community-based organizations (CBOs) and voluntary organizations, may assist local government as partners in delivering these services.
- In a major disaster, the American Red Cross will require resources from outside the area to be operational. Therefore, the Red Cross may be delayed before assuming a primary care and shelter role or may not be able to assume a primary role at all. The local government is responsible for care and shelter in this case.
- In accordance with SEMS, additional resources and assistance from outside the local jurisdiction shall be available to local government through the Operational Area. However, expect resources to be extremely limited the first few days following a disaster where there has been widespread damage. Local jurisdictions will fare better in the short term by developing their own local resource base.
- In the immediate days after a major disaster, neighborhood organizations and local congregations will emerge to provide care and shelter support independent of local government. Local government will need to coordinate care and shelter services with those groups that emerge spontaneously.
- Some displaced residents will converge on public parks and open spaces as an alternative to using indoor mass care shelters. These evacuees will have needs and expectations for disaster assistance from local government and/or disaster response non-governmental organizations (NGOs).
- Many residents who suffer some structural damage to their home following a major disaster will choose to remain on their property instead of going to a public disaster shelter. Yet, they will still have needs and expectations for disaster assistance from local government and/or disaster response NGOs.
- In addition to opening disaster shelters, jurisdictions will need to open disaster service centers (as a place for local residents to go for disaster assistance).
- Community Based Organizations (CBOs) that provide social services and serve vulnerable

⁷ <https://www.census.gov/quickfacts/fact/table/santacruzcountycalifornia,US/PST045221>

populations will initially be overwhelmed with demands for service but will do everything possible to meet new and emerging community needs. Local government can support this effort by using its Emergency Operations Center to obtain and/or coordinate the resources that CBOs need to sustain operations post-disaster.

- A disaster that occurs while school is in session may require schools to become temporary shelters for their student populations. Either alternative shelters would then be needed for the general population, or coordination between the school and onsite shelter manager will be needed to identify a separate area within the school building so that two separate shelter operations are occurring simultaneously.
- Essential public services will continue during shelter and mass care operations. However, for a major disaster that generates a very large-scale shelter operation, normal activities at schools, community centers, churches and other facilities used as shelter sites may be curtailed.
- During events, Temporary Evacuation Points (TEPs), in person or virtual, may be opened to help with the dissemination of critical event related information with limited traditional shelter resources. In-person TEPs would be physical locations with staff, and would allow people to get information about evacuations, shelter resources, and other related questions. Virtual TEPs would fulfil the same role, but would be operated as call centers. It is important to note that TEPs are *not* the same as congregate shelters. They may be operated in lieu of a congregate shelter in small scale events, or may support shelter operations in large scale events.

Staff Deployment Plan

In order to be properly prepared to exercise their role in disaster sheltering, Executive Management and Mid-management personnel at HSD and HSA should read and familiarize themselves with the contents of this entire plan. Additionally, they should take the training(s) associated with shelter management and operations as outlined in the County Human Services Department Emergency Shelter Plan's Training and Exercise Guidelines (annexed to this plan).

This plan details the roles to be filled and the responsibilities to be carried out by trained staff as detailed in the Job Action Sheets (annexed to this plan).

Minimum Shelter Staffing — The Red Cross recommends a minimum of 6 staff per 100 shelter residents for overnight shelter sites. At the very minimum, regardless of the number of residents, shelter staff should consist of one Shelter Manager, one nurse and four support staff (Assistant Manager, Feeding, Registration, Dormitory). For Temporary Evacuation Points two shelter staff and one Health Services staff member should be on site.

Staff Positions to be Deployed

The following staff are typically needed to open and operate a shelter:

- Shelter Manager
- Assistant Shelter Manager (Shelter Supervisor)
- Registration
- Feeding Supervisor
- Feeding
- Dormitory Supervisor
- Dormitory

- Logistics
- Unsolicited donation
- Health Services
- Mental Health
- Environmental Health (initial site inspection)

Maintain a Shelter Disaster Service Worker Staff Roster

County emergency management personnel and HSD’s Department Operations Center (DOC)/EOC Care and Shelter support staff shall maintain a roster of County employees, volunteers, and support personnel who are trained as shelter managers. Specifically, they will be trained, at a minimum, in the standard Red Cross shelter management model. All shelter trained employees should be tracked, and such data will include the trainings they have completed, their professional credentials if any, and other specialized skills (i.e., translation, sign language capability, etc.). Contact information such as home phone, cell phone, pager and other important information shall be updated annually, or more frequently, as needed.

To ensure that there is adequate County staffing for disaster response (including shelter operations), as well as continuity of operations, all permanent employees are designated as DSW1s, 2s, or 3s. DSW1s hold EOC positions, DSW2s are essential to County department operations or have specialized skills, and DSW3s are all other employees who can be reassigned to emergency response duties. Most shelter staffing will come from DSW3s, while medical staff at shelters will be DSW2s, and Care and Shelter Coordinators will be DSW1s.

Every three-month period, a calendar will be created and provided to each department with each DSW3 selecting or assigned to one week within the three-month period. If an emergency occurs during that assigned week, the DSW3s would be the first DSWs called in. Notification of DSWs and scheduling would be done by the EOC Logistics Personnel Unit. If the activation is due to a larger scale event with prolonged evacuation and sheltering needs, all available County DSW3s will be integrated into operational support.

Staffing Chart

Shelter Staffing Chart			
Staffing per Shift (Based on number of residents)	# of Workers	Scaling Factor Per Population	Notes
Shelter Manager	1	1 per shelter	
Assistant Manager Shelter Supervisor		1 per 50 residents, or as needed	In shelters of less than 50, can take on the logistics role
Client Registration	2	1 per 50 residents	May be assigned other duties according to situation
Dormitory Dormitory Supervisor	1	1 per 50 residents	May be assigned other duties according to situation
Feeding	1	1 per 50 residents	May be assigned other duties according to situation

Logistics	1	1 per 100 residents	
Public Health Nurse	1	1 per 100 residents	
Behavioral Health Worker	1	1 per 100 residents	Does not need to be on site at all times, just available

Important Note: Depending on the size of the disaster and the number of staff available, some shelter staff may cover more than one function until additional staffing becomes available. While in some instances, one or more persons may perform multiple functions within the shelter management operation, it is important to remember that significant functions must be covered by competent staff and these functions cannot be neglected.

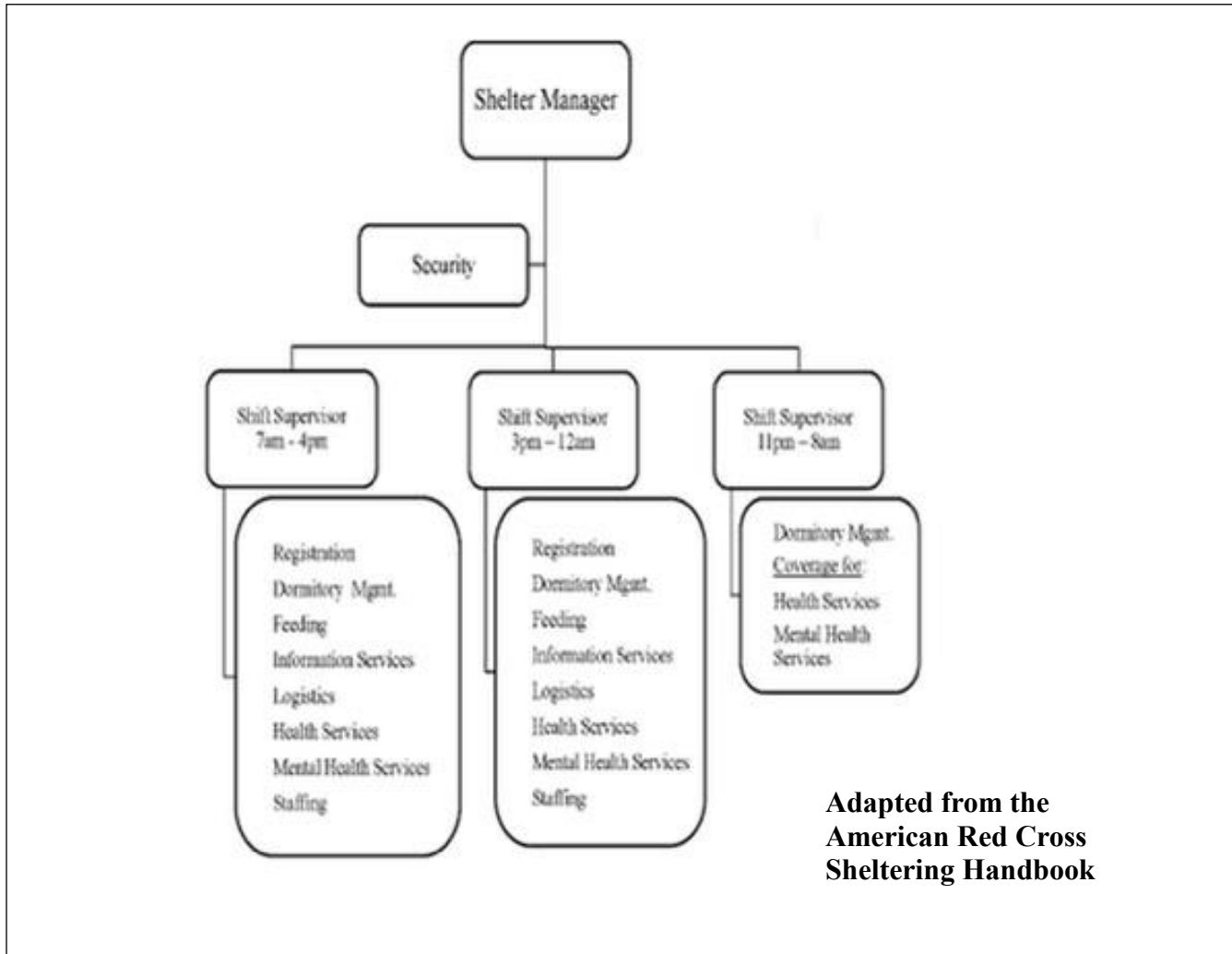
Deployment will always be relative to the scale of the need for Mass Care and Shelter during emergencies. The number of staff deployed as noted in this plan is in relation to the number of residents who require these services. The level of staffing recommended in this plan complies with Red Cross documents and is also based on guidance from the Federal Emergency Management Agency (FEMA), and the San Francisco Department of Emergency Management.⁸

The FEMA/ARC Shelter Field Guide notes: “[s]taffing levels and scaling factors are guidelines. Staffing for each shelter is situational dependent. Additional staff may be necessary based on the demographics and needs of the shelter residents. Examples of additional staff might include security personnel, janitorial services and staff for children’s areas.”

⁸ Shelter Field Guide FEMA P-785

Managing Multiple Shifts

The following chart is adapted from the Red Cross Sheltering Handbook: Disaster Services (2012)⁹ and it shows the shelter positions to be filled around the clock. Note that shifts have a slight overlap to facilitate handoff and debriefing for incoming shift personnel.



Personnel Resources

Primary

- Shelter Managers
- Health Services Nurses
- Behavioral Health Staff

⁹ <http://crocog.org/wp-content/uploads/2017/12/American-Red-Cross-Sheltering-Handbook.pdf>

Supporting

- Animal Services
- Health Inspectors
- Communication Services
- Interpreters/Translators
- Building Inspectors
- Janitorial/Maintenance
- Caseworkers
- Personal Care Assistants
- Childcare Workers
- Security
- Disaster Rapid Assessment Teams¹⁰
- Vulnerable Adult Shelter Assessment Teams

Concept of Operations

General Concepts

Mass Care, Housing, and Human Services plan(s) will be utilized by the County of Santa Cruz in coordination with the American Red Cross and supporting departments during any disaster event that requires county mass care, housing, and human services support.

Procedures pertaining to this function are in compliance with FEMA, the National Incident Management System, California's Standardized Emergency Management System and the Incident Command System. Material used in the deployment section of this plan follows guidance and best practices detailed in FEMA/NIMS documents as well as those from local and other county government emergency management publications.

Notification

Given an event that requires some level of anticipated or actual care and shelter response within the County of Santa Cruz, the Human Services Department, in coordination with American Red Cross, will determine the activation needs for Mass Care and Shelter (ESF #6).

Notification will then be issued to all relevant supporting partner organizations, and to any additional departments, or community organizations as needed. Notification will be issued through the most appropriate communications equipment for the event requirements. Notification will detail event information, reporting instructions and any relevant coordination information. Upon notification of an event HSD will begin planning efforts to include:

- Defining the extent of required mass care and shelter support
- Identifying potential response/resource requirements and needs
- Placing relevant personnel on standby
- Determining Care and Shelter EOC/DOC-level branch staffing requirements

¹⁰ Disaster Rapid Assessment Team: A DRAT is a designated unit of volunteer and County of Santa Cruz health care professionals, trained to operate in a disaster situation as a coordinated team to assess potential/current shelters for the need of medical resources. The intent and purpose of the DRAT will be to provide health intelligence for the Emergency Medical Services (EMS) DOC regarding the need for medical staff, supplies and care at shelters that have been established or spontaneously opened during an evacuation event. (Operational Area Emergency Operations Plan 9/2018 Unified San Diego County Emergency Services Organization and County of San Diego)

Activation

Mass care and shelter activities may be activated by HSD leadership¹¹ or EOC Command Staff when an event affecting the County of Santa Cruz with care and shelter implications is anticipated or has occurred. The level of activation is determined according to the requirements of the event.

If the determination is made to activate the HSD DOC/EOC Care and Shelter Branch, notification to the following departments and community partners may be necessary:

- American Red Cross
- Health Services Agency
- Animal Services
- General Services
- County Office of Education
- The Salvation Army

Activation is based on the size and scope of the event.

Level 1 – Limited or No Department Operations Center/EOC activation: Temporary Evacuation Point or Short-Term Shelter

This level assumes a minor or limited emergency that has displaced enough residents to require the opening of a temporary evacuation facility or short-term shelter. In this case, the response coordination is handled in the field.

Level 2 – Partial DOC activation:

Temporary Evacuation Points / Multiple Shelters

A more moderate emergency is characterized by a shorter duration or time-bound displacement of a larger number of persons, animals and/or the need for multiple shelters or services. Additional partner organizations (ARC and others) are asked to be represented in the response. Depending on the event scope, a DOC may be established in the field to manage mass care and shelter activities, or the pre-designated HSD DOC location may be partially activated.

Level 3 – Full DOC/EOC activation:

Sustained Mass Care and Shelter Response

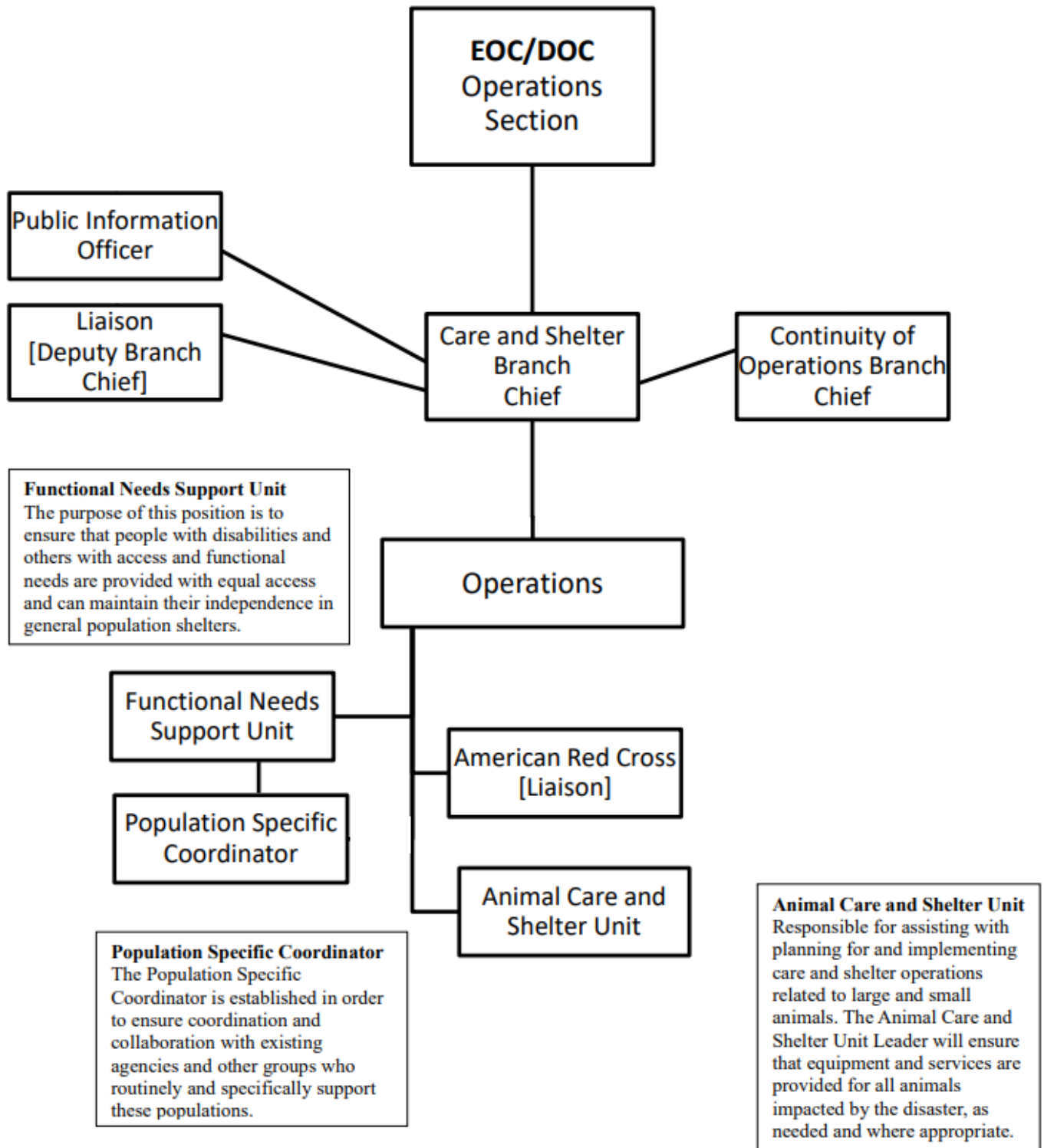
This level is due to a major emergency that requires a sustained care and shelter response that could involve the opening of mass care facilities throughout the county for an extended period. An event of this scale is large enough to require the coordination of numerous resources and information among multiple care and shelter partners. The HSD DOC and County EOC would be fully operational.

Response Actions: Care and Shelter Branch

The following organizational chart indicates the structure, as well as positions and functions, of the Care and Shelter Branch when it is established within the Operations Section of the County of Santa Cruz Emergency Operations Center during evacuation emergencies. It should be noted that the positions are filled on an “as needed” basis depending on the extent of the emergency and availability of staffing. It is also to be noted that one person may fulfill multiple Care and Shelter Branch functions until additional support is obtained.

¹¹ County and HSD personnel with the authority to activate the plan include the OR3 Director, OR3 Senior Analyst, CAO, Assistant CAO, HSD Assistant Deputy Director and the HSD Department Director.

Care and Shelter Branch Organization Chart



Establish the EOC Care and Shelter Branch

To meet the mass care and shelter needs of disaster victims, achievement of the following objectives is necessary within the Care and Shelter Branch.

- Staff the Care and Shelter Branch of the EOC Operations Section
- Review preliminary incident data
- Determine the staffing needed for the required level of activation
- Notify the relevant care and shelter partner organizations
- Provide representation at the EOC in person or virtual
- Given a large event, prepare personnel shift schedules based on EOC defined operational periods at least three (3) days out (both DOC/EOC and field personnel)

Gather and Analyze Information

- Based on the level of care and shelter needs involved, develop an initial plan for providing services. Include the following considerations:
 - Estimated number of people requiring shelter support
 - Typically, 10% of total evacuated is used as estimate
 - Estimated number of people requiring feeding and/or food and water distribution support
 - Neighborhoods with significant numbers of displaced households
 - The number, location and sequence of service sites or shelters to be opened
 - Identify where pet shelters can be co-located with public shelter sites
 - Identify suitable locations for large animal/equine shelters
 - Designate lead agencies for each site, usually either ARC or Santa Cruz County HSD
 - Determine the availability of partner agency resources (facilities, personnel, supplies and equipment)
- Determine the number of ARC, HSD and other County Disaster Service Workers available for assignment to support sheltering activities
- Identify expected resource shortfalls
- Discover where spontaneous shelters may have opened and decide whether to support or consolidate them. Generally, consolidation is preferable.
- Provide the mass care and shelter partners in the EOC with regular situation status updates

Obtain and Deploy Resources

- Begin to implement service plan
- Mobilize care and shelter personnel and resources from partner agencies
- Work with the Red Cross to ensure that qualified shelter management teams are identified for each site
- Request supplies, equipment and specialized services through the following:
 - Supporting departments or partners (from inventory or through a vendor)
 - The EOC (or, through another County of Santa Cruz department and/or through the EOC Logistics Section)
 - State and federal agencies (via the EOC Logistics Section).

Coordinate Response

- Open shelter and/or other service delivery sites
 - Instructions and detailed job descriptions are included in shelter kits and Job Action Sheets (Annexed to this plan)

- Ensure that all Care and Shelter Managers are provided with communication equipment (cell phone, handheld radio) for required coordination with the HSD DOC and EOC Care and Shelter Branch (or ARC command)
 - Ideally, the shelter should have communication equipment ready when it opens
- Get feeding and hydration services started at shelters as soon as possible and build up the provision of other basic services:
 - Emergency first aid (physical health support)
 - Mental health support
 - Support with access and functional needs
 - Security
 - Environmental health inspections
- Communication: Ensure that representatives at the EOC are provided with timely information regarding the opening and closing of shelters to facilitate the release of public information regarding which shelters are open and their locations
- Expand current sheltering and field response capacity as needed, including at spontaneous evacuation sites
- Develop feeding capacity and response
- Based on demand, setup bulk distribution points, outside of the shelter system, for potable water, food, ice, clothing, sanitary items and other basic life sustaining supplies

Monitor, Track, and Inform

- Monitor overall implementation of the service delivery plan
- Ensure all shelter sites report current situation status on a daily basis to EOC Care and Shelter Branch (at a minimum):
 - Number of beds currently occupied
 - Number of beds currently available
 - Number of new registrations in the last 24 hours
 - Number of meals fed in the last 24 hours
 - Number of snacks and water served in last 24 hours
 - Number of personal care items provided in last 24 hours
 - Number of Health services contacts in last 24 hours (from HSA)
 - Number of Mental Health contacts provided in last 24 hours (from HSA)
 - Communicable Disease Surveillance for Congregate Living Form (from HSA)
- Receive and respond to resource and information requests from shelter(s) and field sites
- Identify potential breakdowns in coordination and support and intervene accordingly
- Provide ongoing situation status reports to the EOC on care and shelter status
- Conduct periodic staff briefings to:
 - Identify and resolve issues
 - Update situation information
 - Revise service delivery plan
 - Determine future needs
 - Monitor for staff “burn out”

Deactivation

Mass care and shelter activities will be deactivated when the need has either diminished or ceased. Shelter functions may be deactivated or scaled back at the discretion of the HSD Director, HSD DOC Operations Section Chief, EOC Manager, or EOC Care and Shelter Branch Leader, as appropriate. Deactivation/closure will be posted at least 24 hours prior to the closure.

Documents generated during the event must be kept in accordance with County retention policies. When possible, paper documents should be digitized, and stored electronically.

After the decision to deactivate has been determined, the following activities may be necessary:

- Prepare documents for financial reimbursement to EOC Care and Shelter Branch or EOC Finance Section
- Provide deactivation information to all involved supporting departments
- Inventory, sanitize/clean, return, or properly dispose of remaining sheltering and feeding supplies and assets used in the response
- Issue a final status report to the EOC Operations Section Chief
- Coordinate deactivation with the Operations Section Chief to include staff release, equipment returns, and inventory
- Ensure that a debrief is held between key staff, volunteers, and involved County departments
- Continue ongoing efforts for reunification as necessary

Mass Care Operations

Mass care operations are divided into 3 areas:

- Establish shelter operations, including staffing and equipping shelters and sheltering pets, large animals, and service/support animals of displaced owners. This also includes meeting the access and functional needs of persons in shelters.
- Establish feeding operations, including the preparation and distribution of food.
- Establish and conduct bulk distribution operations to support persons outside of disaster shelters (such as individuals sheltering in place at home or at outdoor sites).

Initial Activities

Typically, the decision to open a shelter is made jointly by responding entities in the field, the EOC Command Staff and the HSD Care and Shelter Branch. Shelter sites will initially be selected from the county's shelter database based on the assumption that the public will want to be sheltered close to their own neighborhood(s) and, if it is safe to do so based on the disaster event. Once a site is selected, the shelter will normally be opened by the County (either EOC Care and Shelter, or HSD). ARC may support the shelter or open it initially if there are sufficient resources locally.

Following a major disaster that displaces a large segment of the residents, ARC may not initially have adequate local resources to operate all the sites that may be required. Until they are able to mobilize their national response system (normally, within 3–5 days), HSD personnel will supplement their capability by staffing and managing the necessary service sites. HSD will deploy trained staff including county Disaster Service Workers and mutual aid resources if necessary. Once the American Red Cross

national disaster response program is fully mobilized, the ARC may assume the lead role for most shelter management functions, and HSD will transition to a supporting role.¹²

Shelter Operations

In order to ensure consistent service delivery and a smooth transition in shelter management, County of Santa Cruz personnel working in shelters will follow mass care standards as set forth by ARC training and procedures documents (such as the ARC Shelter Operations Participant Workbook). In some cases, County shelter procedures will differ slightly from ARC procedures; in this case, the County and ARC will coordinate to ensure a smooth transition between the agencies. Whether shelter sites are open and run through the ARC or County of Santa Cruz personnel, they will be run according to the same set of operating principles and will be jointly supported by both ARC and County of Santa Cruz Operations Centers.

When a shelter site is managed by the ARC, County personnel working at the site report to the Care and Shelter Branch but should follow the direction of the on-site shelter manager. When a shelter site is managed by the County, ARC personnel working at the site report to their ARC supervisor but should follow the direction of the on-site shelter manager. Extensive and on-going communication is required between the local ARC operations and the Care and Shelter Branch within the EOC to ensure coordinated support for shelter operations and to avoid duplication when ordering resources.

If ARC is managing a shelter or if the site is being operated under the auspices of the ARC (e.g., using ARC trained shelter management staff), then the site is considered an “ARC shelter site” and ARC assumes both the liability and cost of the operation. Moreover, the main resource supply stream will come through ARC. ARC will do a pre-occupancy inspection of the facility with the Facility Coordinator before it is turned over for ARC use.

Based on the pre-occupancy inspection and a Shelter Agreement between the facility and ARC, reimbursement for facility damage will be honored by the Red Cross. Once facilities are open, ARC and County of Santa Cruz personnel will support the operation as follows:

American Red Cross Support

- Shelter managers and operations staff
- Health support (limited to basic emergency first aid and given available disaster health service resources)
- Mental health support (given available disaster mental health service resources)
- Food, snack and beverage service
- Operational supplies (cots and blankets, comfort kits/toiletries, signage, etc.)
- Assumes the liability and cost for the operation (for ARC-managed sites)

County of Santa Cruz Support

- Shelter managers and operations staff (if ARC personnel are not available)

¹² The County’s responsibility is to support ARC in opening and maintaining shelter operations. However, if ARC is unable to open and staff a shelter, it then becomes HSD’s responsibility to provide the care and shelter function.

- Access to public facilities/sites for use as shelters or other service delivery functions (Parks, County owned sites)
- Assistance with staffing or managing shelters, based on previous training and generally done in a support role to ARC (DSWs)
- Support with medical and behavioral health services (HSA and non-governmental organizations [NGOs])
- Site security and traffic control (law enforcement, Sheriff’s Department or contracted security agencies)
- Sanitation facilities (portable toilets, showers, hand washing stations, including ADA sanitation facilities)
- Support with more vulnerable persons — children, seniors, people with access and functional needs, persons with chronic conditions and persons who are medically fragile
- Vehicles for evacuation and transportation to shelters, including paratransit
- Housing relocation assistance for shelter residents (HSD, NGOs)
- Care of pets brought to shelters and accommodations for service/animals (Santa Cruz County Animal Shelter, NGOs)
- Care of large pets and livestock animals that cannot be accommodated at shelters
- Communications support (information technology/Information Services Department)
- Emergency drinking water
- Provision of safety supplies (masks, gloves, thermometers)
- Tents/partitions if needed for a congregate/non-congregate hybrid model
- Medical teams including personnel specializing in mental health, public health, and environmental health

Shelter Site Management Support

Disasters that displace a limited number of people and require only a few shelters (2–3) that are only open for a few days are generally managed through a partner agency, like ARC. These types of shelters may not require extensive staff deployment for the site management support system.

Shelter Site Support Team

When a large disaster occurs that requires many shelters, some staying open for several weeks, it would be beneficial to deploy an established site management support system. The support system may involve establishing roving Shelter Site Support Teams composed of experienced Red Cross and trained Human Services Department staff. If multiple shelter site Support Teams are developed, each team can serve a designated set of shelter sites.

The primary role of a Shelter Site Support Team is to go onsite and help less experienced shelter managers to resolve service delivery or operational problems. The Support Team can provide on-the-job mentoring (and “Just in Time Training”) that first-time shelter managers may need to feel fully confident in their role.

Shelter Site Support Teams are encouraged to assess how the shelter is currently running and then work with the Shelter Manager if any operational adjustments are needed. Fast establishment of the shelter support system is especially important when a significant number of first-time Shelter Managers are assigned due to the lack of experienced shelter management staff.

Shelter Supply System

Logistical support requirements for smaller sheltering events can generally be resolved at the local level. Resources to support operations may come from partner organizations or through pre-identified local vendors and service providers, and from pre-deployed caches of supplies.

Between the combined resources of ARC and County of Santa Cruz, there are enough stored supplies to get at least one large shelter up and running during the first 24 to 48 hours following a large earthquake event.¹³

ARC/HSD Shelter Trailers in Santa Cruz

The American Red Cross has four (4) emergency shelter trailers in the County. Each ARC trailer has supplies for approximately 75–100 persons. ARC on-site staff is pre-trained in shelter operations. Hence, the Red Cross has the capacity to support an additional 300–400 persons in shelters just with local resources. The Red Cross has additional caches of shelter supplies stored in trailers and at warehouse locations throughout the tri-county area.

The Santa Cruz County HSD also has five (5) trailers with pre-staged shelter supplies. These trailers include shelter opening paperwork, cots, and other shelter supplies.

In larger events, where multiple service sites are in operation, shelters, evacuation centers and fixed feeding sites will all require extensive logistical support to meet client and facility needs. Normally the lead agency for a site (generally ARC, but possibly HSD) has the primary responsibility for establishing and operating the logistical support system for the location.

Because of the shared nature of the responsibility to provide care and shelter to displaced persons, HSD and the Red Cross have agreed to share material resources, regardless of which agency is managing a site. The operating assumption is that the Red Cross will provide, at their expense, the resources required for managing an ARC designated site, except in cases where ARC is unable to procure critical resources through their logistical system. Examples of the types of resources that government is normally responsible for providing include the following:

- Public sanitation (portable toilets, hand washing stations and mobile showers, including ADA sanitation resources)
- Public transportation (bus service, paratransit)
- Public safety (site security)

If a critical resource is not available through the Red Cross logistics system because of regional or national shortages, the County of Santa Cruz will, upon request, consider asking for the resource through the state and federal mutual aid systems.

Registration

All clients who arrive at a shelter will be asked to register. When possible, registration should be carried out using the County's "SCC Evacuee" digital tablet-based application. This program will allow shelter

¹³ Other variables that affect the time frame for opening shelters include how quickly building inspections are available to ensure the facility is safe for sheltering (for example, given an earthquake event) and the condition of roadways for the movement of supplies to the site. Moreover, the availability and time required to deploy shelter management teams will also affect the actual opening time.

census information and evacuee information to be shared with the EOC in near real time and will lead to quicker resolutions for missing persons inquiries from law enforcement. Since access to the SCC Evacuee database requires both power and connectivity to the internet, there may be situations in which data entry must be done either on locally stored spreadsheets (if there is no internet connectivity), or on paper forms (if there is no power).

Eligibility for Shelters

During the registration of shelter clients, there will be an initial screening for eligibility to use the shelter program based on the impacted evacuation zones. In general, clients' addresses will be used to determine their eligibility. If their home is within an area affected by the disaster or emergency, or they are unable to return to their home because of the disaster or emergency, they are eligible for the shelter program. Shelter workers doing registration should encourage every client to seek shelter with friends or family, go through their insurance to pay for accommodation, or purchase accommodation themselves if they have the means.

No address verification is done during the initial intake to a shelter. However, if the sheltering program lasts seven (7) days or longer, address verification should be required for clients. Some people who try to register at shelters may not have permanent housing. If the area that they were living in was one of those affected by the emergency or disaster, they qualify for the shelter program. Address verification at seven days should be done on a case-by-case basis for unhoused clients as they may not have any documentation for where they were living.

Access and Functional Needs (AFN)

Definition/Overview

Access and Functional Needs (AFN) refers to individuals who are or have:

- Physical, developmental or intellectual disabilities
- Chronic conditions or injuries
- Limited English proficiency
- Older adults
- Children
- Low income, homeless and/or transportation disadvantaged (i.e., dependent on public transit)
- Pregnant persons

Any County operated shelter shall be able to accommodate people with access or functional needs. If people with access and functional needs have care requirements that make congregate shelters less suitable for them, alternative shelter options may be considered. Ensuring AFN access to shelters will happen in the planning stage and during the actual event. Contingency planning for shelters will always include AFN accommodations in accordance with Federal and State regulations, regardless of whether any AFN clients are using the shelter program.

Pre-Event/Preparation

Much of the work that goes into making a shelter suitable for the AFN population happens before an event.

Care and Shelter staff should ensure that any potential shelter sites meet the ADA requirements for accessibility and are suitable to house AFN people during an emergency. Staff should assess the facility for:

- Accessible entrances
- Accessible routes to all services areas
- Adequate number of accessible parking spaces
- Hazards for blind or low vision clients
- Accessible drinking fountains, restrooms, and showers
- Accessible eating areas

A more detailed breakdown of the requirements of an AFN shelter can be found in the ADA Checklist for Emergency Shelters.¹⁴ Because of the dynamic nature of emergencies, it may not always be possible to fully inspect a shelter location before it receives clients. In this case, staff should use the Accessible Shelter Quick Check Survey in the aforementioned document to quickly determine the suitability of the location for AFN sheltering. A more thorough inspection shall be completed as soon as possible.

The County of Santa Cruz will also prepare its staff to meet the needs of AFN clients at shelters through training programs. The basic DSW training, which all staff are required to take, includes a portion on interacting with the AFN population — this includes etiquette, site safety awareness and the practical ways that staff can assist clients to make their stay in a shelter the best it can be.

Outreach prior to an event is also a key component of AFN sheltering. If an evacuation is anticipated within 72 hours, the Public Information Officer (PIO), in communication with Care and Shelter staff, will mobilize to conduct outreach to the AFN population within the impacted area. All outreach should be in both English and Spanish, and should be distributed by call, text, email, or other appropriate means. Outreach may be undertaken as an inter-agency effort and should focus on:

- Sharing information on the possible event
- Encouraging residents to create their own emergency plans
- Identifying anyone who thinks they may need to utilize sheltering resources, or who needs transportation assistance
 - Engaging the County’s In-Home Supportive Services (IHSS) and Adult Protective Services (APS) programs for outreach to their clients in affected areas and identification of clients that will need assistance evacuating
 - Engaging with NGOs (non-governmental organizations) for population specific knowledge and if applicable, identification of clients that will need assistance evacuating (i.e., Elderday).
- Any transportation requests should be noted and passed on to the agency that has been designated for transportation needs, including information about pets /service animals. ParaCruz has agreed to provide AFN transportation services during disasters.

The County PIO and EOC Operation Branch should set up and publicize a call center so that people in the AFN population who did not receive outreach from county agencies can communicate their needs and obtain assistance. The call center should also include staff fluent in Spanish; additional language

¹⁴ <https://www.ada.gov/pcatoolkit/chap7shelterchk.htm>

interpretation services can be provided by several agencies contracted with the Human Services Department. The call center should also have a communication option for people who are deaf or hard of hearing, or speech impaired, such as a telecommunication device for the deaf (TDD/TTY). Calls may also utilize the California Relay Service, a public program mandated by California law that provides basic telephone service to people who have difficulty using telephones.¹⁵

During an Event

During an event, the EOC and HSD DOC should make every effort to support AFN clients in shelters. To this end, A Functional Assessment Service Team (FAST) may be deployed to shelters. FASTs, are another aspect of field support.¹⁶ The teams consist of a group of people with expertise in identifying functional service needs for people with disabilities and older person in shelters. They can go into a shelter and assess a situation that looks complicated and figure out what is needed. Currently, Santa Cruz County does not have a functional assessment service team, so one would need to be requested from a neighboring county or through the mutual aid request process.

Functional service needs within a shelter may include a need for durable medical equipment, prescription medications, assistive listening devices, or specific support services (mental health, personal care assistance, sign language interpretation, etc.).

Site Option for Medically Fragile People

“Medically fragile” is defined as a chronic physical condition resulting in extended dependency on medical care for which daily skilled nursing intervention is necessary. People living in a care facility are best sheltered in place during emergencies if that is possible. However, it may be necessary to transfer them to a like-facility in a safe area. If it is not possible to relocate clients to a like facility, caregivers may evacuate their clients to an established medically fragile shelter. Caregivers will continue to support their clients at the shelter with personnel, special equipment and medications.

- Suggested strategies and support for health care facilities given the need to evacuate their medically fragile resident population include:
 - **Like-Facility Evacuation:** In cases where community residential programs or care facilities need to evacuate, but staff and caregivers want to stay intact, they may evacuate to/setup shelter in another care facility that has extra space.
 - **Alternate Shelter Facility:** Instead of evacuating to a large public shelter, a smaller shelter setting is selected from the shelter database and opened specifically for the evacuating facility.
 - **Temporary Infirmary:** A portion or area within the public disaster shelter can be set aside and designated for the care facility staff and their clientele. The evacuated institution will continue to care for their residents within this designated space.
 - **Medical Needs Shelter:** If the event requires the evacuation of a large number of medically fragile persons from different facilities, care and shelter personnel will work with the Health Services Agency to activate a full-service emergency shelter specifically for medically fragile persons and the evacuating facilities.¹⁷

¹⁵ <https://ddtp.cpuc.ca.gov/default1.aspx?id=1483>

¹⁶ The California Department of Social Services developed the concept of Functional Assistance Service Teams in 2008 to improve shelter conditions and quality for people with disabilities and/or other access and functional needs.

¹⁷ The Health Services Agency will serve as the lead agency in setting up shelters specifically for medically fragile persons. Shelters will be managed through a collaborative effort between HSA and ARC for basic supplies as available (e.g., cots, blankets, comfort kits, meals, etc.).

Non-English-Speaking People

- Provide interpretation and translation assistance at appropriate service delivery sites so that non-English speaking persons can convey needs and receive disaster information, resources and services
- HSD has a list of approved translators

Children Separated from their Parent or Guardian

- Dedicate stand-alone or alternate shelter sites for unaccompanied minors when there is an overflow of minors within the Child Welfare Services' existing shelter/placement network
- Child Welfare Workers and other HSD Family and Children Services staff will run these emergency shelters for unaccompanied children (HSD is responsible for the supervision of unaccompanied minors — ages 17 and under — at disaster shelters)

Contingency Planning for AFN Population

Planning for the AFN population will include contingency planning. This means that all facilities and staff will be able to accommodate the escalation of an event, or another event occurring while sheltering from the first event is ongoing. Notable challenges for the AFN population include:

- Transportation
 - Ensure that there is adequate accessible transportation to move the AFN population and their pets and service animals from a shelter if necessary.
- Facilities that meet ADA requirements
 - The Care and Shelter Branch will designate at least one accessible facility as a backup/contingency shelter location.
- Communications
 - Communications will be established and ongoing between care facilities and the Care and Shelter Branch or Medical Health Branch.
 - Work will be undertaken between shelter facilities and the EOC to set up clear lines of communications and conduct pre-event outreach.
- Skilled staffing support
 - Professional medical and care staff can be provided by the County, or by supporting agencies such as the Red Cross.

Feeding

Feeding Operations

As soon as possible, feeding programs need to be established to serve people in shelters and to serve people in affected neighborhoods or at other congregate locations. The scope of feeding program activity is determined by the situation. The EOC Logistics Branch will coordinate the procurement and delivery of food and hydration to shelters.

If the impacts of the incident are limited in scope and the utility systems, restaurant and retail food distribution networks are uninterrupted, the feeding program may be limited to providing meals, snacks and hydration at shelters, or at other service delivery sites.

In smaller shelter operations, the Salvation Army will typically prepare and deliver hot meals to shelters, or meals may be purchased directly from neighborhood commercial entities. However, if the impacts of the disaster are widespread and include utility and private sector food distribution system disruptions, the feeding activity will be extensive and may involve some or all of the following activities:

- Fixed feeding at shelters and other service delivery sites
- Fixed feeding sites located in and around the impacted area in facilities, such as community centers, churches, schools, or at existing NGO congregate meal sites (for persons not in public disaster shelters)
- Mobile feeding — hot food, hydration and snack items — in the impacted area(s)
- Distribution of packaged food (meals), water and possibly some miscellaneous feeding support materials
- Food options for feeding sites that accommodate people with restricted diets (no salt, diabetic, no potassium etc.)
- Distribution of grocery store vouchers, or allotments issued through the Disaster Supplemental Nutrition Assistance Program¹⁸ (will involve coordination with ESF #11¹⁹ at state and federal levels).
- During epidemic related emergencies

Food Source Options

In large, widespread disasters, where the utility, transportation system and other infrastructure are disrupted, feeding programs will initially rely on pre-prepared, packaged meals that are shelf-stable, such as military meals-ready-to-eat (MREs), or commercial products such as “heater meals.” As the utilities are restored, or when emergency field kitchens arrive from outside the area, the feeding program can then shift from packaged meals to freshly prepared hot meals.

- Local options for prepared food when utilities are functional include local restaurants, hotels and other commercial suppliers
- Local non-profit agencies with commercial kitchens:
 - The Salvation Army
 - Meals-on-Wheels (Community Bridges)
 - Teen Kitchen
- Catering companies (where ARC and the County of Santa Cruz have existing agreements or can make new agreements)
- Large institutional kitchens that are affiliated with local government, i.e., County Jails

Feeding options when utilities are disrupted include:

- Meals Ready-to-Eat (MREs) available through CalOES and FEMA (during state and federally declared disasters)
- MREs and Heater Meals are available from the Red Cross (generally 2–3-day shipment time)
- Field kitchens are available through the Salvation Army, Red Cross, and through mutual aid requests to state and federal government (for preparation of hot meals when local kitchens are largely unavailable)

¹⁸ The Disaster Supplemental Nutrition Assistance Program (D-SNAP) gives food assistance to low-income households with food loss or damage caused by a natural disaster. <https://www.disasterassistance.gov/get-assistance/forms-of-assistance/5769>

¹⁹ Emergency Support Function #11 – Agriculture and Natural Resources

Bulk Distribution

Bulk Distribution Operations

Based on the severity of the event, the bulk distribution of emergency relief supplies is another ESF #6 service that can be activated to support disaster victims. Bulk distribution programs are designed to provide disaster victims with access to supplies and materials that are life-sustaining (food and water), or support their recovery (cleanup supplies).

Distribution programs also support the ability of people to continue to shelter-in-place (at home), versus evacuating to shelter sites for basic necessities. The distribution programs may be required when normal retail distribution systems have been disrupted.

The types of items and amounts that may need to be distributed are based on the situation and may include some of the following:

- Shelf stable food (MREs)
- Water (and containers for water)
- Limited amounts of ice (and ice chests)
- Tarps
- Blankets
- Other items might include batteries, first aid items, baby supplies, and pet food

Agencies that normally establish bulk distribution programs following large, declared disasters include the American Red Cross, FEMA and the Salvation Army.

There are other community agencies that have commodity distribution programs which operate on a day-to-day basis. The Second Harvest Food Bank is the hub of an extensive food distribution network in Santa Cruz County.

The County of Santa Cruz bulk distribution program will integrate the distribution programs established by agencies such as the Salvation Army and will supplement their activities and resources when required. For example, the County will support the Food Bank with the resources (i.e., personnel) it needs to significantly expand operations and increase neighborhood food pantry distribution efforts.

Community Points of Distribution

Depending on the scope of damage and the areas of the county most heavily impacted, additional fixed distribution points at strategic locations may need to be established either close to, or inside, the impacted area(s) where the public can come to receive food and water. The Federal Emergency Management Agency defines these sites as Points of Distribution (PODs)²⁰ or C-PODS (Community) sites — temporary local facilities at which commodities are distributed directly to disaster victims.

C-PODS will distribute the commodities that FEMA and other relief entities provide to the local jurisdiction. Staffing of C-POD sites will be coordinated with State partners to ensure the presence of security at C-POD sites. The Shelter Database contains a list of locations that can be utilized as POD or bulk distribution sites. C-POD sites generally have these characteristics:

²⁰ “Disaster Logistics Point of Distribution Manual: Bay Area UASI — provides operational guidance to support the distribution of life-sustaining commodities (food and water) to the public following a catastrophic incident.

http://www.bayareauasi.org/sites/default/files/resources/Bay%20Area%20POD%20Manual_February%202014.pdf

- Easy access to major streets
- Large open paved area(s) to park trucks or semi-trailers and to off-load supplies
- Traffic flow in and out of the site
- Potential for indoor storage

Mobile Supply Distribution

Mobile supply distribution allows for trucks to roam impacted areas and hand out items off the truck. This allows relief supplies to reach people who lack the ability to come to fixed distribution points. It provides the opportunity to exercise control over who accesses the materials because mobile supply distribution will target the worst impacted neighborhoods. In situations where some neighborhoods are impacted by the disaster and others are not, fixed distribution sites can make it difficult to control who accesses the supplies. The bulk distribution program should be scaled back or discontinued once access to normal retail outlets and utilities are restored and roads reopened so as not to inhibit the economic recovery of the private sector.

Family Reunification

It is important for shelters to have communications such as internet (Wi-Fi) service and television for updates on the status of the ongoing emergency via public announcements and for shelter residents to be able to communicate with family and friends regarding their needs and status. Television (cable, DVD) service also provides entertainment for young children.

Internet service also allows for the use of the American Red Cross family reunification infrastructure that is setup to handle inquiries from family members, friends, and employers who want information on the status of those in the affected area who cannot be located or contacted by the standard means of communication.

Persons affected by the disaster may register their well-being by calling the Red Cross at 1-800-733-2767.

Family and friends can logon and search for registered individuals to learn of their whereabouts and safety status. Registration may be offered at shelters, bulk distribution sites and emergency aid stations. Various social media and other internet-based bulletin boards can be used to search for and find separated family members. In addition to shelter lists and, as part of the reunification process, ESF #6 personnel may coordinate with other EOC Operational support branches to obtain information on missing persons from casualty lists, hospitals, and other ad-hoc disaster victim registration services.

Recovery Support and Housing Assistance

HSD's mass care and shelter personnel will play a role with coordinating post-disaster housing plans and with the delivery of recovery assistance to disaster victims and as people transition out of shelters. Additional support will come from NGOs and in the case of larger events, federal and state agencies will establish various assistance programs. Following is a brief summary of individual assistance programs that become available following a federally declared disaster. The primary role of mass care and shelter personnel is to ensure local access to recovery programs and related application process information.

Temporary or Interim Housing

The severity of the event and the availability of other/interim housing for shelter residents will dictate when shelter operations can conclude. Shelters, in most instances, will generally not be open for more than a week. Shelter populations typically tend to peak by the seventh day as shelter residents who can afford other housing or have family or friends with whom they can stay, will leave the shelter as soon as arrangements can be made.

Remaining shelter residents are frequently persons with fewer resources who need more assistance. If multiple shelters are in operation following a large event, the process of consolidating and/or closing operations will be a function of how quickly replacement housing is found.

The following outlines the typical evolution of emergency shelter programs:

1. **First Week** — During the first week of emergency shelter operations, assistance is provided to help shelter residents obtain housing with family, friends or in available commercial facilities.
2. **Transition** — Begin the transition after a week or more from a shorter-term emergency shelter operation to a longer-term sheltering operation. As residents start to depart emergency shelters soon after the event, shelter services can be consolidated into a smaller, more concentrated number of facilities that can sustain longer-term sheltering operations. Vacated shelter facilities are deactivated and returned to their normal use.
3. **Worst Case** — Depending on the length of time necessary — 30, 60, 90 days, or longer — move shelter residents out of long-term shelter facilities once replacement or temporary housing becomes available. In federally declared disaster events, the federal government will be requested to provide temporary housing. The County will work with state and federal authorities on locating temporary and replacement housing. Once rental assistance and temporary housing resources are available, residents can be moved from shelters into interim housing units.

Supporting Vehicles in Shelters

In some cases, displaced residents may prefer to stay in their vehicles instead of in a congregate shelter. Whenever possible, shelter sites and plans should include resources to support people who opt to stay in their vehicles. People staying in their vehicles would still be registered at the shelter and would still be able to access shelter resources. This non-congregate model can reduce the load on congregate accommodations and may reduce the occurrence of transmissible diseases common in congregate shelters.

Considerations when planning for vehicles to be used in shelters includes:

- Number of available parking spaces at shelter
- Does the shelter have hook ups for RVs (water, power, sewage)?
 - If there are limited hook ups, or no hook ups, can mobile services be provided (water refilling and sewage pumping)?
- Are shelter staff available to direct traffic in the parking lot (depending on size of shelter) and register vehicles as they enter?
- Is the parking area enclosed?
- Will additional security be needed for the parking area?

Acronyms

The following acronyms are used in this plan, in emergency management and sheltering operations and in standardized training for emergency and shelter support personnel.

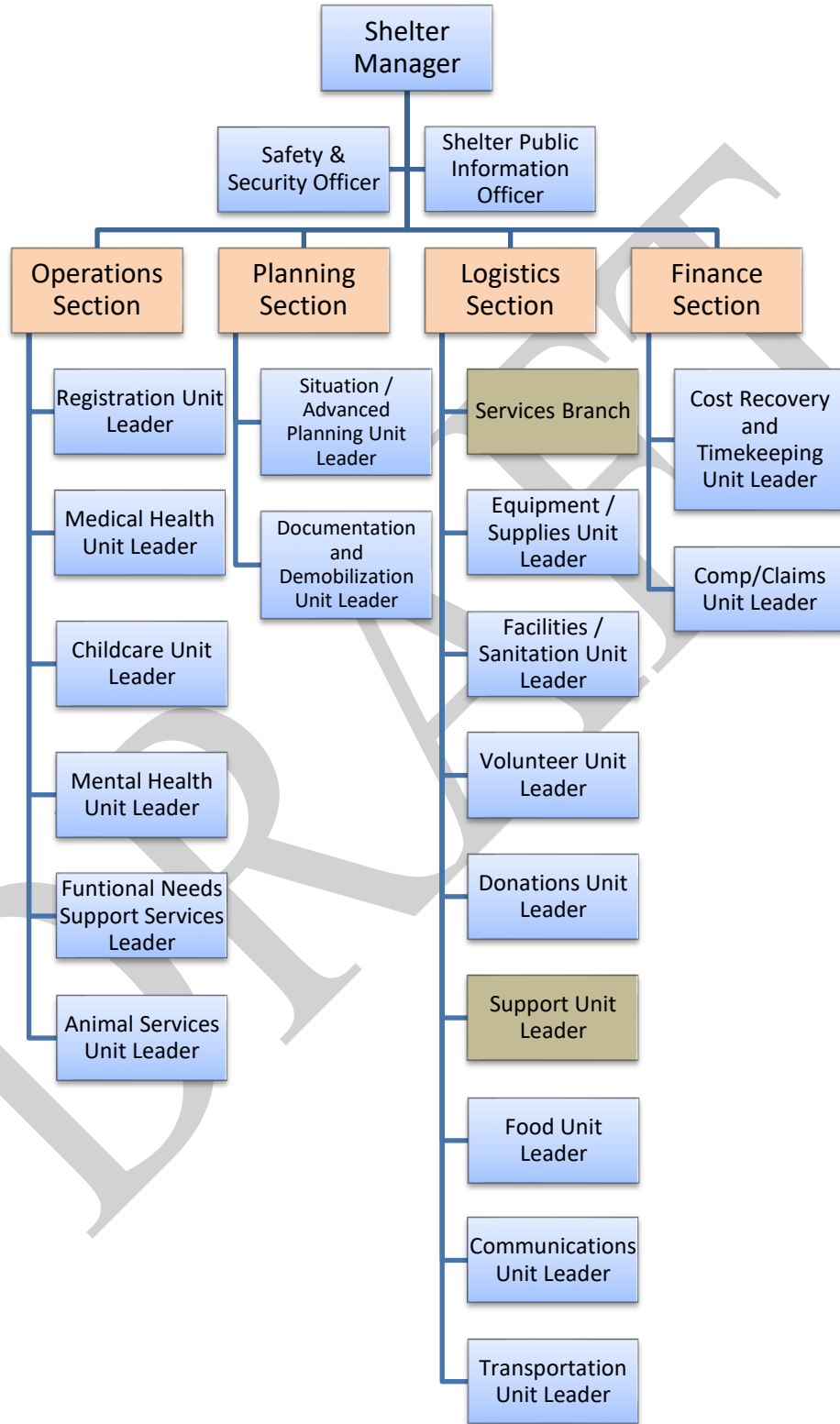
AAR.....	After Action Report	HIPAA.....	Health Insurance Portability and Accountability Act
ADA.....	Americans with Disabilities Act	IC.....	Incident Commander
AES.....	Animal Emergency Shelter	ICS.....	Incident Command System
AFN.....	Access and Functional Needs	JIC.....	Joint Information Center
ARC.....	American Red Cross	MOU.....	Memorandum of Understanding
ARES.....	Amateur Radio Emergency Services	MRC.....	Medical Reserve Corps
CalOES.....	California Governor’s Office of Emergency Services	MRE.....	Meals Ready-to-Eat
CBO.....	Community Based Organization	NGO.....	Non-Governmental Organization
CDC.....	Centers for Disease Control	NIMS.....	National Incident Management System
CERT.....	Community Emergency Response Team	NRF.....	National Response Framework
COOP.....	Continuity of Operations Plan	NSS.....	National Shelter System
DMAT.....	Disaster Medical Assistance Teams	OA.....	Operational Area
DOC.....	Department Operations Center	OES.....	Office of Emergency Services
DRAT.....	Disaster Rapid Assessment Team	PAS.....	Personal Assistance Services
D-SNAP.....	Disaster Supplemental Nutrition Assistance Program	PHN.....	Public Health Nurse
DSS.....	Department of Social Services	PIO.....	Public Information Officer
DSW.....	Disaster Service Worker	POD.....	Point of Distribution
EA.....	Emergency Assistance	PPE.....	Personal Protective Equipment
EMMA.....	Emergency Managers Mutual Aid	RCFE.....	Residential Care Facility for the Elderly
ESF #6.....	Emergency Support Function #6 — Mass Care, Housing and Human Services	REOC.....	Regional Emergency Operations Center
FEMA.....	Federal Emergency Management Agency	SEMS.....	Standardized Emergency Management System
FNSS.....	Functional Needs Support Services	SNF.....	Skilled Nursing Facility
FTF.....	Feeding Taskforce	SO.....	Safety Officer
HSA.....	Health Services Agency	SOC.....	State Operations Center
		SOP.....	Standard Operating Procedure
		TEP.....	Temporary Evacuation Point
		TTY.....	Text Telephone /Teletype Terminal/TeleTYpewrite
		VOAD.....	Volunteer Organizations Active in Disasters

Acknowledgements

- City and County of San Francisco Emergency Support Function #6 — Mass Care, Housing, and Human Services Annex
- A Guide for Local Jurisdictions in Care and Shelter Planning: Alameda County Operational Area Emergency Management Organization. September 2003
- Riverside County Operational Area Mass Care and Shelter Guidance: Task Force
- Annex G — Care and Shelter. Operational Area Emergency Operations Plan. September 2018 Unified San Diego County Emergency Services Organization and County of San Diego
- Alameda County Operational Area Emergency Management Organization. September 2003

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Appendix A: Shelter Management Organization Chart



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Annexes

Training and Exercise Plan

Job Action Sheets

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County of Santa Cruz

IN-HOME SUPPORTIVE SERVICES ADVISORY COMMISSION

18 W. Beach Street, Watsonville, CA 95076
P.O. Box 1300, Santa Cruz, CA 95061
(831) 454-4036 FAX: (831) 763-8906
MICHAEL MOLESKY, CHAIR

SANTA CRUZ COUNTY IHSS ADVISORY COMMISSION'S FINDINGS PURSUANT TO ASSEMBLY BILL 361 AUTHORIZING TELECONFERENCE MEETINGS AS A RESULT OF THE CONTINUING COVID-19 PANDEMIC STATE OF EMERGENCY AND HEALTH OFFICER RECOMMENDATION FOR SOCIAL DISTANCING

WHEREAS, this IHSS Advisory Commission is a legislative body under the Brown Act as defined under Cal. Gov. Code section 54952(b) and Santa Cruz County Code Section 2.38.110; and

WHEREAS, on September 16, 2021, Governor Newsom signed Assembly Bill 361 ("AB 361"), urgency legislation effective immediately, that amended Government Code section 54953 to permit legislative bodies subject to the Brown Act to continue to meet under modified teleconferencing rules provided that they comply with specific requirements set forth in the statute; and,

WHEREAS, pursuant to AB 361 and Cal. Gov. Code section 54953(e)(1)(A), a legislative body may meet under the modified teleconferencing rules during a proclaimed state of emergency, and where local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of State of Emergency in response to the COVID-19 pandemic, and which remains in effect; and

WHEREAS, on September 30, 2021, Santa Cruz County Public Health Officer Dr. Gail Newel strongly recommended that legislative bodies in Santa Cruz County continue to engage in physical/social distancing by meeting via teleconference as allowed by AB 361 and confirmed that she will regularly review and reconsider this recommendation and notify the public when it is no longer recommended; and

WHEREAS, pursuant to AB 361 and Cal. Gov. Code section 54953(e)(3), within 30 days of the date the legislative body first holding a teleconferenced meeting under the modified rules, and every 30 days thereafter, a legislative body can continue to hold such teleconference meetings provided it has reconsidered the circumstances of the state of emergency and determined either that the state of emergency continues to directly impact the ability of the members to meet safely in person or that local officials continue to recommend measures to promote social distancing; and

WHEREAS, on October 22, 2021, the IHSS Advisory Commission held its initial teleconference meeting under AB 361; and

WHEREAS, on August 26, 2022, the IHSS Advisory Commission held a subsequent teleconference meeting under AB 361; and

WHEREAS, the IHSS Advisory Commission has reconsidered the circumstances of the current state of emergency and finds that the COVID-19 pandemic continues to directly impact the ability of members of the public to participate safely in person and further finds that the Santa Cruz County Public Health Officer continues to recommend measures to promote social distancing; and

WHEREAS, in the interest of public health and safety, and due to the emergency caused by the spread of COVID-19, the IHSS Advisory Commission deems it necessary to utilize the modified teleconferencing rules set forth in AB 361;

NOW, THEREFORE, the IHSS Advisory Commission makes the following findings by a majority vote:

Section 1. The foregoing recitals are true and correct, and adopted as findings of the IHSS Advisory Commission.

Section 2. Effective immediately, and for the next 30 days, the IHSS Advisory Commission will meet via teleconference as authorized under AB 361 and Government Code section 54953(e)(3).

Section 3. No later than thirty (30) days from making today's findings, or at the next scheduled meeting, the Commission will reconsider the circumstances of the COVID-19 state of emergency and, if necessary, adopt subsequent findings to continue holding teleconference meetings in accordance with Government Code section 54953(e)(3).

PASSED AND ADOPTED by the IHSS Advisory Commission in Santa Cruz, State of California, this 26th day of August, 2022, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

Chair, IHSS Advisory Commission

ATTEST:

Department Staff

Approved as to Form:

Office of the County Counsel

Medi-Cal General Property Limitations for persons who don't qualify using their Modified Adjusted Gross Income

Medi-Cal does not count property for persons who qualify based on their Modified Adjusted Gross Income (MAGI). You can ask your eligibility worker if you qualify for Medi-Cal using MAGI rules. If you haven't applied, you can apply in one of these ways:

- Through your county department of health and human services. Find your local county office information at <http://dhcs.ca.gov/COL>. Or call the Medi-Cal Helpline at (800) 541-5555.
- Online at www.CoveredCA.com
- By phone at **1-800-300-1506**

This notice explains Medi-Cal **property requirements** for all Medi-Cal applicants and beneficiaries who do **not** qualify using MAGI. These are words to know:

- **Property** includes both **real** property and **personal** property
- **Real** property is land, buildings, mobile homes that are taxed as real property, life estates in real property, mortgages, promissory notes, and deeds of trust
- **Personal** property is any liquid or non-liquid asset. It includes cars, jewelry, stocks, bonds, financial institution accounts, boats, trucks, trailers, etc.
- **Countable** property is real and personal property that is counted to determine eligibility
- **Exempt** or **unavailable** property is real or personal property that is **not** counted to determine eligibility
- **Property reserve** is countable property that is **not** exempt or unavailable
- **Property reserve limits** are the total amounts of countable property allowed

To qualify for Medi-Cal, your total countable property cannot be above these property reserve limits, based on the number of persons whose property is considered:

Number of persons	Property limit
1	\$130,000
2	\$195,000
3	\$260,000
4	\$325,000
5	\$390,000
6	\$455,000
7	\$520,000
8	\$585,000
9	\$650,000
10 or more	\$715,000

Note: When one spouse is in an institution and the other is a community spouse (living at home), an added amount of countable property is allowed. Jewelry of any value is exempt. To learn more, read page 3.

Your countable property must **not** be above the property reserve limit. Any amount over that limit will make you and/or your family **ineligible** for Medi-Cal.

To qualify for Medi-Cal, you may reduce your property to the property reserve limit before the end of the month you apply for Medi-Cal. If you cannot reduce your property limit for a month starting with the month you apply, read **Exception: Principe v. Belshé** on page 5.

Property Exemptions

(Property that is **not** counted for Medi-Cal eligibility)

Real property

- **Principal residence** (property used as a **home**)
 - When an applicant or beneficiary is absent from the home for any reason, including being in an institution, the home stays exempt if the applicant or beneficiary intends to return to it someday.
 - The home also stays exempt if the applicant's or beneficiary's spouse or dependent relative continues to live in it.
 - Money received from the sale of the home can be exempt for 6 months if the money will be used to buy another home.
- **Other real property**
 - Up to \$6,000 of the equity value in non-business real estate (other than the home), mortgages, deeds of trust, or other promissory notes may be exempt.
 - For this exemption, the property must produce a yearly income of 6 percent of the net market value or current face value.
- **Real property used in a business or trade**
 - Real estate used in a trade or business is exempt regardless of its equity and whether it produces income.
 - This exemption includes rental properties in some cases.

Personal property

- **One motor vehicle**
- **Personal property used in a trade or business**
- **Personal effects** including clothing, heirlooms, wedding and engagement rings, and other jewelry
- **Household items**
- **IRAs, KEOGHs, and other work-related pension plans**
 - These funds are exempt if the family member whose name it is in does **not** want Medi-Cal.
 - If a fund is held in the name of a person who wants Medi-Cal and gets principal and interest payments, the balance is unavailable and is **not** counted.
- **Irrevocable burial trusts or irrevocable prepaid burial contracts**
- **One revocable burial fund or revocable prepaid burial contract** with a

value of up to \$1,500 plus accrued interest per person

- **Burial space items**
- **Musical instruments**
- **Recreation items** including TVs, electronics, computers, guns, collections, etc.
- **Livestock, poultry, or crops**
- **Countable property equal to the benefit amount paid under a state-certified, long-term care insurance policy**
- **Life insurance policies**
 - Each person may have life insurance policies with a combined face value of \$1,500 or less.

Property limits for persons who enter or live in long-term care who do not qualify using MAGI

If you are single and live in a long-term care facility:

You must have \$130,000 or less in your property reserve.

If you are married and both of you live in a long-term care facility and neither of you has applied for Medi-Cal before:

- Your separate property plus one-half of the community property must be valued at \$130,000 or less.
- Your spouse not applying for Medi-Cal may keep all of their separate property plus one-half of the community property. You may be able to speed up Medi-Cal eligibility if you and your spouse agree to divide the community property. Before signing this type of agreement, you should get advice from a lawyer who knows about the Medi-Cal program.

If you are married and you are admitted to a long-term care facility:

- If you are expected to stay for at least **30** days in a row and your spouse is living in the community, your spouse may keep a certain amount of the combined community and separate property. This amount is called the Community Spouse Resource Allowance (CSRA).
- The CSRA is figured based on the day you apply for Medi-Cal.
- The CSRA goes up January 1 of each year. You can find it on the Department of Health Care Services website. The 2022 CSRA is \$137,400.
- The institutionalized spouse (spouse in the long-term care facility) may keep up to an added \$130,000 of countable property.
- The CSRA limit may be increased if the community spouse gets a **court order** for their support or a **fair hearing** finds that **both** of these are true:
 - a. A greater amount of property is needed to make enough income to raise the community spouse's income to the minimum monthly maintenance needs allowance (MMMNA).
 - The MMMNA for the year 2022 is \$3,435 per month.
 - The MMMNA is updated yearly and may be found on the Department of Health Care Services website.
 - b. More income is needed due to exceptional circumstances that cause financial hardship.

Note: Because these rules affect how much money a community spouse can keep for purposes of the institutionalized spouse's Medi-Cal eligibility, you may want to consult a legal services program for seniors in your area. Or to learn how the law affects you, consult a lawyer who knows about the Medi-Cal program.

Assessment

An institutionalized person or their spouse can ask for a property assessment even if the institutionalized person is not applying for Medi-Cal. You will need to make an appointment at a county welfare department of health and human services. Find your local county office information at <http://dhcs.ca.gov/COL>.

You will need to give proof of the values of all your real and personal property. This proof may include county tax assessments, checking and savings account statements, court orders, brokerage account statements, life insurance policies, annuity policies, trust account documents, contracts, lease agreements, life estate documents, and/or documents from qualified persons of financial institutions about the values of any real or personal property that you and your spouse own.

Reducing property to within property limits

Before Medi-Cal can be approved for a month, the property reserve must be reduced to an amount at or below the property limit by the end of that month.

Medi-Cal eligibility for a month cannot be approved unless countable property is below the property limit at some time during that calendar month. If you cannot reduce your property to the property limit for a month, starting with the month you apply, read **Exception: Principe v. Belshé** on page 5.

Examples:

- If a Medi-Cal applicant's total non-exempt property is a savings account with a \$200,000 balance in a month, they must reduce the savings account to \$130,000 in that month. A couple must reduce the savings to \$195,000 in that month.
- If an institutionalized spouse and a community spouse have combined property that totals more than the CSRA plus \$130,000 in a month, the couple must reduce the total non-exempt property to at or below the CSRA plus \$130,000 to meet the property requirements. The institutionalized spouse will then have at least **90** days (longer if a court order is needed) to transfer the property in the CSRA to the community spouse. This is to bring the institutionalized spouse to within the \$130,000 property limit for one. The CSRA for 2022 is \$137,400.

Medi-Cal applicants who are **not** in an institution can reduce their non-exempt property to the limit in any way they choose within the calendar month for which they want Medi-Cal. Medi-Cal may require proof of the property reduction.

These applicants will **not** be ineligible due to a non-exempt property transfer for less than fair market value (FMV), unless they go into an institution within 30 months of the MC Information Notice 007 (Revision 07/22)

date they transfer the property.

A transfer of non-exempt property for less than FMV is a change in the ownership of the property by giving away, selling, or otherwise exchanging it for less than the property is worth.

Important: If you are applying as an institutionalized person, or a person who may be institutionalized within 30 months of the date of a transfer, and you transfer non-exempt property for less than FMV, you may have a period of ineligibility for nursing facility level of care under Medi-Cal. These are ways to reduce that period of ineligibility:

- Pay medical bills
- Buy furnishings for the home
- Pay on the home mortgage
- Buy clothes
- Make repairs to the home
- Pay off your auto loan
- Pay off other debts
- Start liquidating (cashing in) non-liquid assets, for example by getting the cash surrender value on non-exempt life insurance policies or listing property for sale with qualified broker
- Borrow against excess property to cover the cost of medical care or ask the medical provider to place a lien against the property to cover the cost of the care

Exception: Principe v. Belshé

Persons who could not reduce their excess property during the application month or a later month during the application process may **spend down** their property retroactively (afterward) by paying qualified medical expenses. These can be from any month but must be unpaid in the month you were above the property limit for that month. Eligibility will be granted, if you otherwise qualify, **after** you use the excess property to pay those qualified medical expenses and show the county proof of the payment.

Transfer of exempt property

The transfer of exempt (not counted) property at any time will **not** cause a period of ineligibility, as long as the property would have been considered exempt at the time of the transfer. This includes a transfer of property used as a home or former home. The money received from the sale of a home **will** be counted as property unless the money is to be used to buy another home within 6 months. Any money received from the sale of other exempt assets will be counted as property.

Transfer of non-exempt property

An institutionalized applicant or Medi-Cal beneficiary who is institutionalized within 30 months of the date of the transfer **may** be ineligible due to a transfer of non-exempt property for less than FMV.

Non-exempt property can be transferred without causing a period of ineligibility if the property is transferred to:

- The spouse (or to another for the sole benefit of the spouse), **or** to
- A child of the institutionalized individual who is blind or permanently and totally disabled, **or**
- The property was intended to be transferred at FMV for something of equal value, **or**
- The property was not transferred to establish Medi-Cal eligibility, **or**
- A period of ineligibility for nursing facility level of care would cause an undue hardship.

A transfer of the non-exempt former home to someone listed in the next section or the transfer of exempt property to anyone will **not** result in a period of ineligibility for nursing facility level of care if the property was given away, sold, or otherwise exchanged at less than FMV.

If the non-exempt former home is transferred for less than FMV to other persons, or non-exempt property is transferred for less than FMV, the transfer may result in a period of ineligibility for nursing facility level of care for 1 to 30 months.

This period of ineligibility is based on the uncompensated value of the property (dollar amount of compensation not received) divided by the statewide average rate for privately paid nursing facility care. The statewide average private pay rate for the year 2022 is \$10,933 per month.

Example:

An institutionalized person reduces property by transferring \$33,000 in excess property to a child as a gift. Because the person got nothing of fair market value in return for the gift, they would **not** qualify for nursing facility level of care. If the statewide average monthly rate for privately paid nursing care is \$11,000, the person would be ineligible for nursing facility level of care for three months, starting the month of the transfer. This is \$33,000 divided by the \$11,000 average private pay rate. The person will still qualify for all other Medi-Cal services.

Transfer of a non-exempt former home by an institutionalized person that does not result in a period of ineligibility

Transfer of the exempt home does not cause a period of ineligibility. Transfer of a non-exempt former home also won't cause a period of ineligibility if the title of the home is transferred to:

- The spouse, **or**
- A child younger than 21, **or**
- A child, regardless of age, who is blind or totally and permanently disabled, **or**
- A child not listed above who lived in the home for the two years just before the institutionalized person's admission date and who provided care that allowed that person to live at home rather than in the institution or facility, **or**
- A sibling who has equity interest in the home and who lived in the home for

one year, the year just before the date the institutionalized person was admitted to the facility or institution.

The county must determine if undue hardship exists **before** it sets a period of ineligibility for nursing facility level care. When a transfer causes a period of ineligibility, the ineligible person has the right to ask for an appeal through fair hearing. The appeal form is on the back of the Notice of Action that ends, denies, or restricts eligibility.