



Shelter from the (Fire) Storm: Sonoma County's Experience

ABSTRACT

In 2017, the Tubbs Fire burned through sections of Sonoma, Napa, and Lake Counties, California (CA). Two years later, the Kincade Fire struck Sonoma County. Oscar Chavez, the Assistant Director of Sonoma County's Department of Human Services, shared how lessons were incorporated between the fires from a mass sheltering perspective.

■ John Hick (JH)

Please tell us about your role and jurisdiction. How have things changed since you started?

■ Oscar Chavez (OC)

I'm the Assistant Director for the Sonoma County Department of Human Services. This department is housed separately from our health department. I oversee our planning, research and evaluation functions, and on behalf of the department, I lead a county-sponsored initiative called "Upstream Investments" whose goal is to advance prevention-focused strategies and services aimed at mitigating costly downstream problems. We work with different sectors to address complex issues in our community, including closing the early learning education gap, poverty, violence prevention, and homelessness. Our work in emergency response drastically changed as a result of the Tubbs Fire in 2017. Since then, our role in disaster preparedness, care and shelter management and supporting our county's emergency operations has significantly increased over the past three years.

■ JH

How did your role change after the fire?

■ OC

The primary responsibility of our department is to support mass care and shelter operations for the county during times of disasters. Prior to the Tubbs Fire, if there was a flood, for example, we would deploy staff to support shelter activities, but not to the same scale. In contrast, the response to the Tubbs Fire required our department to deploy hundreds of staff to support shelter operations, contact at-risk In-Home Supportive Services recipients, staff the county's Emergency Operation Center (EOC) and coordinate 24/7 communication and scheduling to support and provide staff to the 40+ shelters that were activated during the fires. Combined, the shelters housed and supported over 4,000 evacuees. As a department we have started to incorporate disaster preparedness as part of our ongoing strategic planning and are looking at ways to better support and mitigate the impacts of disasters and extreme weather on vulnerable populations.

I JH

Tell us about those shelters—what was the range of number of occupants?

I OC

It varied. Shelters were operated by the American Red Cross, the county, cities and community and faith-based organizations. I was deployed to the shelter housed in my community's high school gymnasium in the town of Windsor. At peak, over 250 people were staying there. This was my first and largest sheltering event I have ever helped to manage; I practically lived in and helped to manage that shelter for ten days. Shelters consolidated over time as evacuees were allowed to return home and extended sheltering services were provided to individuals unable to find housing after the fires.

The ASPR TRACIE Alternate Care Sites Topic Collection includes links to shelter-related resources.

Since the Tubbs Fire, we've reviewed our lessons learned and have implemented department-wide training on the fundamentals of working in, and managing shelters as well working with community-based organizations to address the long-term needs of vulnerable populations.

I JH

Who were your key partners in managing shelter efforts? What challenges did you encounter?

I OC

The county, cities, and emergency management departments have overall disaster management responsibility. Our department's role was to support mass care and shelter operations. At the shelter I managed, we worked directly with our EOC to coordinate staffing needs and the procurement of equipment, medical, and general supplies; conduct shelter head counts; and address security issues. Together with local community leaders and volunteers, we coordinated with local restaurants to provide meals to shelter evacuees during the 10 days that the shelter was open. Local volunteers and many of the shelter evacuees pitched in to help manage and organize donations coming into the shelter. Seeing our community come together for neighbors in need was an incredible show of comradery and solidarity.

With so many people evacuated, we had a lot of pets that needed to be sheltered. We coordinated with local



veterinarians and rescue facilities to provide food and pet crates to house small animals. Evacuees with larger animals were directed to the shelter located at the fairgrounds. We also had to move people with more complex health-related needs to other shelters that could better accommodate them. At the shelter in Windsor, our staff assessed the needs of the evacuees to make sure they had a plan in place once they left the shelter. This included providing them with resources and information available at the local assistance center that was created to support evacuees with insurance, document replacement, housing assistance, Supplemental Nutrition Assistance Program benefits, and disaster unemployment services among other things.

One particular shelter housed a number of individuals with limited English proficiency and some non-English speakers, including indigenous people from Mexico who did not speak Spanish either. In the months prior to the fires, many members of our immigrant community expressed fear and concern over immigration raids. When the fires hit, many of those members also expressed concern about seeking shelter for fear of deportation.

Our local, bilingual public radio station helped to calm fears and provided trusted information about the fires and shelter locations. Many groups took to social media to disseminate this information to our Latino and immigrant communities. We also relied on our local 2-1-1 information and referral provider to take calls from survivors and to provide them with up-to-date information about the fire and local resources for evacuees.

Finally, the loss of 5,300 homes has had a huge impact on our community which was already experiencing a housing supply shortage. The limited supply of housing

and increased rents forced many community members to leave and seek more affordable and available housing in surrounding counties.

I JH

How did you help people with significant medical needs or any other unexpected issues in the shelters?

I OC

When people came in to register at the shelter, they were assessed by the onsite nurse or doctor. If people came in with serious health issues, the medical team coordinated with ambulance services to get them to the hospital if they didn't have someone to transport them. We also saw a lot of people who, as the days went on, became increasingly frail and needed additional behavioral health support. We were fortunate to have behavioral health staff conduct morning and evening rounds with shelter evacuees. We also had people who ended up in the shelter who—up to that point—were not enrolled in county safety net services. Having them in the shelter provided an opportunity for us to connect them to helpful resources. I recall an elderly woman who was so distraught; she was crying and wouldn't eat. We talked to her and found that not only had she lost her trailer; she was also concerned that the storage facility where her son's ashes were had burned down. I was able to find someone who went and took a picture of the facility to show her it had not been impacted by the fires. That completely changed her outlook. She shared more with us and based on her needs, we worked with our Adult and Aging Division social workers to find her a group living environment.

Most recently, during the Kincade Fire (the largest fire in terms of acreage), we experienced the largest mass evacuation in our county's history (nearly 200,000 people). For the Kincade Fire, I was asked to support one of our larger shelters at the Veterans Building in Santa Rosa. Large numbers of people came to the shelters; close to 100 elderly and frail seniors from several memory care facilities and retirement homes came in with their caretakers. To accommodate their needs, we set up a separate wing for them and their caretakers.

I JH

What level of medical care was available in the shelters? Were there shelters or areas within the facility for people with access and functional needs?

I OC

Nurses and doctors from our local hospitals were onsite to provide medical care and to dispense medication. For the Kincade Fire, we were fortunate to have Functional

Assessment Services Team (FAST) members deployed to the shelter to conduct assessments for people with access and functional needs. The FAST team assessed people as they came in and determined what resources were needed to accommodate them during their stay in the shelter. They also coordinated and provided durable medical equipment, consumable medical supplies, and prescription medications for shelter evacuees. For our most vulnerable residents, we set up a wing specifically with larger cots that could move up and down. There was more room for them to walk around. This was new for us as the FAST teams were not used in the Tubbs Fire response, and it worked really well. We were able to get specific supplies (e.g., canes and wheelchairs), diet-specific food, and medication to these individuals so that they could remain comfortable in the shelters.

Unlike the shelter in Windsor, the shelter at the Santa Rosa Veterans Building was managed by the American Red Cross and we used their processes for intake, assessment, and checkout. There were also contracts in place for meals, security, and janitorial services to keep the shelter clean and to avoid the potential for an infectious disease outbreak. The shelter also housed an isolation room for sick evacuees and biowaste containers that allowed us to dispose of contaminated waste, which is one of the best practices I've noted.

I JH

From the shelter operations standpoint, what was learned from the Tubbs Fire that you applied to the Kincade Fire?

I OC

Having gone through two fires and worked in two different shelters, I did see significant improvement in the supply chain of how equipment and resources were delivered to the shelters. Donations management also improved; our county is very giving, and we did a better job communicating to our community about the types of donations needed at the shelters. Because our staff had been trained in shelter work, they were more prepared and coordinated during the Kincade Fire. We had developed a continuity of operations plan across the county that clearly outlined our role in a disaster. We also improved our call-taking capacity and how we communicate to our residents in multiple languages. We invested in the resource and referral system to streamline information collection and dissemination as well.

We were much better prepared. I think these extreme weather patterns will continue, so training staff for disaster response is our new reality. To the extent that we can

better assess the vulnerability of our community when there is not a disaster going on can help us be more proactive in mitigating harm to our clients. For example, we have a rapidly growing adult population. When we have extreme heat events, we need to think about the clients who don't have air conditioning in their homes or the resources to pay for it, or transportation to get to the cooling centers. How can we better prepare to support them during these situations? We are now reviewing where clients are geographically located and trying to plan ahead (and helping them prepare) for certain types of disasters.

I JH

We do see this unfortunate pattern where disasters affect those most vulnerable populations. One of the reasons associated with increased deaths during recent fires has been access to communication and transportation. Are you conducting any related outreach or activities with vulnerable populations to help mitigate these threats?

I OC

Yes, during the recent public safety power shutoffs (PSPS), we called all our medically fragile clients who we know have access and functional needs. We asked them if they had transportation needs or if they had medical equipment that needed electricity. We also used GIS mapping to geocode the location of our clients in the event of a fire. As a community with so many medically fragile residents we really need to plan for future PSPS events and find workable solutions to mitigate the impacts that put them at risk. Our county leadership is looking at this as other communities have started to put plans in place to support medically fragile residents during PSPS events. For example, some communities are considering providing solar panels or batteries that could help vulnerable residents keep their equipment running and preserve food and medication.

I JH

How have the PSPS events affected your agency as far as resources?

I OC

These shutoffs have certainly impacted our department. When these things happen, we call thousands of clients, taking away from other essential work. During four of the PSPS events we experienced last fall, we had to divert 80 of our staff from their regular work to make calls and face-to-face home contacts.

I JH

Is there anything you want to highlight regarding partner collaboration or recommendations?

I OC

I want to underscore the importance of partnerships. The county has invested significant time and resources to develop a strong disaster preparedness campaign. If our neighbors can be prepared and have the right support and supplies for a couple of days, that will go a long way. Community support has been tremendous. We know that it takes 24 to 48 hours for government to help with mass care and sheltering, so for the first few days, it is up to our community to help each other. I've seen a huge difference between the Tubbs and Kincade Fires, but there is still a lot of work to do.

I JH

From a mental health standpoint, were you taken by surprise by the amount of resources required during or after the response?

I OC

We learned from other disasters that some of the signs of trauma may not show up for a year or so. The county made investments to help community providers bolster their trauma care and support. We provided community education focused on trauma and healing, and our school districts invested heavily in supporting students deal with trauma related to the fires. It's one of the bright spots of our response to these fires—we saturated our communities with the ability to manage disaster-related stress.

Learn more about provider self-care (before, during, and after disasters) in ASPR TRACIE's Self Care for Healthcare Workers Modules.

As a department, we have developed our own internal capacity to provide training around trauma-informed care, enabling us to better support clients and our own staff. This is a new area that has been integrated across our educational, health and human services, and other organizations in the community.

I JH

Looking five years ahead, what would you like to see shelter operations look like?

I OC

After the Tubbs Fire, our county board of supervisors created the Office of Recovery and Resiliency and developed a framework with goals and strategies to help our community recover and prepare for future events. Within the workplan, the safety net departments have identified goals and strategies to enhance our capacity to manage shelters, expand collaborations with community partners around disaster preparedness and trauma-informed support, and develop strategies to quickly assist vulnerable people with holistic wraparound services in coordination with other county departments. We have learned so much from our recent fire experience and we are determined to keep disaster preparedness and mitigation at the forefront of our work so that in five years, responding to disasters and extreme weather events is fully integrated in our service delivery system.

I also think that individuals choose to work in the health and human services field because they care deeply about serving people and their community. That said, I think it is equally important to support staff—including shelter workers and first responders—and ensure they are getting what they need as far as their wellbeing. ■

