



# **CALIFORNIA COLLABORATIVE FOR LONG TERM SERVICES & SUPPORTS**

## **Improving Emergency Responses for California Seniors and People with Disabilities**

**October 17, 2018  
1:00 – 2:30 PM**

*Via GoToWebinar Platform*

*Staffing for CCLTSS is provided by Mildred Consulting & Advocacy*

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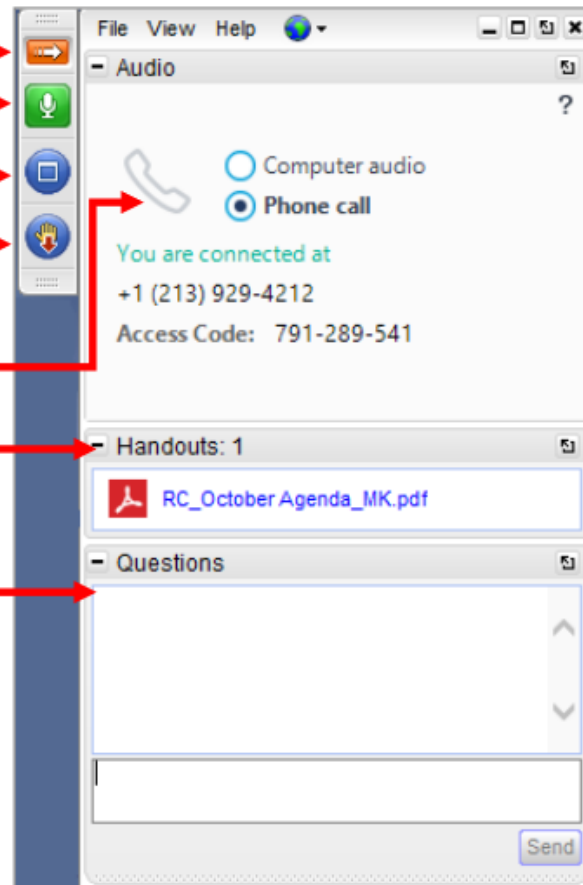
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# Welcome

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**Laurel Mildred**

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**Wendy Soe**

Vice President of State Programs  
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*“Government can and will continue to serve disaster survivors. However, we fully recognize that a government-centric approach to disaster management will not be enough to meet the challenges posed by a catastrophic incident. That is why we must fully engage our entire societal capacity.”*

- Checklist for Rapid Emergency Response Planning for Organizations Serving People with Disabilities

# Overview of Improving Emergency Responses

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**June Kailes**

Associate Director, Harris Family Center for  
Disability & Health Policy, Western University  
of Health Sciences

[JK@pacbell.net](mailto:JK@pacbell.net)

# Federal Role:

## Why Many Nursing Facilities Are Not Ready for Emergency Situations

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**Eric Carlson**

Directing Attorney, Justice in Aging

[ECarlson@justiceinaging.org](mailto:ECarlson@justiceinaging.org)

# JUSTICE IN AGING

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FIGHTING SENIOR POVERTY THROUGH LAW

## Improving Emergency Responses

Eric Carlson

October 17, 2018



# From Tubbs Fire, Oct. 2017

- RCFE in Santa Rosa.
- 62 residents in rooms, including 25 with dementia considered nonambulatory.
- Four staff members; no fire drills.
- Supervisor did not use emergency binder and could not find batteries for flashlights.
- Employee spent hour looking unsuccessfully for keys to facilities' vehicles.

# Federal Nursing Facility Standards

- Five primary areas:
  - Emergency plans.
  - Facility procedures.
  - Communication plans.
  - Training and testing.
  - Emergency power systems.
    - 42 Code of Federal Regs. § 483.73

# 1. Emergency Plans

- “All-hazards model”
- Must address:
  - Resident population.
  - Continuity of operations.
  - Working with government officials.
- Reviewed and updated annually.

## 2. Facility Procedures

- Must address the basics (food, water, medications, alternative energy sources, etc.)
- Must track locations of residents and on-duty staff.
- Be prepared to handle evacuations; develop relationships with other services providers.

### 3. Communication Plan

- Compile contact info for staff, MDs, other facilities, licensing agency, and ombudsman.
- Method for sharing emergency plan info with residents and families.

# 4. Training and Testing

- Train staff annually.
- Test procedures annually, including unannounced drills.
- Two tests each year:
  - Full-scale exercise not required to include community.
  - Additional exercise, which may be “tabletop exercise.”

# 5. Emergency Power Systems

- Must maintain alternative energy sources to operate facility and keep temperatures between 71 and 81 degrees F.
- Must maintain lighting, life support systems, and fire detection/extinguishing.

# Big-Picture Concern

- Don't want lazy, check-the-box planning.
  - See discussion of “symbolic planning” in report from Partnership for Inclusive Disaster Strategies.



# Seven Recommendations from Justice in Aging

1. Clearly require generators.
2. Require advance coordination with broader community.
3. Require contracts for evacuation procedures, rather than “arrangements.”

# Seven Recommendations (cont.)

4. Maintain relevant info on ongoing, community-wide basis (rather than starting from scratch when emergency happens).
5. Government and/or non-profit agencies should develop resources (e.g., templates) for providers.

E.g., HHS has compiled resources at <https://asprtracie.hhs.gov>. TRACIE (Technical Resources, Assistance Center, and Information Exchange)

# Seven Recommendations (cont.)

6. Require review of plans by knowledgeable agencies or persons.
7. Assess meaningful sanctions for violations.

Kaiser Health News finds 2,300 violations, but only 20 sanctions.

# CMS Proposes to Change Requirements

- Less frequency - Every other year, rather, than annual for reviewing:
  - Emergency preparedness plan.
  - Communications plan.

# Documentation Requirement Eliminated

- In planning, facility no longer required to document contact with gov't officials, although still required to make them.

# California Nursing Facility Standards

- “External disaster and mass casualty program plan” adopted and followed.
  - Developed with advice and assistance of local planning offices.
- Must address supplies, personnel, transfer of residents, using facility space, evacuation.
- Seek to enter into reciprocal agreements to care for others’ residents.
  - 22 Cal. Code of Regs. § 72551; *see also* Cal. Health & Safety Code § 1336.3; All-Facility Letter No. 07-31 (Oct. 24, 2007).

# Frequency (CA)

- Reviewing plan annually.
- “Disaster drill” every six months.

# Emergency Lighting and Power (CA)

- Need six hours of electrical power for “all lighting, signals, alarms and equipment required to permit continued operation of all necessary functions of the facility.”
  - 22 Cal. Code of Regs. § 72641



# Residential Care Facilities for the Elderly

- Must have emergency and disaster plan, updated annually, including (among other things)
  - Evacuation procedures.
  - Plans for 72-hour self-sufficiency (including power, and discussion of permanent and portable generators)
  - Transportation needs.
  - Two shelter locations.
  - Communication technology.
    - Cal. Health & Safety Code § 1569.695; *see also* 22 Cal. Code Regs. § 87212.

# Training and Testing

- Staff training annually.
- Drills for each shift quarterly.

# Coordinated with Community?

- “A facility is encouraged to have the emergency and disaster plan reviewed by local emergency authorities.”

# Thank You

- Eric Carlson
  - [ecarlson@justiceinaging.org](mailto:ecarlson@justiceinaging.org)
- Join our health policy network - text “4justice” to 51555

# Provider Role:

## The 2017 Napa/Sonoma Fires and Key Considerations for Community-Based Programs

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**Celine Regalia**

Director of Operations, Collabria Care

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# Disaster Planning For Your Day Program: Key Considerations

Celine Regalia, MSW MA CCC-SLP  
California Coalition  
October 17, 2018



# Napa Fire: The Real Deal

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<http://www.sfgate.com/local/article/Follow-live-Fires-Napa-Santa-Rosa-Sonoma-counties-12263680.php>



<https://www.wine-searcher.com/m/2017/10/fire-devastates-napa-and-sonoma>



<https://www.wired.com/story/the-napa-fire-is-a-perfectly-normal-apocalypse/>



Collabria Care

# Our Response During the Napa Fires

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- Patient acuity lists maintained on a monthly basis and taken home in lock box
- Phone tree system updated monthly through HR
- Checked on all staff, patients and participants
- Sent staff to do home visits and go to shelters to find patients that were unaccounted for
- Daily am and pm triage huddle updates
- Doc Halo and e-newsletter for mass agency communication





# Our Response Continued

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- Nixle application on staff phones, local radio, and press conferences were most reliable communication resource
- I attended daily local COAD meeting that had all nonprofit sector attending to get informed about local response and resources
- Cell phone communication impacted first few days so rented satellite phones
- Triage with our staff, patients, participants each day as needed
- Ordered N95 masks and O2 for onsite



# Our Response Continued

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- In contact with public health about when to reopen center. Remained a moving target due to air quality and changing conditions with the fires
- Changed filters in center and the facility
- Utilized agency staff and volunteers to expedite transportation arrivals/ departures once center was reopened after 2 weeks due to poor air quality.



# Supporting Our Staff

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- PTO donation program, PTO cash out for lost wages or to replace items lost in the fire
- Provided on site childcare so staff could come back to work as schools were closed and staff did not have child care
- EAP provider was brought on site
- Communication, Communication, Communication



# Building Emergency Plans For A CBO

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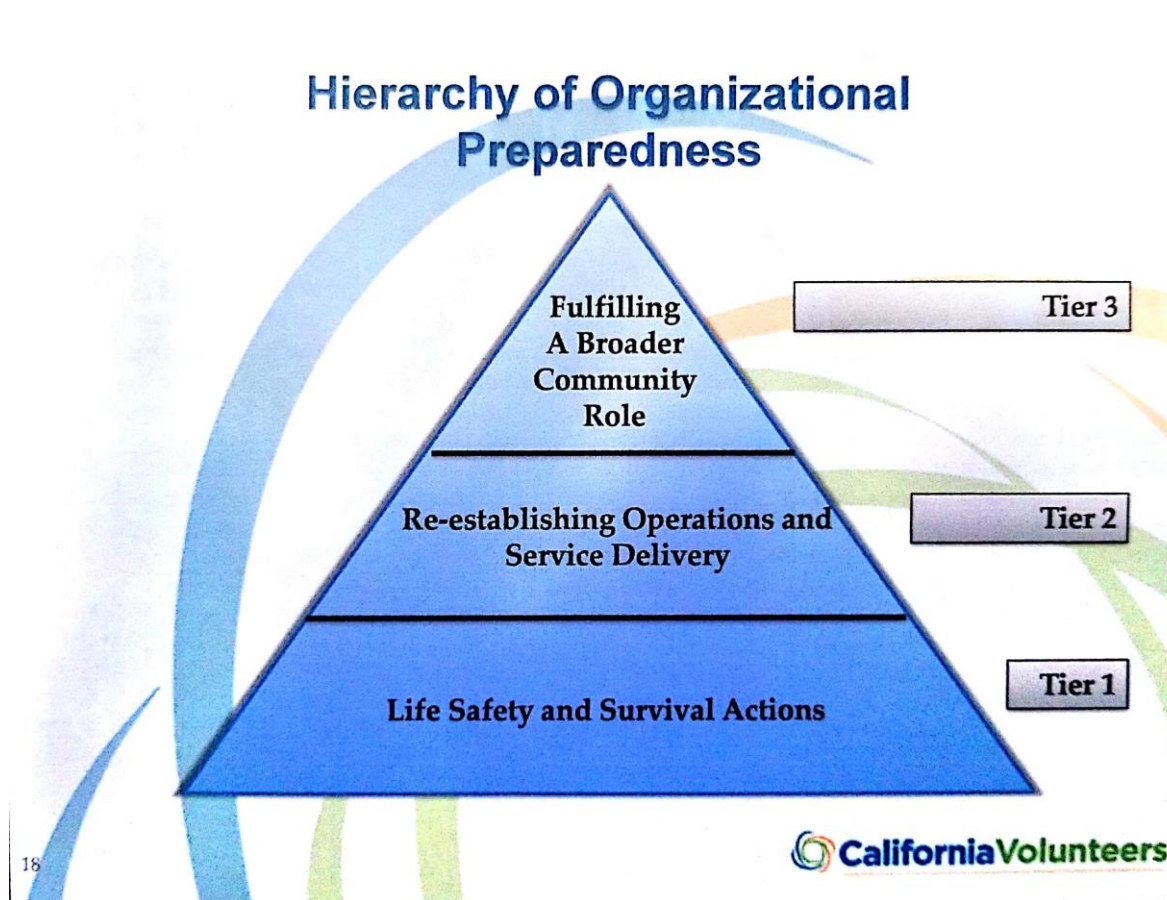
- Offers a way to capture key information and procedures to guide your organization's actions during response and recovery
- Having everything you and your staff need to know and do in one place to facilitate a quicker and more effective response in a disaster

# Types of Plans That Can Serve As Models

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- **Emergency Operations Plan(EOP):** designed for use for government, private sector, CBO's for response operations
- **Continuity of Operations Plan (COOP):** addresses re-establishing operations for the above entities
- **Agency Emergency Plan (AEP):** Simpler model used by individual agency combining aspects of EOP and COOP

# Hierarchy of Organizational Preparedness



Graphic prepared by the Fritz Institute in collaboration with CaliforniaVolunteers—Office of the Governor.  
Produced with funds from the U.S. Department of Homeland Security Grant # 2009-0019, Cal EMA ID 000-92297

# Tier 1: Life Safety and Survival Action

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1. Facility procedures- life safety, evacuation, alternate sites, sheltering in place
2. Identifying staff roles for emergency coordination
3. Generally things that are easily accomplished

# Tier 1: Personal Preparedness

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- Essential for everyone: staff need to be prepared to help
- Offer training in First Aid, CPR, and practice drills
- Identify preparedness resources at the center and prepare the staff to be ready at home to secure their own safety.
- Educate our participants and caregivers via home environment assessments and center communications





# Tier 1: Coordination Team

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- Identify team that leads your disaster response- incident command systems
- Identify positions in advance: i.e., Incident Commander, Information Officer, Logistics Officer (resources, staff responsibilities, utilities, facilities), Operations (patient activities)

# Hazard And Risk Assessment

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- Prepare for what type of disasters may occur in your local area. We filed hazard risk vulnerability form with the county of top 3 likely disasters
- What are your vulnerabilities?
- How will this impact services?

# Resilient Facilities

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- What facilities will you need to use?
- Have they been assessed for resilience?
- What mitigation tasks should you address?

# Emergency Procedures

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- Evacuation and Alternative Sites(Prepare operations Go-box)
- Sheltering in Place: have supplies and resources ready for staff and participants
- Considerations: first aid, food and water, disaster clean-up, sanitation, sleeping arrangements, access to emergency information



## Tier 2: Re-establishing Operations and Service Delivery

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- Focus on restoring capacity to provide essential services to participants and caregivers during response
- Identify essential support functions
- Identify resources that support operations: staffing, communication, care needs

# Disaster Mission Statement

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- Start with overall organization mission statement
- Are the populations you normally serve different or the same in a disaster?
- Are the services you typically provide what you will provide in a disaster?

## Example Disaster Mission Statement

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- The disaster mission statement for Collabria Care is to assist our patients, participants, and caregivers manage symptoms of chronic and/or terminal illnesses wherever they may be. We will collaborate with and coordinate with other organizations to provide critical care to our collective patients. Priority will be given to those most fragile and vulnerable consistent with their priority rating.

# Essential Services & Administrative Functions

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- Describe services that need to continue or be quickly restored?
- What are differences from normal operations?
- What administrative functions are needed to support essential service delivery? i.e. , payroll, check signing supplies, emergency spending





# Communications, Staffing, Volunteers, Succession Planning

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- Whom do you need to need to communicate with, method, and tools?
- Plan staffing needs, shifts, rotations and involve volunteers as appropriate
- Plan for coverage issues and vacancies when staff are themselves affected by the disaster



## Tier 3: Sustaining Operations and External Collaboration

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- Identifying neighbors, government partners, vendors and other CBO's for coordination and planning in a disaster
- Establish key relationships and agreements with partners to ensure sustainability and continuity of operations
- Understand your role in your community disaster preparedness response
- Practice table top drills, participate in local disaster drills, and review and keep your plan up to date.



# Bibliography

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- Disaster Preparedness Planning for Community Based Organizations: Funded by Napa Valley Community Foundation
- Materials created by the Kelle Kroll Group



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414 South Jefferson St. | Napa, CA 94559 | 707.258.9080

# **Health Plan Role:**

## **Proactive Strategies for Protecting, Addressing, and Maintaining Critical Health Needs Before, During, and After an Emergency**

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**June Kailes**

Associate Director, Harris Family Center for  
Disability & Health Policy, Western University  
of Health Sciences

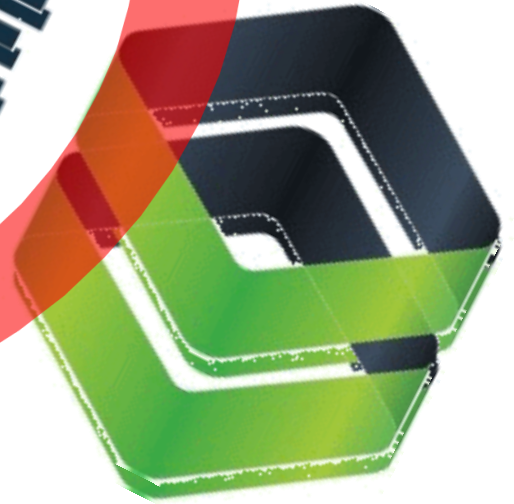
[JK@pacbell.net](mailto:JK@pacbell.net)



# **Emergency Response for California Seniors & People with Disabilities**

**California Collaborative for Long Term Services and Supports  
California Association of Health Plans  
Webinar 10/17/18**

**DISASTER-FREE  
ZONE**



A photograph of a large, dark, irregularly shaped boulder that has fallen onto a paved road, completely blocking it. To the left of the boulder is a wooden utility pole with several cross-arms and wires. To the right, a yellow hydraulic crane is positioned, its boom extended towards the boulder. The background shows a hazy, wooded area. The text "Stuff Happens!" is overlaid in large, bold, pink letters across the center of the image.

# Stuff Happens!



Resources you can use: all in  
one place

<http://www.jik.com>

Click on Most Requested Materials



# Resources

- [Getting It Wrong: An Indictment with a Blueprint for Getting It Right, Disability Rights, Obligations & Responsibilities Before, During & After Disasters Edition 1 \(May 2018\)](#)
- [Southern California Wildfires After Action Report \(2008\) Text](#)

# **Getting it Wrong: An Indictment with a Blueprint for Getting It Right**

## ***Disability Rights, Obligations and Responsibilities Before, During and After Disasters***

*Edition 1, May 2018*

<http://www.disasterstrategies.org/index.php/news/partnership-releases-2017-2018-after-action-report>



Marcie Roth, June Kailes and Melissa Marshall, J.D.

# After Action Report

Interviews with key informants with disabilities and allies with disability expertise in the disaster impacted areas

Review of –

- Data from 3,200 Disaster Hotline calls
- Information from daily stakeholder teleconferences
- Transcript of Department of Homeland Security listening session
- Congressional correspondence and testimony
- Media reports



# Read 1<sup>st</sup> Suggestions:

- ☐ Section 3: Maintaining Health
- ☐ Section 4: Unnecessary Institutionalization
- ☐ Section 5: Equal Access to Effective Communication
- ☐ Section 9: Sheltering
- ☐ Appendix G: Emergency Registries



# Making the rhetoric real:

**Compliance**

**Inclusiveness**

**Lessons learned**

**Whole community**

**We are here for you!**

**Culture of preparedness**

**Community partnerships**

**Reduce the complexity of FEMA**

**Leveraging community expertise**

**Ready the Nation for catastrophic disasters**





**In the world of emergency management, people always talk about **lessons learned**.**

**I always say they are not even close to lessons learned, **until they have been observed, documented, & repeatedly applied, so we can honestly claim them as lessons learned.****

**We cannot foresee every outcome or every scenario. However, there is much we know, can anticipate & plan for. The lessons observed are clear, they just must be applied.**

June Isaacson Kailes, Disability Policy Consultant, <http://www.jik.com> 2011



# Disproportionate Health Impact

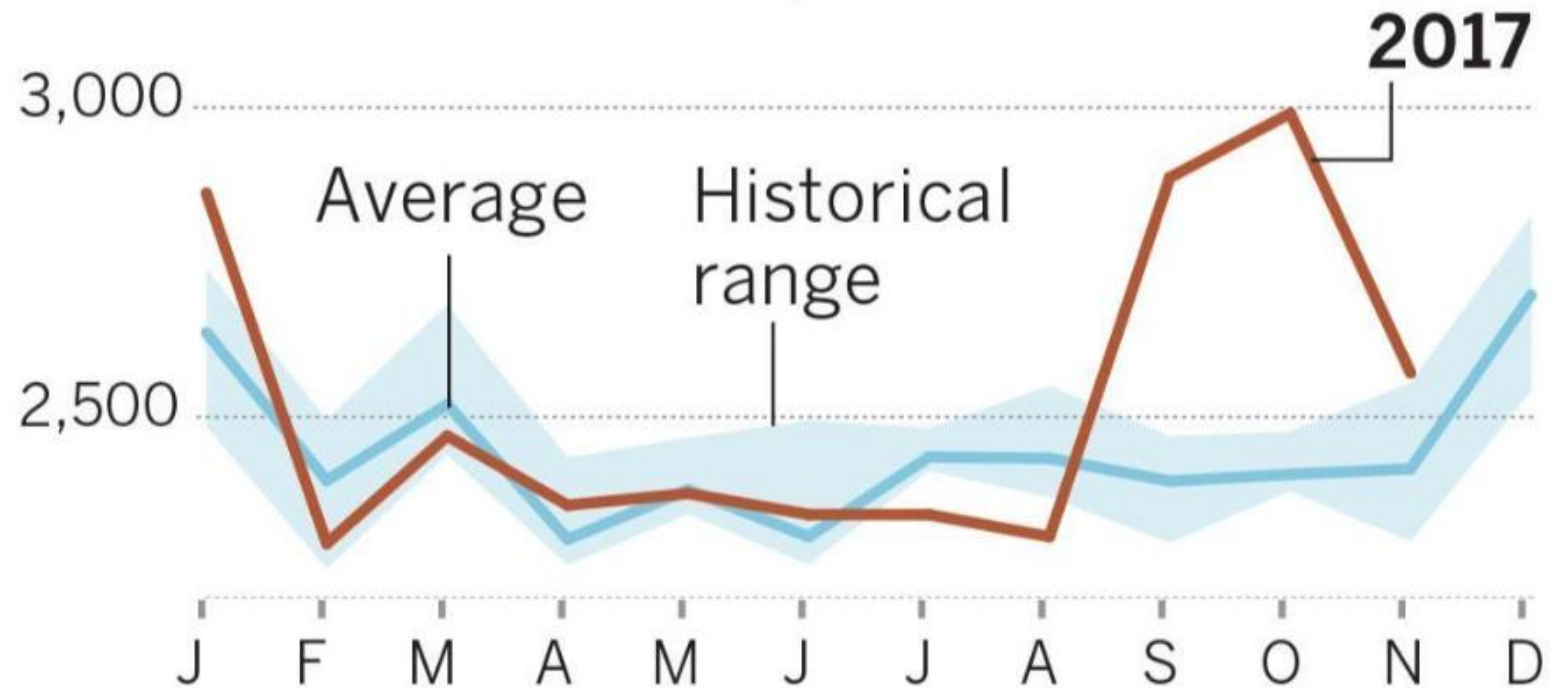
New England Journal of Medicine (May 2018) Harvard study, “Mortality in Puerto Rico after Hurricane Maria,” documented what we already knew:

- Interruption of health care and disability services were primary cause of high mortality rates in months after hurricane
- Most frequently reported problems:
  - Inability to access medications (14.4% of households)
  - Need for respiratory equipment requiring electricity (9.5%)



# Monthly deaths in Puerto Rico

Hurricane Maria struck Sept. 20, 2017.



Source: Pennsylvania State University

@latimesgraphics

## **Primary cause of sustained high mortality rates in months after the hurricane was interruption of:**

- health care:
  - critical supplies, medications, oxygen,
  - power
  - dialysis, chemotherapy, other infusion therapies
  - home health, attendant services
- disproportionately affected:
  - nursing home residents
  - those dependent on life - sustaining equipment

# Prevent and Protect



# Expectation Mismatch

- Avoid magical thinking – “government will take care of it!”
- In large scale disasters, you are the help before, during & after help arrives!
  - needs of survivors far outweigh collective resources & capabilities
  - emergency services need help with specific & often complex needs of people you serve.



# Resource

- [Planning Checklist for Rapid Emergency Response for Organizations Serving People with Disabilities Edition 1.3 \(2018\)](#)

# CBOs & Health Plan Roles – What Worked:

- Call Center protocols
- Community partnerships
- Personal emergency plans
- Posting/disseminating emergency preparedness information
- Life-safety checks
- Health information exchange
- Preventing and diverting inappropriate admissions
- Expediting replacement of equipment and supplies
- Messaging
- Member tracking





**Those who were proactive  
maintained a “not if, but when”  
view of risk of real & reoccurring  
disasters. They owned they live  
in high hazard threat & disaster  
probability areas!**

## Personal Emergency Plans – staff assist people with:

- Developing & sustaining personal emergency plans
  - Incorporating low cost & no cost actions
  - Identifying & sustaining plans with personal support teams (family, friends, significant others, personal attendants, caregivers)
  - Planning for:
    - alternative methods of powering life-sustaining equipment
    - multiple communication methods
    - evacuating
    - sheltering in place
- Incorporate personal emergency plans into members' care plans
- Posting specific planning information on web site

## Life-Safety Checks - prioritized 1<sup>st</sup> contacts with those who:

- have complex health needs
- lacks support from family, friends, others
- may not be able to get, understand or act on emergency alerts
- are power-dependent on life-sustaining equipment (respirators, ventilators, suctioning, CPAPs, nebulizers)
  - & motorized mobility devices
- depend on oxygen, dialysis, chemo, temperature regulated medication (insulin, biologics)
- are unable, or least able to get to pharmacies & distribution sites for food, water, power

# Health Plan Roles – Recommended Fixes:

- States should incorporate emergency roles & responsibilities into health plans contracts.
- Create health plan industry-wide emergency service, guidance, training, technical support, and regulatory standards such as the CMS Emergency Preparedness Rule for facilities and suppliers.
- Integrate specific emergency performance clauses into vendor and contractor agreements.
- Establish & test agreements for emergency supply delivery and evacuation services.
- Connect with community partnerships for planning, exercises, drills, response, and recovery activities.



# Reinforcing & sustaining capacities & competencies:

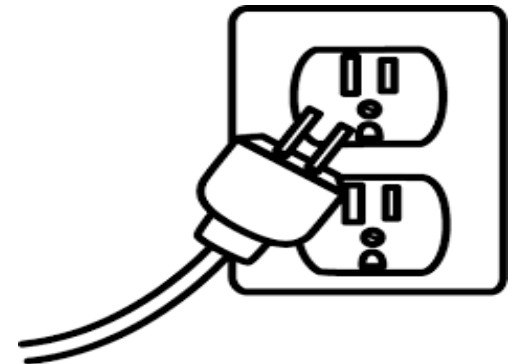
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- One & done
- Check the box



- **This:**

- Baked in
- Hard wired



# Making it Happen

**New Partners**



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graph TD; A[New Partners] --> B[Procedures]; B --> C[Processes]; C --> D[Training];
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**Procedures**

**Processes**

**Training**

# **Reinforce & integrate learning through multiple exposure & methods**

- **Competency refreshers**
- **Delivery methods**
- **“Just in time” checklists & short tips easily accessed via staff & provider’s**
- **workshops)**
  - **In person**
  - **Webinars (includes access to archived content)**
  - **Self-paced & independent study materials**
  - **Online training & videos**
- **Collaborative cross function inter-department workgroups & learning hubs**
- **Community Partnerships**

**“Planners cannot foresee every outcome, & incident managers cannot anticipate every scenario. While disasters have a language of their own & no plan guarantees success, inadequate plans are proven contributors to failure.”**

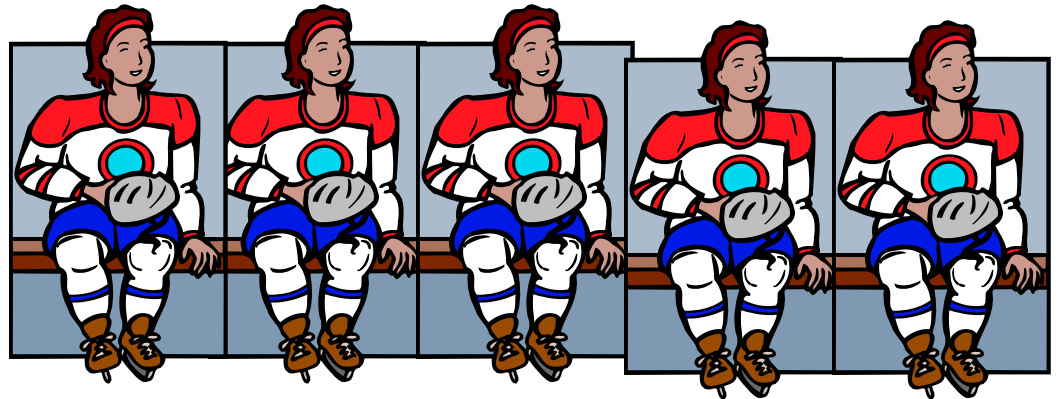




**These objectives & accountability can't reside in one department and or one person, taking responsibility for improvement & increasing compacity & competencies is a team sport.**



***The player's bench is constantly changing, but a concise, common playbook is needed by all.***



National Response Framework, January 2008

# Resources

- [Getting It Wrong: An Indictment with a Blueprint for Getting It Right, Disability Rights, Obligations & Responsibilities Before, During & After Disasters Edition 1 \(May 2018\)](#)
- [Southern California Wildfires After Action Report \(2008\) Text](#)



Move that protection & prevention needle!

# Health Plan Role: Practical Experiences and Feedback and Responses to Health Plan Recommendations

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**Wendi West**

Northern Region Executive Director  
Partnership HealthPlan of California

[WWest@partnershiphp.org](mailto:WWest@partnershiphp.org)





PARTNERSHIP



HEALTHPLAN  
of CALIFORNIA

# Health Plan Role: Practical Experiences and Feedback and Responses to Health Plan Recommendations

Wendi West  
Northern Region Executive Director

# About Us

**Mission:** To help our members, and the communities we serve, be healthy

**Vision:** To become the most highly regarded managed care plan in California

**Membership:** 552,000





# Recent Emergencies

- **Carr Fire**  
(Shasta and Trinity counties)
- **Mendocino Complex**  
(Mendocino and Lake counties)
- **Tubbs**  
(Sonoma and Napa counties)
- **Atlas Fire**  
(Napa and Solano counties)





# Active Communications

Communication must be consistent, timely, and relevant

- **Members** – Identify systems that could cause access barriers during emergencies. For example, allow members to see another doctor other than their assigned PCP.
- **Providers** – Daily calls to providers located in the area of the emergency. Clear bulletins with instructions on changes that will increase access to services for members.
- **Staff** – Clear understanding of different communication channels, in case their home, or work is evacuated.
- **Community** – Get information into the hands of the community. They are the first responders and trusted messengers.
- **Regulators (DHCS)** – Daily progress reports included, provider/facility closures and status updates on medically fragile members (Skilled Nursing Facilities and NICU)

# Lessons Learned

- **Communication to staff** – Depending on the time of day or even the day of the week, getting communication to your staff can be a challenge. Be sure your staff know in advance how you will communicate important information to them after hours, or in the event phones are not working etc.
- **Provider Communication** – Be prepared to ‘go old school’. If phones are not working, and you can’t reach your providers, going in person may be your only option. Be sure to remind them you can help in a variety of ways.
- **Reaching your members** – When members are evacuated from their homes it’s difficult to reach them to offer assistance. Be prepared to send staff to evacuation centers and hospitals.
- **Waiting for help may not work** – It often takes time for agencies such as FEMA and state aid to be activated or arrive. Be proactive and ask for what you need and reach out to local leaders such as county emergency groups to collaborate and join forces for efficiency.
- **Expect the unexpected- Accept the fact you can’t plan for everything, and changing your plan to fit the crisis is acceptable.**



# Our Perspective - Opportunities

- Increased flexibility for members to receive care in untraditional settings
- Oversight of community and provider entities emergency preparedness plans should be under state regulator oversight
- Caution putting too much language into statute or contracts – health plans need flexibility to be nimble to the uniqueness of emergencies.

*Plans are useless,  
planning is priceless.*

-Dwight D. Eisenhower



# QUESTIONS/ COMMENTS?

Use the “Raise  
Your Hand”  
Feature

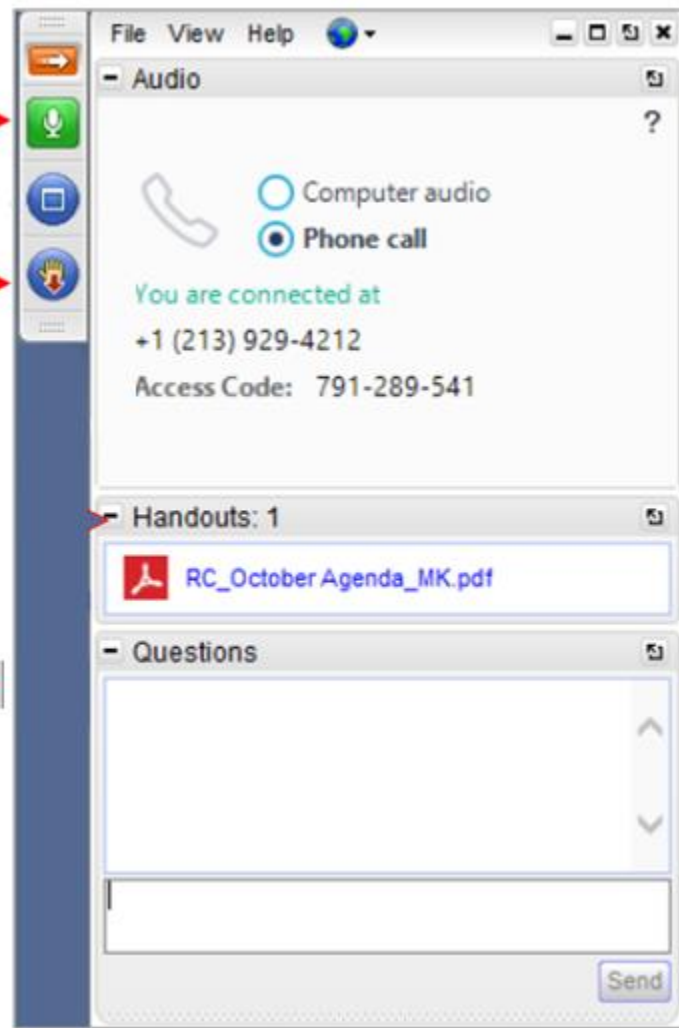
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Use the  
“Questions”  
Chat Box

Mute and unmute yourself.

Raise your hand to ask a question  
or make a comment.

Ask questions or make  
comments anytime via the  
chat feature.





# CONNECT WITH THE CALIFORNIA COLLABORATIVE!

[www.CCLTSS.org](http://www.CCLTSS.org) | [@CACollabLTSS](https://twitter.com/CACollabLTSS)

CCLTSS Staff Team:  
Laurel Mildred, Sue North,  
Mariya Kalina and Crista Nicholas

*Staffing for CCLTSS is provided by Mildred Consulting & Advocacy*