City and County of San Francisco Emergency Response Plan

ESF #6:

Mass Care, Housing, & Human Services Annex

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ESF #6: Mass Care, Housing, and Human Services
Event Process Flow Chart

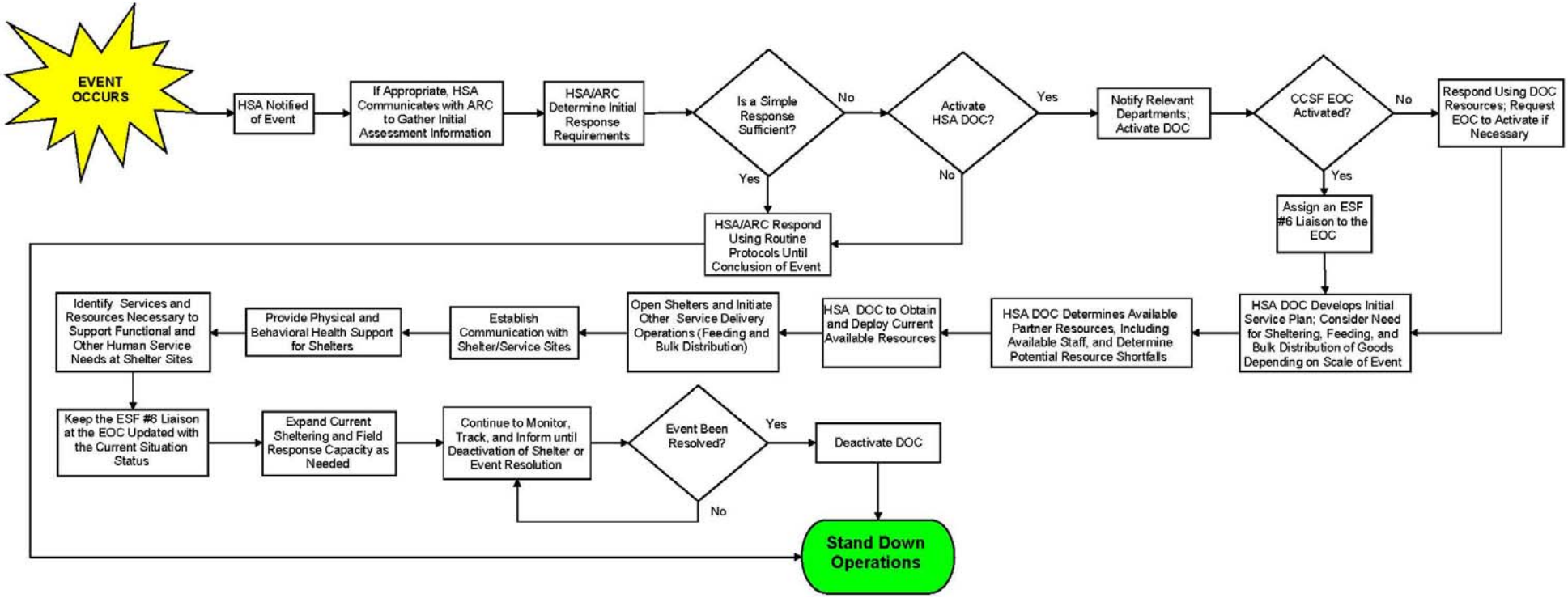

Figure A: Event Process Flow Chart

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Section 1: Introduction

1.1 Coordinating and Supporting Departments

Coordinating Department	HSA (in partnership with the American Red Cross/ARC) [1]
Supporting Department(s)	• Animal Care and Control / ACC • Department of Public Health / DPH • Mayor's Office on Disability / MOD • Recreation and Park Department / RPD • SF Unified School District / SFUSD • SF Collaborating Agencies Responding to Disaster / SF CARD • The Salvation Army / TSA • Various Non-Governmental Organizations / NGOs

1.2 Overview of Department Responsibilities

Department	Responsibilities
HSA (in partnership with ARC)	• Assess mass care needs • Identify response requirements • Coordinate shelter operations • Coordinate feeding operations • Coordinate the bulk distribution of personal relief supplies • Provide PIOs with information to disseminate about mass care services • Staff the ESF #6 position in the CCSF EOC Human Services Branch • Provide DOC with workspace for agency partner representatives • Human services
ACC **DPH** **MOD** **RPD** **SFUSD** **SF CARD** **TSA** **Various NGOs**	• Provision of shelter facilities • Food/meal preparation • First aid • Medical/behavioral health services • Family reunification • Pet/companion animal care • Bulk distribution of basic items • Social services and relief needs (i.e., clothing) • Support with functional needs (including children and disability support services) • Technical Assistance in the provision of support services in compliance with ADA and other disability rights laws

[1] While the Human Services Agency (HSA) is designated as the lead City Department responsible for ESF #6, the American Red Cross is a co-partner with local government in the delivery of mass care services. Both ARC's federal charter and a disaster services section within the San Francisco Administrative Code, grant ARC the authority to provide these services for the City and County of San Francisco. The American Red Cross, to the degree that their resources allow, generally provides the hands-on management of shelters, although local government (HSA) may provide each shelter with an onsite liaison.

1.3 Purpose

Emergency Support Function (ESF) #6: includes three primary functions: (1) Mass Care, (2) Housing, and (3) Human Services. The purpose of this annex is to provide a framework for how the City and County of San Francisco (CCSF) will address the mass care, housing, basic health, and human service needs of persons affected by a disaster event.

1.4 Scope

The *ESF #6: Mass Care, Housing, and Human Services Annex* details the procedures, responsibilities, and concept of operations for ESF #6 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 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.

- 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.

- Basic Health Services – the provision of physical and behavioral health services to support the shelter population. This includes first aid, contagious disease monitoring and control, refill of prescription medications, and monitoring of people with chronic health conditions. It also includes coordination with neighborhood health clinics and use of the Medical Health Mutual Aid System to address local shortfalls.

- 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 may need additional assistance to benefit from the mass care services described above. Effective service delivery requires coordination with non-governmental organizations.

The San Francisco 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 Act (ADA).

Following a large scale disaster event there is a transition from mass care ESF #6 emergency services identified above to longer term recovery services and programs. This “recovery support” includes both government assistance and the more sustainable (i.e., ongoing) efforts that evolve from community and faith-based organizations.

Section 2: Concept of Operations

2.1 General Concepts

The *ESF #6: Mass Care, Housing, and Human Services Annex* will be utilized by the San Francisco Human Services Agency (HSA) in coordination with the American Red Cross (ARC) and supporting departments during any disaster event that requires citywide mass care, housing, and human services support. Procedures pertaining to this function are in compliance with the National Incident Management System (NIMS), Standardized Emergency Management System (SEMS), and the Incident Command System (ICS).

This Concept of Operations will outline the following ESF #6 elements:

- Mass Care Operations
  - Sheltering
  - Feeding
  - Bulk Distribution
- Human Services and Housing Assistance
- EOC Human Services Branch
- Information Flow
- Organization and Structure
- Notification and Activation Procedures
- Response Actions
- Deactivation Procedures

2.2 Mass Care Operations

ESF #6 mass care operations are divided into 3 areas:

- Establish shelter operations, including staffing and equipping shelters and sheltering the pets and service or 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).

2.2.1 Sheltering

Standard Sheltering Procedures

Initial Activities

Typically, the decision to open a shelter is made jointly by responding entities in the field (generally ARC in conjunction with HSA). However, given a larger event requiring multiple sites, shelter selection will occur at the HSA Department Operations Center (DOC) in coordination with ARC, HSA and relevant partner organizations that may be providing the actual facilities such as the San Francisco Unified School District (SFUSD) and the Recreation and Parks Department (RPD). Shelter sites will initially be selected from the City's Shelter Database (see Appendix A.2) based on the assumption that the public will want to be sheltered as close as possible to their neighborhood. Once a site is selected, the shelter will normally be opened and managed by the American Red Cross with support from the City and County of San Francisco (CCSF).[2] For example, HSA may have a CCSF representative on site at each shelter to help with overall shelter management, assessment of client needs, and resource coordination (clarifying shelter resource or support requirements and fulfillment options).

Following a major disaster that displaces a large segment of the City's population, ARC may not initially have adequate local resources to operate all the shelter sites that may be required. Until such time as they are able to mobilize their national response system (normally, within 3-5 days), CCSF personnel will supplement their capability by staffing and running the necessary service sites, utilizing Disaster Service Workers (DSWs) and mutual aid resources if necessary. Once the American Red Cross national disaster response program is fully mobilized, ARC will assume the lead role for most shelter management functions and the CCSF will transition to a supporting role.

Shelter Operations

In order to ensure consistent service delivery and a smooth transition in shelter management, CCSF personnel working in shelters will follow mass care standards as set forth by ARC published training and procedures documents (such as the ARC Shelter Operations Participant Workbook). Therefore, whether shelter sites are open and run through either the American Red Cross or CCSF personnel, they will be run according to the same set of operating principles at the field level, and will be jointly supported by both ARC and CCSF Operations Centers.

Shelter sites managed by personnel within the ARC system will report directly to the local ARC Job Headquarters, as established for larger events. Conversely, as HSA or other City personnel are assigned to run shelters, these sites will then report to the Care and Shelter Branch within the HSA DOC. Extensive on-going communication is required between the local ARC Operations or Job Headquarters and the Care and Shelter Branch within the HSA DOC to ensure coordinated support for shelter operations and to avoid duplication when ordering resources. See Section 3: Response Organization and Structure, for more details on ARC/CCSF coordination and information about HSA DOC / Care and Shelter Branch activities.

[2] The City'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 local government's responsibility to provide the care and shelter function.

The general rule of thumb is that 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. Typically, 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 CCSF will support the operation as follows:

ARC Support:

- Shelter managers and operations staff;
- Health support (limited to basic emergency first aid);
- 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 – see above).

CCSF Support:

- Access to public facilities/sites for use as shelters or other service delivery functions (RPD, SFUSD, General Services Agency [GSA]/Real Estate);[3]
- Post-earthquake structural assessment of sites (Department of Building Inspection [DBI], Mayor's Office on Disability [MOD]);
- Assistance with staffing or managing shelters, based on previous training and generally done in a support role to ARC (HSA, RPD, SFUSD, other DSWs);
- Support with medical and behavioral health services (Department of Public Health [DPH] and Non-Governmental Organizations [NGOs]);
- Site security and traffic control (San Francisco Police Department [SFPD], San Francisco Sheriff's Department [SFSD], Municipal Transportation Agency (MTA)
- Sanitation facilities (e.g., portable toilets, showers, hand washing stations);
- Support with more vulnerable persons – children, seniors, people with disabilities, persons with chronic conditions and persons who are medically fragile (HSA, DPH, MOD, NGOs);
- Buses for evacuation and transportation to shelters, including paratransit (MTA);
- Housing relocation assistance for shelter residents (HSA, NGOs);
- Care of pets brought to shelters and accommodations for service (and support) animals (ACC, NGOs);

[3] Every effort is made to avoid the disruption/displacement of existing programs or services when selecting sites.

- Communications support (Department of Emergency Management [DEM], Auxiliary Communications Service [ACS]);
- Emergency drinking water (Public Utilities Commission [PUC]).

Shelter Site Management Support

Disasters that displace a limited number of people and require only a few shelters (two to three) that are only open for a few days and are being managed through a partner agency, like ARC, may not require an elaborate site management support system. However, when a large disaster occurs that requires dozens of shelters, some staying open for a number of weeks, the establishment of a site management support system will be required. The support system will involve establishing roving shelter site support teams composed of experienced Red Cross and Human Services Agency staff. If multiple shelter site support teams are developed, each team can serve a designated set of shelter sites.

The primary role of the 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 the on-the-job mentoring that first-time shelter managers may need to feel fully confident in their role. 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.

Functional Assessment Service Teams, also known as FAST teams, are another aspect of field support.[4] FAST teams consist of a group of people with some level of expertise in identifying functional service needs for people with disabilities and older person in shelters (i.e., a team of people that can go into a shelter and assess a situation that looks complicated and figure out what is needed). 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.). FAST teams may be requested from the State through the mutual aid request process. Moreover, Appendix E, Policies and Procedures for ADA Title II Compliance, which is in development, will identify local resources for supporting shelter managers with assessments and with reasonable accommodation requests.

Shelter Supply System

Logistical support requirements for smaller sheltering events can generally be resolved at the local level. Resources to support operations will 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 CCSF, there are enough stored supplies to get at least one large shelter up and running within each Emergency Response District of the City

[4] 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. A full description of the concept is available at: http://www.dss.cahwnet.gov/dis/res/pdf/AppendixB.pdf.

during the first 24 to 48 hours following a large earthquake event.[5] The CCSF currently has 7 mobile shelter trailers stored in secure locations around the City. Each shelter trailer has enough supplies (sleeping mats, blankets, hygiene kits, first aid kits, generator and lights) to open a shelter for 500 persons. In addition, the CCSF has 500 cots and blankets stored at Brooks Hall.

ARC also has two shelter trailers in San Francisco. Each trailer has supplies for approximately 150 persons. Moreover, the Red Cross has staged 150 cots, blankets and shelter supplies at each one of their 8 partner shelter sites with the understanding that these sites will self-activate at the time of the event. Their on-site staff is pre-trained in shelter operations. Hence, the Red Cross has the capacity to support an additional 1,500 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 Bay Area.

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 HSA) 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, the CCSF and the Red Cross have locally 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 the required resource is related to a government area of responsibility, or 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 (e.g., portable toilets, hand washing stations and mobile showers)
- Public transportation (e.g., bus service)
- Public safety (e.g., site security)

If a critical resource is not available through the Red Cross logistics system because of regional or national shortages, the CCSF will, upon request, consider asking for the resource through the state and federal mutual aid system. See Appendix B for a sample list for shelter supplies.

2.2.2 Feeding

Feeding Operations

As soon as possible, feeding programs will need to be established to serve people in shelters and to serve people in affected neighborhoods or at other congregate locations.[6] The scope of feeding program activity is determined by the situation. If the impacts of the incident are limited in scope and the utility systems, restaurant and retail food distribution network are

[5] 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 (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.

[6] A separate, more detailed, Feeding Plan is in development and will be attached as an appendix to this current annex.

uninterrupted, the feeding program may be limited to providing meals, snacks and beverages 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 strategically located in and around the impact 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, beverages and snack items – in the impact area (ARC and TSA have mobile feeding units to supplement the efforts of fixed feeding facilities);
- Distribution of packaged food (meals), water and possibly some miscellaneous feeding support materials (coordinated by the Bulk Distribution activity);
- 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 Food Stamp Program (will involve coordination with ESF #11 at state and federal levels).

For further details about feeding procedures, refer to the *San Francisco Feeding Plan* (TBD).

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 will shift from packaged meals to freshly prepared hot meals.

Local options for prepared food when utilities are functional include:

1. Local restaurants, hotels and other commercial suppliers.
2. Local non-profit agencies with commercial kitchens (the 5 largest kitchens include):
    - The Salvation Army
    - St. Anthony’s Kitchen
    - Glide Memorial Church
    - Meals-on-Wheels
    - Project Open Hand
3. Catering companies (where ARC and the CCSF have existing agreements).

4. Large institutional kitchens that are affiliated with local government -- SF General Hospital, Laguna Honda Hospital and the two County Jails.

Feeding options when utilities are disrupted include:

1. MRE's stored at Travis Air Force Base in Fairfield and Moffet Field in Sunnyvale available through Cal EMA and FEMA (during state and federally declared disasters);
2. MREs and Heater Meals available from the Red Cross (2-3 day shipment time);
3. Field kitchens available through the Salvation Army, Red Cross, Southern Baptist Disaster Relief and through mutual aid requests to state and federal government (for preparation of hot meals when local kitchens are largely unavailable);
4. Cruise or military ship kitchens (another alternate source for mass meal preparation).

2.2.3 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, presidential declared disasters include:

- American Red Cross
- FEMA
- Salvation Army

There are other community agencies that have commodity distribution programs which operate on a day-to-day basis. The SF Food Bank is the hub of an extensive food distribution network in San Francisco and partners with 191 food pantries in neighborhoods throughout the City. Food pantries in turn distribute food to local residents that need emergency food assistance.

The CCSF bulk distribution program established under ESF #6 will integrate the distribution programs established by agencies such as the SF Food Bank and Salvation Army and will supplement their activities and resources, when required. For example, the City will support the Food Bank with the resources it needs to significantly expand operations and increase neighborhood food pantry distribution efforts. For further details about CCSF bulk distribution procedures, refer to the *San Francisco Feeding Plan* (currently in development).

Points of Distribution

Depending on the scope of damage and the areas of the City most heavily impacted, additional fixed distribution points at strategic locations may need to be established (either close to or inside the impact area), where the public can come to receive MREs and liters of water. The Federal Emergency Management Agency (FEMA) defines these sites as Points of Distribution or POD sites – temporary local facilities at which commodities are distributed directly to disaster victims. PODs will distribute the commodities that FEMA and other relief entities provide to the local jurisdiction. The Drinking Water Division of the CCSF PUC has some capacity to provide distribution of potable water, if necessary. Staffing of POD sites will be coordinated with State partners to ensure the presence of security (presumably National Guard) at POD sites. The Shelter Database contains a list of locations that can be utilized as POD or bulk distribution sites. POD sites generally have these characteristics.

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

Mobile supply distribution – where trucks can roam the impacted area and hand out items off the truck – allows relief supplies to reach people who lack the ability to come to fixed distribution points. It provides the opportunity to exercise some 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 is restored (generally as soon as utilities are restored and roads reopened), so as not to inhibit economic recovery of the private sector.

2.3 Human Services and Housing Assistance

2.3.1 Family Reunification – Safe and Well

The American Red Cross Safe and Well website is setup to handle inquiries from family members, friends, and employers who want information on the status of persons in the affected area who either cannot be located or contacted by the standard means of communication. Persons affected by the disaster may register their well-being at the Safe and Well website (https://disastersafe.redcross.org). People without access to a computer or without electricity or

connectivity can call the Red Cross, 1-800-REDCROSS, for help registering. Several pre-scripted messages are available for use:

- I am safe and well
- Family and I are safe and well
- Currently at shelter
- Currently at home
- Currently at friend/family member/neighbor's house
- Currently at a hotel
- Will make phone calls when able
- Will email when able
- Will mail letter/postcard when able
- I am safe and in the process of evacuating
- I have evacuated and I am safe
- I am evacuating to a shelter
- I am evacuating to the house of a family member/friend
- I am currently/remaining at home

Family and friends can then log on and search for registered individuals to learn of their whereabouts and safety.[7] Registration may be offered at shelters, bulk distribution sites and emergency aid stations. Various social media and other Internet-based bulletin boards can also 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.

2.3.2 Support for More Vulnerable Persons

Persons, who because of age, disability, language, or medical condition, may have functional needs within a shelter environment that need to be met before they can fully benefit from ESF #6 service delivery. The following are some general guidelines for meeting functional needs.[8]

1. **Seniors and People with Disabilities**
   - Ensure the accessibility of disaster services, programs and facilities in compliance with Title II of the ADA, including accessible transportation to reach service sites.

[7] The Safe and Well site safeguards the privacy of the disaster victim. Although messages will be viewable by friends or family members who conduct a successful search, the site does not reveal a specific location or contact information (taken from the American Red Cross Safe and Well website).
[8] Appendix E, Policies and Procedures for ADA Title II Compliance is in development and will contain specific procedures (local strategies and resources) for supporting functional needs.

- Meet functional needs in an integrated shelter environment (versus setting up separate "special needs" shelters):
  - Engage FAST Teams (Functional Assessment Service Teams), or representatives from local disability organizations to help assess and identify functional needs for seniors and people with disabilities at shelters;
  - Obtain the necessary durable medical equipment (accessible cots, transfer boards, walkers, eyeglasses, portable ramps, wheelchair battery chargers, etc.);
  - Refilling prescription medications;
  - Communications support (sign language interpretation, TTY access, assistive listening devices);
  - Specific support services (mental health, personal care assistance, space for service animals, etc.).

2. People who are Medically Fragile or Dependent

- Ongoing medical supervision for medically fragile persons required to evacuate to public shelter settings.
- Support for health care facilities given the need to evacuate their medically fragile resident population. Suggested strategies 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 its clientele. The evacuated institution will continue to care for its 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 DPH to activate a full service emergency shelter specifically for medically fragile persons and the evacuating facilities.[9]

3. Persons who are Non-English Speaking

- Provide interpretation and translation assistance at appropriate service delivery sites so that non-English speaking persons can convey needs and receive disaster information and services.
  - The Human Services Agency has identified internal staff with bilingual skills and willingness to help with translation/interpretation needs in shelters;

[9] The Department of Public Health will serve as the lead agency in setting up shelters specifically for medically fragile persons. Shelters will be managed through a collaborative effort between DPH and HSA, with support from ARC for basic supplies as available (e.g., cots, blankets, comfort kits, meals, etc.).

- The top five languages requiring translation services, per data from the various HSA programs, are Spanish, Chinese (both Cantonese and Mandarin), Russian, Vietnamese, and Tagalog.

4. 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 (some SFUSD sites are being pre-identified for this use);
- Child Welfare Workers and other HSA Family and Children Services staff will run these emergency shelters for unaccompanied children (HSA is responsible for the supervision of unaccompanied minors – ages 17 and under – at disaster shelters);

HSA will work to station a liaison at each shelter site that ARC is managing to provide, among other tasks, on-site assistance in assessing ADA issues and other functional needs. This liaison will likely come from HSA, although existing ADA coordinators in other City departments could also be utilized to staff this liaison position. The liaison will help with the onsite assessment of needs at shelters and identify where HSA or other CCSF programs and community resources can be utilized to support persons with access and functional needs at shelter sites. The liaison will communicate this information about needs and specific resource requests both to the onsite shelter manager, as well as back to the HSA DOC.

2.3.3 Recovery Support and Housing Assistance

ESF #6 personnel will play a role with coordinating post-disaster housing plans and with the delivery of recovery assistance to disaster victims. Support will come from NGOs and in the case of larger events, federal and state agencies will establish various assistance programs. The following section provides a brief summary of individual assistance programs that become available following a federally declared disaster. The primary role of ESF #6 personnel is to ensure there is 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. With a small hotel fire for example, the coordinated casework efforts of ARC, HSA and community-based housing partners will act to place residents as quickly as possible in like housing (such as a room in another residential hotel). In most emergencies, shelters will generally not be open for more than a week. Even in longer term operations, the shelter population tends to peak by the 7th 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 those arrangements are made.

Those 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 closing operations will be a function of how quickly replacement housing is found. The following outlines the typical evolution of emergency shelter programs:

1. During the first week of emergency shelter operations, assist shelter residents to obtain housing with family, friends or in available commercial facilities.
2. Begin the transition after a week or more from a shorter-term emergency shelter operation to a longer-term sheltering operation. As more and more 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 back to their normal use (schools in particular will need to be turned over quickly).
3. Depending on the length of time necessary – 30, 60, 90 days, or longer in a worst case scenario – move shelter residents out of long-term shelter facilities once replacement or temporary housing (see below) becomes available. In federally declared disaster events, the federal government will be requested to provide temporary housing. The City will work with state and federal authorities on the development and location of temporary and replacement housing. Once rental assistance and temporary housing resources are available, residents can be moved from shelters into interim housing units.

For further information about temporary or interim housing services and programs, refer to *Appendix B: Assistance Programs.*

Section 3: Response Organization & Structure

3.1 Organization Chart

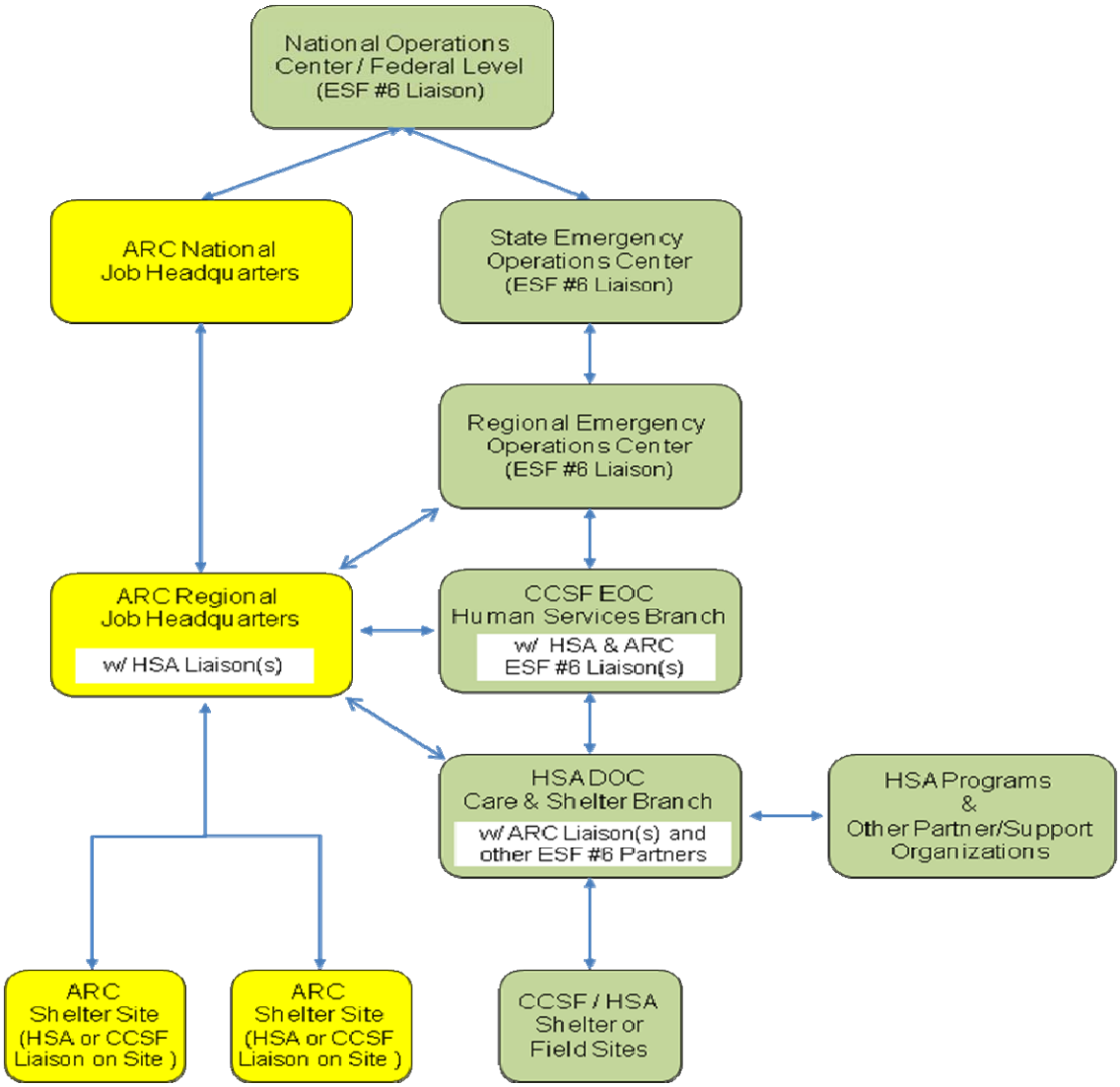

Figure 3-1: ESF #6 Organization[10]

[10] Information about shelter operations will be shared between the ARC Regional Job Headquarters and the HSA DOC via the assigned liaisons. In addition, given available personnel, an HSA or CCSF liaison will be deployed to each shelter site that ARC is managing. This shelter liaison can communicate shelter information to the HSA DOC as well as help to identify where CCSF programs and other community resources can be utilized to support more vulnerable persons (i.e., persons with access and functional needs at shelter sites). Where the CCSF is managing shelter operations or field sites, these sites will report to the HSA DOC until an ARC site manager comes on board. Typically ARC site managers report to ARC's HQ, although coordination with the HSA DOC is also required.

3.2 DOC Coordination

3.2.1 DOC-Level Care and Shelter Branch

In an event that requires the participation of multiple care and shelter partners, the HSA Department Operations Center (DOC) becomes the coordination point for ESF #6 operations. A separate Care and Shelter Branch will be established within the Operations Section of the HSA DOC to manage ESF #6 operations.

Depending on the scope of the event, participation from the following departments and agencies may be requested. The entities may send one or more representatives to the HSA DOC/Care and Shelter Branch to help with response coordination and serve as a liaison with their primary organization:[11]

- American Red Cross (ARC)
- Animal Care and Control (ACC)
- Dept. of Public Health (DPH)
- Mayor's Office on Disability (MOD)
- Recreation and Parks Dept. (RPD)
- SF CARD
- SF Unified School Dist. (SFUSD)
- The Salvation Army (TSA)

An important function of the HSA DOC/Care and Shelter Branch is to ensure that CCSF ESF #6 operations will be fully integrated with the mass care program of the American Red Cross and other nonprofit response agencies, such as the Salvation Army. ARC will have its own operating or job headquarters, and will manage Red Cross response services from that base. However, given an activation of the Care and Shelter DOC Branch, ARC will ensure there is representation from ARC at the HSA DOC. The ARC liaison will act to exchange information back and forth between ARC headquarters and the HSA DOC. Conversely, HSA may also provide representation at the ARC Job Headquarters to expedite this exchange of information.

A large magnitude earthquake event assumes a myriad number of physical and behavioral health needs within the overall shelter system. Coordination with the Department of Public Health (or ESF #8 – Public Health and Medical Services) is necessary for ESF 6 operations to meet the health screening and treatment challenges that will surface at shelter sites. ESF #6 assistance from DPH will be required in the coordination of community clinic assets and in the placement of Disaster Medical Assistance Teams from state and federal partners. This coordination will be provided at the EOC between the ESF #6 and .ESF #8 liaisons within the Human Services Branch. If more in-depth planning support is required, the HSA DOC/Care and Shelter Branch may make a request to the EOC for a DPH representative at the HSA DOC.

The Care and Shelter Branch is also a link to various community and faith based organizations that have a direct role in ESF #6 operations, or have some capacity (resources, expertise, or

[11] Note:
- The Human Services Agency is the lead agency for branch coordination;
- Other organizations not listed -- especially some of the feeding NGOs -- may send liaisons based on need;
- Roles and responsibilities for the organizations above are outlined in Section 3.6 of this annex.

facilities) to support the delivery of ESF #6 human services. SF CARD (Collaborating Agencies Responding to Disasters) is the focal point for information and resource coordination among many of the non-governmental organizations engaged in disaster relief efforts. SF CARD will have a liaison at the Care and Shelter DOC Branch when activated. Similarly, the Mayor's Office on Disability will also be represented to assist with the coordination required to meet specific functional and access needs for people with disabilities, including the elderly.

DOC-Level Care and Shelter Branch Activities

The general role of the Care and Shelter DOC Branch is to coordinate tactical level support for ESF #6 field activities. Again, successful delivery of ESF #6 services requires close coordination with ARC operations. Primary tactical response activities include the following.

- Estimate the number and location of persons who will require services (e.g. sheltering, feeding, or the distribution of relief supplies);
- Develop overall ESF #6 service delivery plan;
- Decide which shelters, feeding, bulk distribution, disaster assistance, or other service sites to open and coordinate their opening;
- Develop initial resource requirement estimates needed to implement the service plan;
- Determine resource availability among ESF #6 support departments and agencies;
- Process requests for unfilled resource needs (if not filled at the DOC level, then submit to the EOC);
- Request City support services, such as post-earthquake structural inspections, site security, transportation, or communications supplies, through the EOC Operations Support Section;
- Assign staff to sites; ensure that worker health, safety and security needs are met;
- Establish communication with shelter and other field sites;
- Coordinate resource requests from field sites (ARC sites may make requests thru ARC);
- Work with partner agencies to establish feeding programs at shelter sites;
- Arrange for the distribution of food;
- Establish physical and behavioral health services for people in shelters;
- Coordinate the opening of disaster pet shelters to be co-located with public shelters;
- Work with community and faith-based organizations that can support service delivery;
- Collect and verify service delivery statistical information from field sites;
- Provide technical support and guidance to field personnel;

- Arrange support for persons at shelters who require additional assistance, such as unaccompanied minors, persons with disabilities, non English speaking persons, etc.[12];
- Coordinate site inspections with Environmental Health Services;
- Identify policy level issues and prepare recommendations for submission to the Policy Group (EOC-level) for resolution or approval;
- Provide the EOC Human Services Branch with situation status updates, including mass care and shelter information for public distribution via the Joint Information Center (JIC);
- Transition of displaced residents from shelters to interim housing.

Care and Shelter DOC-Level Functional Units

Depending on the event and its needs, the Care and Shelter DOC Branch may activate and staff the following functional units and/or corresponding positions.

Care and Shelter DOC-Level Functional Units	
Position	**Responsibility**
Shelter Unit / Shelter Coordinator	The Shelter Unit will help with the coordination of shelter operations, which can range from emergency sheltering for the general population, to finding separate shelter locations for unaccompanied minors and alternate shelter sites for providers that run non-disaster homeless shelters. This includes site selection, shelter opening and closing, and managing available resources for shelter sites. It also includes communication and coordination with site managers and monitoring service delivery to ensure that shelters are providing a safe, environment for disaster victims that meets both their basic and functional needs.
Feeding Unit / Feeding Coordinator	The Feeding Support Coordinator coordinates disaster feeding operations. Mass feeding requires coordination with a range of response elements (e.g., community/faith-based organizations – especially the larger meal providers, partner agencies including the Red Cross and Salvation Army, and private sector vendors). The SF Food Bank will have a representative at the Care and Shelter DOC to coordinate feeding operations with local NGO food providers.
Bulk Distribution Unit / Bulk Distribution Coordinator	The Bulk Distribution Unit is responsible for distribution of a wide range of recovery support materials and supplies and ensures that relief items are fairly/evenly distributed. Distribution activities require coordination with a range of response elements (e.g., the EOC Logistics Section, community/faith-based organizations and partner agencies, including the Red Cross and Salvation Army). The coordinator will often work in tandem with the SF Food Bank (Feeding Coordinator) given the existing network of neighborhood food pantries that can support the distribution of bulk food items and other basic supplies.

[12] Coordination will be required with liaisons from the Department of Public Health to meet the needs of persons who are medically fragile and/or who require medical treatment and support from trained medical personnel.

Care and Shelter DOC-Level Functional Units	
Position	**Responsibility**
Disability Services Unit / Disability Coordinator	The Disability Coordinator directs support to people with disabilities, including the elderly. This can include support in assessing disability (or functional) needs, and the identification of resources required to meet those needs. A representative from (or appointed by) the Mayor's Office on Disability will fill this role. The NGO Coordinator (see below) can also fill this role in the absence of MOD. While working closely with the Shelter Unit, this position will also coordinate activities with HSA DOC staff from the Department of Aging and Adult Services, including the In-Home Supportive Services program. The Disability Coordinator may also work with the ESF 6 liaison at the EOC to ensure that all CCSF services, from sheltering to recovery efforts, are delivered appropriately and consistently with the ADA and other disability rights laws.
NGO Unit / NGO Coordinator	The NGO Coordinator will communicate with and involve community and faith-based organizations that can support or enhance the delivery of mass care services. The coordinator will often work in tandem with the Disability Coordinator on outreach to disability and elderly organizations and in supporting the functional needs of seniors and people with disabilities. SF CARD, which also operates Bay Area CAN (Coordinated Assistance Network), will assume responsibility for the NGO coordination function. CAN is an important asset in the coordination of NGO recovery services for disaster victims (see Recovery Support Unit below).
Animal Shelter Unit / Animal Shelter Coordinator	Animal Care and Control will send a liaison from the ACC Department Operations Center to work cooperatively with the Care and Shelter DOC Branch on the establishment of pet shelters to support the care pets that accompany evacuees at public disaster shelters.
Recovery Support Unit / Recovery Support Coordinator	The Recovery Support Unit is normally only staffed if the disaster is of sufficient size and impact within the CCSF to receive a state and federal disaster declaration. The unit will coordinate support for the establishment of Local Assistance Centers. It will also help with the design of outreach programs, including coordination with the 3-1-1 and 2-1-1 systems, so that information on recovery services reaches all disaster victims. Coordination is also required with a wide range of local, state and federal government agencies, while also involving the NGO Unit to ensure participation of local and national NGOs in recovery. Recovery services also extend to the resumption of HSA programs and services (child care, seniors services, food stamps, etc).

Table 3-1: Care and Shelter DOC-Level Functional Units

3.3 EOC Coordination

3.3.1 EOC-Level Human Services Branch

This Branch level is established at the CCSF Emergency Operations Center within the Operations Support Section. The ESF #6 activities at this level are focused primarily on information sharing and resource coordination among other EOC Branches, Sections and CCSF Departments represented at the EOC. Within the Operations Support Section of the EOC, the following Emergency Support Functions (ESFs) may be asked to assist with ESF #6 operations.

ESF	EOC Section / Branch	Responsibilities
ESF #1 Transportation	**Transportation Branch**	o Transporting displaced residents to shelter sites o Paratransit support for elderly and disabled persons
ESF #2 Communications	**Communications Branch**	o Radio equipment, if phones are inoperable, for communication with ESF #6 field sites
ESF #3 Public Works and Engineering	**Infrastructure Branch**	o Inspection of sites to determine structural soundness (a critical function given an earthquake event) o Emergency repair and access modifications at selected shelter/service sites (e.g., construction or placement of temporary portable ramps)
ESF #7 Logistics	**Logistics Section**	o Obtain resources to support ESF #6 operations, including assistance from state and federal agencies o Provide DSWs for ESF #6 staffing needs (Human Resources Branch)[13] o Donations tracking (donated resources) to support ESF #6 operations
ESF #8 Public Health and Medical Services	**Human Services Branch***	o Medical and behavioral health services for people in shelters o Environmental health/sanitation inspections of shelter sites
ESF #11 Animal Response	**Human Services Branch***	o Disaster pet shelters (co-located with public shelters) o Assistance with service and emotional support animal needs
ESF #12 Water and Utilities	**Infrastructure Branch**	o Drinking water for shelters and bulk distribution points o Utility services; placement of emergency generators
ESF #13 Law Enforcement	**Law Enforcement Branch**	o Security at shelter and POD sites (HSA also has contracted security services for possible deployment)
ESF #15 Joint Information System	**Joint Information Center (JIC)**	o Public messaging about shelter openings and other ESF #6 services delivered in accessible formats including real time captioning, ASL, and multiple languages where appropriate

[13] It should be noted that HSA has sole responsibility for deployment of its own internal staff to ESF 6 functions or other response and recovery activities.

ESF	EOC Section / Branch	Responsibilities
ESF #16 Community Support	**Community Support Branch**	o Private sector resources, including coordination of Hotel Council resources o Liaison with community representatives and information about neighborhood status

Table 3-2: EOC Human Services Branch ESF Coordination

EOC-Level Human Services Branch Activities

The general role of the ESF #6 liaison at the EOC Human Services Branch is to serve as an information and resource point of communication between EOC support operations and HSA's Care and Shelter DOC Branch and its partners. Both ARC and HSA will have ESF #6 Liaisons at the Human Services Branch. DPH (ESF #8) and ACC (ESF #11) will also be represented at the EOC Human Services Branch. Primary functions for the ESF #6 liaison at the EOC includes:

- Maintain communication with the HSA DOC/Care and Shelter Branch;
- Collect situation status updates and activity information from the HSA DOC/Care and Shelter Branch;
- Keep other departments and ESFs, represented by liaisons at the EOC, updated on the status of ESF #6 activities;
- Provide the HSA DOC/Care and Shelter Branch with relevant EOC data on emerging trends (i.e., areas where there may be a need to open shelters, or provide other relief services, and the level of anticipated service required);
- Keep the HSA DOC/Care and Shelter Branch updated with citywide situation assessments, response objectives, and other EOC reports (i.e., EOC Action Plans and policy decisions);
    - Ensure HSA DOC/Care and Shelter Branch has a citywide operating picture of the overall response;
- Expedite requests for resources that are submitted by the HSA DOC/Care and Shelter Branch to the EOC;
    - Facilitate EOC support for ESF #6 operations, especially among Branches within the EOC Operations Support Section;
    - Submit a Resource Request Form (ICS Form 260) to the EOC Logistics Section for requests that cannot be filled through Operations Support Section Branches;
- Work with the PIO to craft public messaging, delivered in accessible formats, related to care and shelter services (based on information released from the HSA DOC/Care and Shelter Branch);
- Submit policy level questions from the HSA DOC/Care and Shelter Branch to the EOC Policy Group (via the Operations Support Section Chief);

- Act as an SME on ESF #6 related activities for the Policy Group and other EOC staff.

3.4 Resource Requests and Availability

ESF #6 capacity for responding to a large disaster is dependent on the coordinated sharing of resources between ESF #6 departments and partner agencies, and the ability to supplement available resources by purchasing, leasing or obtaining mutual aid support through state and federal partners. For the most efficient coordination and allocation of partner resources, there must be direct communication among all ESF #6 partners and this occurs with the liaisons represented at the HSA DOC/Care and Shelter Branch.

Once the need for a resource is identified, the following procedures take place:

- Is the resource available given the inventory on hand among the ESF #6 partners? If yes, then that partner will fill the request.[14]
- Is the resource available through the vendor procurement processes of an ESF #6 partner or through an SOU/MOU with an ESF #6 partner? If yes, then that partner will purchase or obtain the item/service through their existing vendor or SOU/MOU.
- Is there an ESF #6 partner that can acquire the resource from an alternate vendor? If yes, then that partner will purchase the item through the alternate vendor.
- Is the resource available from a non ESF #6 department within the City? If yes, then submit the resource request to the ESF #6 liaison at the Human Services Branch within the EOC Operations Support Section.
- If no, then the ESF #6 representatives at the Human Services Branch within the EOC will submit the request to the EOC Logistics Section.
- The Logistics Section will either acquire the resource through purchasing, from the larger pool of citywide vendors, or it may obtain the resource from an alternate vendor.
- If the resource is not available within the local area, the Logistics Section may request the resource from federal and state partners.

In addition, the following guidelines apply to the use of care and shelter resources.

- Each ESF #6 partner will be expected to direct and operate its own resources;
- ARC will generally pull resources from its own inventory for the sites it operates/manages;
- In those instances where the resource is available from more than one partner, generally that partner that can put the resource in place most quickly, and/or is most skilled in its implementation, will provide the resource.

See Appendix C for a list of Mass Care and Shelter Resources.

[14] In a standard shelter operation, most resources required for shelter operations will come through ARC. CCSF resources can be used as needed to supplement ARC resources upon request of the ARC.

3.4.1 External Coordination with State and Federal Partners

State: If shelter and mass care needs within the CCSF cannot be satisfied with local resources, the ESF #6 liaison(s) at the EOC Human Services Branch will utilize established SEMS/NIMS channels through the Logistics Section at the EOC to request assistance from State Government. The REOC (Regional Emergency Operations Center), operated by the Coastal Region of Cal EMA, provides access to State and Federal resources and agencies. This includes the State Department of Social Services (DSS), which has overall responsibility for coordinating state-level support for ESF #6 activities. In addition to making requests for resources and then coordinating in-bound resources, the EOC Human Services Branch may also share situational information with the State.

ARC is also represented in the REOC by a liaison whose purpose is to share information between various levels of ARC management and State government and to follow up on ARC resource requests. This liaison also serves as a care and shelter subject matter expert for the State's response operations.

Federal: The State Operations Center (SOC), which supports activated Regions (REOCs), is California's link to the support provided by ESF #6 within the National Response Framework (NRF). The NRF designates the Federal Emergency Management Agency (FEMA) as the lead or coordinating agency for ESF #6 at the federal level. Federal assistance includes support for emergency shelter, feeding, distribution of supplies, first-aid, welfare inquiry and interim housing.

3.5 Information and Activity Reporting

Shelters operated by ARC will provide the ARC Regional Job Headquarters with a daily summary of their census/occupancy, resource needs and any other support or service issues.[15] Similarly, a shelter or other field site operated by the CCSF will report to the HSA DOC/Care and Shelter Branch on a regular daily basis, until ARC assumes management for the site. However, this information, whether collected by ARC or the CCSF, needs to be shared between both the HSA DOC and ARC Job HQ. There are assigned HSA/CCSF liaisons working at ARC shelters and at the ARC HQ to collect local ARC data. Moreover, the ARC liaison at the HSA DOC is responsible for ensuring that the CCSF is kept up-to-date on all ARC daily situation summaries (see item 3.1 Organization Chart).

Ultimately, the HSA DOC has responsibility for consolidating all ESF #6 reporting information and communicating this information up to the EOC (via the ESF #6 liaison in the Human Services Branch). Therefore, all agencies operating shelters in the CCSF (including spontaneous shelters being operated by CBOs and FBOs) will be asked to share their activity information with the Care and Shelter DOC Branch, so that an accurate citywide picture of shelter activities is captured. This information needs to provide a citywide operational picture of ESF #6 activity and therefore will reflect the following.

[15] Shelter occupancy counts are normally taken each evening immediately after "lights-out." Daytime counts are discouraged because they are generally poor indicators of actual occupancy.

- # of Shelters Open[16]
- # of Persons Displaced (estimated)
- # of Persons in Shelters
- # of Additional Persons Needing Shelter
- # of Fixed Feeding Sites (assumes all shelters are fixed feeding sites)
- # of Mobile Feeding Sites or Routes
- # of Persons Fed in the Past 24 Hours
- # of Persons Projected to be Fed in the Next 24 Hours
- # of Bulk Distribution Sites Established
- # of Pet Shelter Sites Established
- Mutual Aid Received in the Past 24 Hours (Yes/No)
- Mutual Aid Needed in the Next 24 Hours (Yes/No)
- Notes on vulnerable populations in shelters (people with specific functional needs such as seniors, persons with disabilities, homeless individuals, children, SRO occupants)

If Internet access is available, the Shelter Database (because it is web-based) provides a means for any shelter or field site to report their information into a pre-formatted template, which can then be viewed at either the Red Cross Headquarters or the HSA DOC. Furthermore, the database can consolidate the information that is received from the various field sites into a single comprehensive report. Information from specific shelter sites will include the following:

- Shelter site name
- Location (street name, number, cross street, zip code)
- Estimated capacity
- Number of people sheltered (sleeping over) during reporting period
- Total number of people sheltered to-date
- Number of new registrations during the reporting period (normally the last 24 hours)
- Shelter manager's name
- Phone #, radio frequency or other contact method
- Current facility status (open, closed, stand-by)
- Meals fed in past 24 hours
- Animal shelter co-located? (yes/no)
- Summary of critical support needs including functional resource needs

[16] This includes both indoor and outdoor shelters, run by either ARC or local government, in addition to shelters operated by other faith-based or community-based organizations (i.e., spontaneous community shelters).

3.6 Response Roles and Responsibilities

Roles and responsibilities for organizations with a role in ESF #6 activities are listed alphabetically:

1. American Red Cross (ARC)

Primary Role

- Shelter management expertise
- Open, staff and operate emergency shelters
- Support shelters with ARC resources as available
- Transition of residents out of shelters into interim or more permanent housing (with partner assistance)

Primary Resources

- Eight partner shelter facilities (in addition to many other surveyed shelter sites)
- Local Disaster Action Teams (DAT teams) for shelter response
- Red Cross trained shelter management and operations personnel, including trained community volunteers to support shelter operations
- Health support personnel (basic emergency first aid)
- Mental health support personnel (20 trained mental health personnel available locally)
- Basic operational supplies (in SF and around the Bay Area)
    - Cots and blankets
    - Comfort kits/toiletries
    - Signage and forms
- Food service resources (vendor contracts)
- Bulk distribution items (through its national network)
- Emergency Assistance Program (for families and individuals) – can include casework, financial assistance, and/or vouchers for replacement items
- Safe and Well website – a disaster welfare inquiry service

2. Animal Care and Control (ACC)

Primary Role

- Care and shelter of pets brought to public shelter sites
- Assist with the needs of service and support animals at public shelters

Primary Resources

- Capacity to establish/operate separate pet shelters co-located with public shelters
- Basic pet shelter start-up supplies – kennels, cages, food, leashes, muzzles, etc.

- Relationship with multiple local animal care providers (can quickly leverage resources)
- Primary animal shelter at Harrison and 15th Street
- Additional animal shelter capacity through the network of partner sites

3. Dept. of Human Resources (DHR)

Primary Role

- Coordination with SF Volunteer Center to manage disaster volunteers

Resources

- Skilled volunteers – medical, mental health, bilingual, etc. (HelpBayArea.org)
- Badging system (if needed for shelter workers or residents)

4. Dept. of Public Health (DPH)

Primary Role

- Basic medical screening and physical health support for people in shelters
- Behavioral health (mental health) services for people in shelters
- Medication replacement for people in shelters
- Environmental health monitoring of conditions in shelters
- Leverage partner resources through coordination with Public Health Centers and Community Health Clinics

Resources

- Approximately 30 Public Health Nurses plus personnel from community clinics
- Behavioral health staff, plus personnel from community mental health sites
- Mutual Aid Systems -- DMAT Teams and State Disaster Healthcare Volunteers/DHV
- First aid supplies
- Prescription refill / medication replacement
- Kitchens at Laguna Honda & SF General Hospital
- Building Engineers to help assess facilities

5. Human Services Agency (HSA)

Primary Role

- Manage HSA DOC/Care and Shelter Branch when activated
- Involvement and coordination of ESF #6 partner organizations
- Work with ARC to staff and manage shelters, given large sheltering demand
- Support for vulnerable populations through HSA programs and from HSA service providers and partner organizations

- Housing assistance – support ARC with transition of residents out of emergency shelters to other housing

Resources

- 7 shelter trailers each with supplies for a 500-person shelter (sleeping mats, blankets, hygiene kits, lights and generator)
- 1,800 employees; 500 of whom could may be assigned to help staff shelters
- 50 previously trained shelter workers (DSWs)
- Personnel with bi-lingual skills
- Child Welfare Workers and childcare provider network
- Range of social service programs to support low-income shelter residents
- Existing contracts with CBOs to serve more vulnerable persons and communities
- Building Engineers to assess HSA facilities
- Passenger vans and vehicles (transport of personnel and some supplies)
- Contracted security personnel for support at shelter sites
- Programs that support seniors, people with disabilities and children

6. Mayor's Office on Disability (MOD)

Primary Role

- Guidance with assessing and supporting disability needs in shelters
- Assistance with post-earthquake structural inspections, using staff trained in Applied Technology Council (ATC)-20 standards

Resources

- Local knowledge of the disability community
- Expertise with federal and state law in compliant service delivery to the local disability community
- MOUs with disability service providers and with vendors to provide disability supplies and equipment
- 3 staff persons with qualifications to perform building inspections

7. Non Governmental Organizations (NGOs)[17]

Primary Role

- Work as community partners to help meet care and shelter needs (see Appendix B.1.2)

Resources

- Some NGO sites have capacity to provide shelter (larger congregations)

[17] NGOs will typically be represented at the HSA DOC by SF CARD

- Kitchen/cooking facilities (CBO meal providers & large congregations)
- Specialized services to more vulnerable persons
- Red Cross trained shelter workers (selected congregations)
- SF Food Bank – bulk food & water distribution network using neighborhood pantries
- Clergy and pastors (for mental health services)
- Larger VOAD entities will support feeding and recovery activities for disaster victims

8. Private Sector

Primary Role

- Help fill/support resource gaps (especially housing and feeding – i.e., Hotel Council)
- In-kind support (donations)

Resources

- Facilities for shelter (hotel space, auditoriums, clubs and lodges)
- Large commercial kitchens (hotels and restaurants)
- Private security firms
- Bulk quantities of food and water
- Red Cross trained shelter workers (Ready When the Time Comes Program)

9. Recreation and Parks Dept. (RPD)

Primary Role

- Determine status of RPD facilities for shelter use
- Identify RPD staff to assist with shelter operations at RPD sites
- Assistance with site logistics and resources at RPD sites

Resources

- Recreation centers for use as shelter facilities (22 sites surveyed)
- Space for outdoor sheltering (5 sites identified to date)
- Approximately 30 trained shelter workers (DSWs)
- Building Engineers to assess facilities
- Personnel with specialized skills to support shelter operations – recreation, child care and language translation, plus facility maintenance (plumbing, electrical, etc.)

10. SF Collaborating Agencies Responding to Disasters (CARD)

Primary Role

- Help to link community and faith-based organizations with local government and ARC to support ESF #6 operations and ensure an effective response and recovery for vulnerable and under-served populations within the CCSF

- Serve as link with Northern California VOAD (Voluntary Organizations Active in Disasters) and assist them to integrate their services with local disaster response and relief efforts already underway

Resources

- Oversight of CAN database – a tool for caseworkers to coordinate relief assistance
- Utilize the CARD network of member CBO's to inform CBO clients (especially more vulnerable persons) about available disaster services and programs
- Can identify community-based organizations able to provide support mass care efforts to disaster victims (emergency food, bulk distribution, shelter, language translation, etc.)

11. SF Unified School District (SFUSD)

Primary Role

- Determine status of SFUSD facilities for possible disaster service use (following reunification of students with parents/guardians)
- Identify available SFUSD staff to assist with operations at SFUSD sites
- Assistance with logistics and resources at SFUSD sites used for ESF #6 functions
- Eventual re-establishment of school programs to support recovery of the community

Resources

- School sites with the potential to serve as (1) Disaster Shelters; (2) Fixed Feeding Sites, or (3) PODs – points of distribution for neighborhood relief supplies
- SFUSD personnel to help support operations at SFUSD facilities – health care staff; site maintenance and custodial; food services staff; security personnel; teachers, etc.

12. The Salvation Army (TSA)

Primary Role

- Mass care feeding
- Distribution of basic commodities

Resources

- Large commercial kitchen capacity
- Mobile feeding vehicles

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Section 4: Notification and Activation

4.1 Notification

Given an event that requires some level of anticipated or actual care and shelter response within San Francisco, HSA, in coordination with ARC, will determine the activation needs of ESF #6. Notification will then be issued to all relevant supporting ESF #6 partner organizations, and to any additional City 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, HSA will begin planning efforts to include:

- Defining the extent of required ESF #6 support;
- Identifying potential response/resource requirements and needs;
- Placing relevant personnel on standby;
- Determining Care and Shelter DOC-level branch activation and staffing requirements (see below).

4.2 Activation

ESF #6 may be activated by HSA staff,[18] the EOC Manager, or the DEM Duty Officer when an event affecting the CCSF with care and shelter implications is anticipated, or has occurred. The level of activation will be determined according to the requirements of the event. If the determination is made to activate the HSA DOC/Care and Shelter Branch, notification to the following departments and community partners may be necessary:

- American Red Cross (ARC)
- Animal Care and Control (ACC)
- Dept. of Public Health (DPH)
- Mayor's Office on Disability (MOD)
- Recreation and Parks Dept. (RPD)
- SF CARD
- SF Unified School Dist. (SFUSD)
- The Salvation Army (TSA)

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

1. **Level 1 – No DOC activation**. This 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.

2. **Level 2 – Partial DOC activation**. A more moderate emergency characterized by the displacement of a larger number of persons and/or the need for multiple shelters or

[18] HSA personnel with the authority to activate the plan include the Emergency Services Coordinator, Director of Support Services, Deputy Director and. the Executive Director.

services. Additional partner organizations, beyond just the Red Cross, are asked to be represented in the response. Depending on the event scope, a DOC may be established in the field to manage ESF #6 activities or the pre-designated HSA DOC location on Mission Street may be partially activated.

3. **Level 3 – Full DOC activation**. A major emergency, perhaps citywide, that requires a sustained care and shelter response (i.e., could involve the opening of mass care facilities throughout the CCSF for an extended period). The event is large enough to require the coordination of numerous resources and information among multiple care and shelter partners. The HSA DOC on Mission Street is fully operational.

4.3 Response Actions

To meet the mass care needs of disaster victims, achievement of the following objectives are necessary within the HSA DOC/Care and Shelter Branch.

Step 1: Establish the HSA DOC/Care and Shelter Branch

a) Review preliminary incident data;

b) Determine the staffing needed for the required level of activation;

c) Notify the relevant care and shelter partner organizations;

d) Provide representation at the EOC if activated;

e) Given a large event, prepare personnel shift schedules at least 3 days out (both DOC and field personnel).

Step 2: Gather and Analyze Information

a) Based on the level of care and shelter needs involved, develop an initial plan for providing services:
   - Estimated number of people requiring shelter support;
   - Estimated number of people requiring feeding and/or food & water distribution support;
   - General areas (neighborhoods) with significant numbers of displaced households;
   - Number, location and sequence of service sites or shelters to be opened;
   - Identify where pet shelters can be co-located with public shelter sites;
   - Designate lead agencies for each site (generally ARC will be the lead agency and the CCSF will support ARC with operations as needed);
   - Coordinate post disaster safety assessment inspections of potential shelter sites using City resources at DBI, MOD, DPH and DPW.

b) Determine the availability of partner agency resources (facilities, personnel, supplies and equipment);

c) Determine the number of ARC, HSA and other DSW staff available for assignment to support sheltering activities;

d) Identify expected resource shortfalls;

e) Discover where spontaneous shelters may have opened (sites operated independently from ARC or the CCSF) and decide whether to support or consolidate;

f) Provide ESF #6 representatives in the EOC with regular situation status updates.

Step 3: Obtain and Deploy Resources

a) Begin to implement service plan;

b) Mobilize care and shelter personnel and resources from partner agencies;

c) Work with the Red Cross to ensure that qualified shelter management teams are identified for each site;

d) Request supplies, equipment and specialized services through the following:

- Supporting departments, or partners (from inventory or through a vendor);
- The EOC (through another CCSF Dept. or through the EOC Logs Section);
- State and federal agencies (via the EOC Logistics Section).

Step 4: Coordinate Response

a) Open shelter and other service delivery sites;

b) Ensure that all care and shelter site managers are provided with communication equipment (cell phone or handheld radio) for required coordination with the HSA DOC/Care and Shelter Branch (or ARC command);[19]

c) Get feeding and beverage services going 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, etc.

d) Ensure that representatives at the EOC are provided with timely information regarding the opening and closing of shelters (this will facilitate the release of public information regarding which shelters are open and their locations);

e) Expand current sheltering and field response capacity as needed;

f) Develop feeding capacity and response;

g) Based on demand, setup bulk distribution, outside of the shelter system, for potable water, food (MREs), ice, clothing, sanitary items and other basic life sustaining supplies.

[19] HSA has "Go Phones" (cell phones) at its DOC that are reserved for HSA field and shelter staff.

Step 5: Continue to Monitor, Track, and Inform

a) Monitor overall implementation of the service delivery plan;

b) Ensure all shelter sites report current situation status on a daily basis:
   - # of beds currently occupied;
   - # of beds currently available;
   - # of new registrations in the last 24 hours;
   - # of meals fed in the last 24 hours.

c) Receive and respond to resource or information requests from shelter and field sites;

d) Identify potential breakdowns in coordination and support and intervene accordingly;

e) Provide ongoing situation reports to the EOC on care and shelter status;

f) Conduct periodic DOC staff meetings to:
   - Identify and resolve issues;
   - Update situation information;
   - Revise service delivery plan;
   - Determine future needs.

4.4 Deactivation

ESF #6 will be deactivated when the need for care and shelter response coordination has either diminished or ceased. ESF #6 functions may be deactivated or scaled back at the discretion of the HSA DOC Director or HSA DOC Operations Section Chief, EOC Manager, or EOC Operations Support Section Chief, as appropriate. After the decision to deactivate has been determined, the following activities may be necessary:

- Prepare documents for financial reimbursement;
- Complete or transfer remaining ESF #6 responsibilities to the appropriate department(s);
- Provide deactivation information to all involved supporting ESF departments;
- Inventory, return to owner, or properly dispose of remaining supplies and assets used in the response;
- Issue a final status report to the HSA DOC Operations Section Chief;
- Coordinate deactivation with the Operations Section Chief at the HSA DOC to include staff release, equipment return, and inventory;
- Coordinate deactivation activities with the EOC;
- Ensure that a debrief is held between key staff, volunteers, and involved CCSF departments;
- Continue ongoing efforts for reunification as necessary.

Section 5: Planning Assumptions

The following planning assumptions for ESF #6: Mass Care, Housing and Human Services apply:

- Expect resources and their distribution to be extremely limited the first few days following a disaster where there has been widespread damage. For example, a significant portion of ARC's San Francisco personnel and material resources may not be available initially.
- In a large disaster event, there will be people separated from their families due to impassible transportation routes and gridlock. If the disaster occurs during normal working hours, it will likely trap thousands of commuters in the CCSF and also increase the initial ESF #6 service demand. Family reunification support will be necessary.
- For a major disaster that generates a large mass care operation, normal activities at schools, community centers, congregations (e.g., churches, parishes, synagogues, etc.), and other facilities used as shelter sites will be curtailed.
- 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. The challenge will be in coordinating and supporting their activities.
- Large disasters will impact all segments of the population, however, typically people with few resources require more support to recover. The collaboration with community and faith-based organizations and the private sector is important for augmenting the resources and skill sets to meet recovery needs.
- In most emergencies, shelters will generally not be open for more than a week. However, in a catastrophic disaster, it is likely that long-term mass care and sheltering will be required until rental assistance and temporary housing resources become available. In that case, the HSA DOC/Care and Shelter Branch must plan for a transition from emergency sheltering to long-term sheltering and then to interim housing.
- Based on the density of older housing stock, certain areas within the CCSF will be more heavily affected in earthquake disasters. These more vulnerable areas include Chinatown-North Beach, the Mission, South of Market, and the Tenderloin. Treasure Island requires special consideration given its potential isolation in the event of a Bay Bridge failure.
- The biggest and most likely risk threat involves a major earthquake on any one of the dozen fault segments that run under the Bay Area. The three earthquake faults with the potential to produce the most damage for San Francisco include the San Andreas, Northern San Gregorio and Hayward Faults. The number of persons displaced and seeking shelter will vary greatly depending on the time of day, fault segment, epicenter and magnitude of the earthquake. Using HAZUS data generated for the Bay Area UASI Program, Regional Catastrophic Planning Grant Program (October 2009), the range can be anywhere from a few thousand persons to a worst case scenario where upwards of 64,000 persons may potentially seek shelter.

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Appendix A: Sheltering Sites

A.1 Sheltering Phases/Types of Sheltering

A.1.1 Sheltering Phases

Depending on the duration and severity of the disaster, shelter operations can evolve from facilities meant only to support people overnight, to facilities that are more heavily staffed and provide a range of support services.

1. **Emergency Evacuation Center** – A site setup with limited resources and staffing as its primary purpose is to provide evacuees with a safe and protected place with which to congregate on a very short-term basis until people can return home or relocate to another facility. Evacuation Centers may be opened as a first step until resources are in place to begin the transition to fuller service emergency shelters.

2. **Short Term Emergency Sheltering** – Short term sheltering for evacuees who may just need a temporary place to stay until other housing arrangements can be made. Typically, emergency shelters will provide feeding, physical health and behavioral health services, in addition to other support services based on need. In an ARC-run emergency shelter, ARC will typically bring in Client Services Teams by the 4th day to help those remaining residents to find alternative housing. However, if the level of the disaster has significantly limited housing options and the remaining residents will continue to need longer term sheltering support, then the existing emergency shelter sites will be consolidated into a smaller number of longer term sheltering operations.

3. **Long Term Sheltering** – Long term shelter operations may continue for another 30, 60 or 90 days depending on how long it takes to move shelter residents into interim housing. While schools may be used for emergency sheltering, they are not appropriate for long term sheltering. People with needs that cannot be properly supported within a shelter environment are relocated to appropriate housing.

4. **Interim Housing** – Eventually the shelter system gradually consolidates and transitions to government sponsored interim housing programs. Programs range from providing hotel vouchers, to bringing in trailer homes, to the construction of other modular or prefabricated housing units (see Appendix item B.1.1).

5. **Permanent Housing** – Disaster victims eventually will move from interim back to permanent housing. In some cases, they may return to their pre-disaster home after repairs are completed; in other cases, they may find new housing (or newly constructed housing) within the affected area. Some persons may ultimately just relocate out of the area.

A.1.2 Spontaneous Shelters

In a larger disaster event, it is assumed that community shelters, run by organizations other than ARC or the CCSF, will open spontaneously. These sites may be run by agencies such as the Salvation Army, Neighborhood Emergency Response Team (NERT) volunteers, or other neighborhood and community-based organizations. For example, it is assumed that many congregations (churches, parishes, synagogues, etc.) will open their doors and allow people within that neighborhood needing shelter or assistance to come-in. Other spontaneous shelters may be run with no formal sponsorship.

As the City or ARC learns about their operation, assistance may be provided to help with the operation of the site if needed (staffing, basic supplies or feeding). This assistance is contingent on the site meeting some basic health and building safety standards. Both the Department of Building Inspection and Environmental Health Services of DPH may be called upon to inspect spontaneous shelters. For sites that do not meet minimum health or safety standards, or are unacceptable for other reasons, ARC or the CCSF will work with the site to address the problem(s) that make them unacceptable. Otherwise, evacuees will be relocated to nearby ARC or CCSF managed shelters. See Appendix D for the Spontaneous Shelter Assessment Form.

A.1.3 Outdoor Sheltering

Given a fear of aftershocks following a major earthquake, some persons displaced from their residence will converge on public parks or open spaces as an alternative to using indoor mass care shelters. Since these “open shelter areas” will generally emerge spontaneously, ESF #6 personnel must consider whether to take a role in managing the sites from the start to head-off potential health and sanitation problems. A decision to support selected outdoor congregate sites will involve providing the same level of mass care services as provided to indoor sites.

Six sites have been pre-identified through the CCSF Recreation and Parks Department where actively managed outdoor shelter facilities could be established, based on need. Footprint or space usage plans have been developed for each site to describe the details of the site layout and facilitate setup. These site plans include a list of supplies necessary to enable the site to become operational. Along with tented dormitory facilities, there is an infrastructure of services (i.e., security, health, feeding, pet support, recovery assistance, etc.) and other resource needs (lighting, sanitation, communication, etc.) that need to be included as part of the overall outdoor shelter complex.

Due to the complications of outdoor sheltering, it will remain a secondary option to the primary goal of establishing a network of fully serviced, neighborhood-based, indoor shelter sites. Yet, large sized tents can also be used to extend capacity at targeted indoor sites. Tent structures can be established in areas where there is flat open space attached to the indoor site (such as big ball fields, parking areas and playground areas). Rest rooms, showers, feeding, security and other health and social services, which can be expanded if needed, will already be in place as part of the shelter services operating within that attached indoor facility.

A.1.4 Disaster Pet Shelters

The CCSF Department of Animal Care & Control (ACC) is the lead agency for setting up disaster pet shelters. ACC regularly works in partnership with a number of local animal organizations, including the Society for the Prevention of Cruelty to Animals (SPCA), Pets Are Wonderful Support (PAWS), local veterinarian associations and Pets Unlimited. These organizations would continue to work in close collaboration during the disaster response and would be fully integrated into the ACC Department Operations Center to support pet sheltering and other animal response operations. Approximately one-third of all households in San Francisco include some type of pet. Hence, there is the possibility that up to one-third of those residents seeking shelter may arrive with a pet.

It is also assumed there will be a variety of animal species arriving with pet owners when they evacuate to shelter sites – cats, dogs, rabbits, guinea pigs, reptiles, domestic birds and other exotic pets. The strategy for managing most companion animals – at least with dogs – is to co-locate a pet shelter adjacent to the public shelter. This includes the setup of tent structures to house dogs that are temporarily being sheltered in cages. Cats will have a more difficult time being outside even in tented space, so unless the shelter affords a separate indoor area away from the general population where cats can be sheltered in cages, they may be moved to a separate indoor facility maintained by the network of City animal care providers. Likewise, the more exotic pets, or pets that may require more specialized shelter, will be given emergency shelter at ACC's primary animal shelter facility at 15th and Harrison Streets.

Upon arrival at the shelter, companion animals such as cats and dogs will be scanned for existing microchip identification and where no identification exists, a microchip will be implanted to ensure they are safely reunited with their owner later. The pet shelter could be established in a courtyard, parking lot or playground area attached to the shelter. It simply needs to provide enough space for sheltering animals in cages, without requiring that cages be stacked.[20]. Having the pet shelter co-located with public disaster shelters provides sheltered pet owners with close-enough proximity to exercise, feed, or spend time with their pet.

Service Animals

It should be noted that service and emotional support animals are not considered pets and are exempt from restrictions regarding facility and transportation access. The ADA defines a service animal as any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. If they meet this definition, animals are considered service animals under the ADA regardless of whether they have been licensed or certified by a state or local government. However, this access is based on controlled behavior within the shelter. If for some reason the animal's behavior is not controlled and it represents a safety risk for other residents in the shelter, then the animal can be barred entry to the shelter.

In addition, state law and CCSF policy define emotional support animals as animals that provide assistance to a person with a psychiatric/emotional disability. Although not always as specifically trained as the service animals, emotional support animals are still considered an

[20] The recommended cage size for dogs is 2.5' by 4' allowing each dog 10 square feet of space. The recommended cage size for cats is 1.5' by 4' allowing each cat 6 square feet of space.

essential aid to a person with a disability that allows them to function in their daily life, therefore, they are also exempt from restrictions regarding facility, and transportation access. Appendix E, Policies and Procedures for ADA Title II Compliance, is in development and will further outline the CCSF service/support animal policy in addition to providing specific behavior guidelines.

A.2 Shelter Database

The City's Shelter Database is a central repository for facilities in San Francisco that have been surveyed and identified for potential disaster/emergency shelter use. It is an online database that is maintained by the City and County of San Francisco (CCSF), but can be accessed and shared by all ESF #6 partners. More than 100 facilities are listed in the database with the potential to shelter more than 45,000 people (60,000 persons if outdoor sites and mega shelter[21] sites are established). It is understood that a percentage of the facilities listed in the database will not be available following a damaging earthquake disaster. However, a Memorandum of Understanding with the SF Unified School District (SFUSD) allows for any of the more than 150 SFUSD school buildings to be used as temporary public disaster shelters given a catastrophic event. Presently, only the 20 SFUSD sites most desirable for sheltering have been surveyed for inclusion in the shelter database.[22]

Sites were surveyed using the American Red Cross Shelter Survey, in addition to a checklist that assessed the wheelchair/disability access at each site.[23] In addition to schools, surveyed sites include recreation centers, congregations, neighborhood centers, and large meeting facilities. Shelter sites are identified for all San Francisco neighborhoods.

The database also includes the resources that are available on site at each facility. For example, it provides information on parking capacity, food preparation capacity, sanitation capacity (how many toilets, sinks and showers), in addition to comments on the physical structure (date of last retrofit) and facility contact information (who to call to authorize facility use). Moreover, the database provides detailed information on the level of ADA compliance and if the facility is not fully compliant, information is included about on-the-spot modifications necessary to make the site at least functional to people with disabilities. For example, portable ramps could be used to improve entrance access, or portable toilets that are ADA accessible could be used to supplement rest room access.

[21] Mega shelters are generally defined as facilities with capacity to shelter more than 1,000 persons.
[22] These 20 sites were surveyed based on their size (capacity for sheltering larger numbers of persons), facilities (greater kitchen, shower and rest room capacity), location (they are evenly distributed among the 9 San Francisco Emergency Response Districts), and accessibility (they provide full ADA disability access).
[23] This checklist was vetted by the CCSF disability community (through the City's Disability Disaster Preparedness Committee) who agreed to functional access standards versus compliance to the letter of the ADA Standards for Accessible Design. In other words, elements such as mirror height, door weight or placement of paper towel holders were deemed less important in the large scheme of general accessibility for emergency shelter use.

Appendix B: Assistance Programs

B.1 Federal and State Assistance Programs

FEMA (Federal Emergency Management Agency) and the other resources of the federal government become available once a disaster receives a federal declaration. FEMA operates two broad assistance programs.

1. **Public Assistance Programs** – The Public Assistance Program reimburses local and State governments and eligible private non-profit organizations for structural damage and for the costs of disaster work.

2. **Individual Assistance Programs** – Individual assistance programs are made available through the FEMA national tele-registration system (1-800-621-3362 or TTY for speech and hearing impaired 1-800-462-7585) and through the establishment of Local Assistance Centers in the affected area. Individual Assistance Programs provide grants to individuals or households for the following.

   - Housing Assistance: reimburses lodging expenses (for a motel or hotel), rental assistance, home repair cash grant, or home replacement cash grant
   - Other Needs Assistance: reimburses medical, dental or funeral costs, transportation costs and other disaster-related needs.
   - Awards (grants) for other uninsured disaster-related necessary expenses and serious needs (e.g. basic personal property, medical, dental or transportation expenses).
   - Low Interest Loans – Low interest loans are available through the Small Business Administration (SBA) to cover expenses not covered by State or local programs or private insurance (1-800-488-5323, or TTY 1-916-735-1683).
     - Low interest loans of up to $200,000 for real estate repairs. Homeowners and renters can also borrow up to $ 40,000 to replace personal property.
     - Businesses and non-profit agencies can borrow up to $1,500,000 to fund repairs or replacement of real estate, machinery, equipment, inventory or other business related assets. Loans can also include additional funds to implement hazard mitigation measures.
   - Crisis Counseling – Services provided to relieve any grieving stress or mental health difficulties caused or aggravated by the disaster.

3. **Other Assistance Programs** – Additional programs available to affected individuals, families and businesses include the following.

   - Emergency Food Stamps
   - State Supplemental Grant Program (SSGP)

- Social Security Assistance (1-800-772-1213) – Provides assistance in expediting social security checks delayed by the disaster and applying for disability and survivor benefits.
- Disaster Unemployment Benefits – Disaster related unemployment benefits for people who become unemployed due to the disaster, applies to all employed persons, including self-employed. The program is administered through State of California Employment Development Department (EDD) offices.
- Supplemental grants of up to $10,000 to families and individuals that still have unmet needs after receiving assistance from the Federal Assistance to Individuals and Families program. The supplemental grant program is administered by the California Department of Social Services.

These assistance programs from federal and state agencies, in addition to support that is provided through NGOs (see B.2 section that follows), are typically organized within a one-stop center referred to as Local Assistance Centers or LACs. In San Francisco, LACs will follow the Project Homeless Connect model -- a single facility at which individuals, families and businesses can access available disaster assistance and services among an array of providers. HSA personnel will take the lead and provide the point of coordination necessary to establish LACs. This includes the identification of facilities, participants, and the resources required to support the sites (e.g. security, portable toilets, feeding, tables, chairs, janitorial support, etc.).

B.1.1. Disaster Housing Assistance / Temporary or Interim Housing

The National Disaster Housing Strategy defines the full scope of options for federal disaster housing assistance. These strategies and assistance includes the following elements (taken from the Draft National Disaster Housing Strategy produced by FEMA and released in July 2008).

- **Temporary Roof Repair** – Quick repairs to damaged roofs on private homes. This assistance allows residents to return to and remain in their own homes while performing permanent repairs.
- **Repair Program** – Financial assistance to homeowners for repair of their primary residence, utilities, and residential infrastructure.
- **Replacement Program** – Financial assistance issued to victims to replace their destroyed primary residence.
- **Existing Housing Resources** – A centralized location for identified available housing resources from the private sector and other Federal agencies (i.e., Department of Housing and Urban Development (HUD), Department of Veterans Affairs (VA), and USDA properties).
- **Rental Assistance** – Financial assistance issued to individuals and families for rental of temporary accommodations.

- **Non-Congregate Facilities** – Facilities that provide private or semiprivate accommodations, but are not considered temporary housing (e.g., cruise ships, tent cities, military installations, school dorm facilities, or modified nursing homes).
- **Transportation to Other Locations** – Assistance to relocate individuals and families outside of the disaster area where short- or long-term housing resources are available. Transportation services may include return to the pre-disaster location.
- **Permanent Construction** – Direct assistance to victims and families of permanent or semi-permanent housing construction.
- **Direct Financial Housing** – Payments made directly to landlords on behalf of disaster victims.
- **Hotel/Motel Program** – Temporary accommodations for individuals and families in transition from congregate shelters or other temporary environments, but unable to return to their pre-disaster dwelling.
- **Direct Housing Operations** – Provision of temporary units, usually factory-built. This option is utilized only when other housing resources are not available. Units will be appropriate to the community needs and include accessible units.

The following City Departments (and related agencies) can be mobilized to assist with housing needs during the recovery process – especially housing needs for more vulnerable persons.

- Department of Building Inspection (DBI)
- Human Services Agency (HSA)
- Mayor's Office on Disability (MOD)
- Mayor's Office of Housing (MOH)
- SF Redevelopment Agency (SFRA)
- SF Housing Authority (SFHA)

In addition the City has a number of nonprofit housing development corporations and agencies that can work collaboratively with government to provide both temporary and new housing units.

- Bayview Hunters Point Foundation
- Bethany Center Senior Housing
- Chinatown Community Development Corporation
- Community Housing Partnership
- Mercy Housing California
- Mission Economic Development Agency
- Mission Housing Development Corporation
- Mission Neighborhood Resource Center
- San Francisco Housing Development Corporation
- Self Help for the Elderly

- Tenderloin Housing Clinic Inc.
- TNDC (Tenderloin Neighborhood Development Corporation)
- TODCO-Tenants/Owners Development Corporation

B.2 NGO Involvement

The individual support requirements of disaster victims will vary widely. Responding ESF #6 organizations may need assistance assessing disaster victim needs, determining the appropriate assistance to provide, and/or providing the actual assistance. Many community-based and faith-based organizations (collectively referred to as NGOs or non-governmental organizations) can tailor services to the more individualized needs of disaster victims. The need for close coordination is significant given that a large percentage of the shelter population will be lower income persons and persons who may require more individualized assistance.

The following are areas where NGOs can support the delivery of mass care services.

1. NGOs have resources – congregate spaces, commercial kitchens, and existing distribution networks – to support and enhance the primary ESF #6 services of sheltering, feeding, and the bulk distribution of relief supplies;
2. NGOs that serve a specific population will have the expertise in how best to meet the needs of that population (NGO's can partner with government's efforts to provide disaster services in a manner that is language and culturally appropriate for that NGO's constituents);
3. Ensure that important disaster information reach persons who may not be so easily reached through traditional mass care approaches (i.e., NGOs have their own established networks for reaching or communicating with constituents);
4. For people sheltering in place at home, NGOs have personnel including volunteers to check-in on more vulnerable persons (most likely their existing client base) to ensure they are okay – i.e., have enough food, water and or other basic necessities such as required prescription medications;
5. Serve as a conduit for getting information back to the HSA DOC/Care and Shelter Branch on the unmet needs of the constituents they serve (i.e., identify gaps in mass care services);
6. NGOs provide an ongoing community-based network to help disaster victims recover.

The easiest way to reach local NGOs is through previously established networks. SF CARD, VOAD (Voluntary Organizations Active in Disasters) and the San Francisco Interfaith Council represent a diverse network of community and/or faith-based organizations. SF CARD will represent local NGOs at the HSA Care and Shelter DOC. The HSA Care and Shelter DOC will also have copies of the Statements of Understanding, which the Mayor's Office on Disability has signed with community-based service providers and private sector vendors to support the post-disaster needs of people with disabilities, including the elderly.

B.1.4 Local Non-Profit Disaster Assistance

The following non-profit organizations will provide local disaster assistance:

American Red Cross	In addition to emergency shelter, the ARC Emergency Response Center, 1-866-GetInfo (1-866-438-4636) provides food, clothing, physical and mental health support, limited grants for household items, work-related and medical equipment, and minor home repairs following natural disasters. They also provide referrals to other local and national agencies that provide home clean up, repair and rebuilding assistance.
Bay Area Coordinated Assistance Network (CAN)	CAN is a program that employs an online database that is shared among organizations engaged in recovery services or providing casework services to disaster victims. This enables more effective matching of the needs of disaster victims with the recovery resources and services of participating organizations.
Community Foundations	Community and private foundations, private businesses and individual donors are all additional contributors to disaster relief needs. A local foundation may act as the lead recipient for contributions, and a long-term recovery committee, comprised of diverse community representatives, may oversee distribution of the funds. Funds go to both qualifying disaster victims and NGOs active in recovery.
Disaster Recovery Task Force or Unmet Needs Committee	The purpose of the Recovery Task Force or Committee is to coordinate resources to meet identified needs. The group is generally comprised of the departments and agencies most active in providing recovery services and will form on an ad-hoc basis.
Interfaith Groups	Following a disaster, an interfaith group of local congregations may form to provide financial and personal aid to disaster victims. These programs generally have no eligibility criteria, so anyone who needs help gets assistance. Church World Service (CWS) facilitates and helps to guide the development of an interfaith group in the aftermath of disaster.
The Salvation Army	Provides mass feeding, temporary shelters, receiving & distribution centers, home recovery teams, emergency social services (financial grants, food, clothing, medications, etc.), and spiritual care (chaplains).
VOAD Agencies (Volunteer Organizations Active in Disasters)	Established disaster relief organizations, which for the most part are faith-based and national in scope, yet play a major role in disaster recovery at the local level (i.e. Catholic Charities USA, Lutheran Disaster Response, United Jewish Communities, etc.). Services include: • Repairing and replacing housing for low-income disaster victims (Habitat for Humanity) • Food/feeding, home clean up and repairs (Southern Baptist Convention Disaster Relief Program) • Facilities for fixed/mobile feeding and facilities for in-kind disaster relief supplies (Christian Disaster Response) • Clean-up and debris removal; Disaster Child Care (Church of the Brethren) • Material resources such as blankets, health kits, and clean up kits (Church World Service) • Trauma, stress, grief, loss care for responders and victims; Shelter management, as needed (Churches of Scientology Disaster Response) • Emergency sheltering of animals and people with animals during disaster (Humane Society of the United States) • Clean-up and debris removal (Mennonite Disaster Service) • 2-1-1 Information and Referral (United Way of America)

Table B-1: Local Non-Profit Disaster Assistance Capabilities

Appendix C: Mass Care and Shelter Resources

Personnel

Primary Personnel:
Shelter Management Staff (Trained)
Shelter Personnel (Untrained)
Health/Medical Services
Behavioral/Mental Health Services
Logistics

Support Personnel:
American Sign Language (ASL) Interpreters
Building Inspectors
Caseworkers
Childcare Workers
FAST Teams
Food Services Staff
Ham Radio Operators
Janitorial / Maintenance
Language Interpreters / Translators
Personal Care Assistance
Security / Law Enforcement

Supplies / Equipment:

Dormitory:
Blankets
Cots / Sleeping Mats (including ADA & Medical Cots)
Towels

Food Services:
Meals (Hot or MREs) / Food Bars
Snacks
Water (Bottled)
Juice and other Beverages
Baby Food & Formula
Food Cambros (for storage/transport)
Beverage Cambros (for storage/transport)
Plastic Utensils, Paper Plates & Cups

Health:
ARC Comfort Kits / Hygiene Supplies
First Aid Kits
Medications (replacement)
Refrigeration (Medication Storage)

Life Safety:
Communications Equip
Generators (Sized to Shelter Facility)
Lighting Stands / Systems

Sanitation:
Baby wipes
Diapers & Diaper changing stations
Feminine Hygiene Products
Heavy Duty Trash Bags
Portable Hand Washing Stations
Portable Shower (Incl ADA)
Portable Toilets (Incl ADA)
Toilet Paper
Waterless Hand Cleaner

Durable Medical Equipment
Accessible Cots (Higher Cots for Safe Transfer)
Air Mattresses, Egg Crate Foam Mattresses, or Foam Pads
Barrier Masks (or fabric facial masks)
Crutches
Disposable Briefs (Incontinence Supplies)
Ear Plugs
Eyeglasses
Flexible Straws
Hearing Aid Batteries (Different Sizes)
Height Adjustable Tables
Lifts / Slings
Magnifiers
Picture Boards
Portable Ramps
Portable Toilets
Raised Toilet Seats

Shower chairs (or benches)
Tire Patch Kits
Toilet Chairs
Transfer Boards
Walkers
Walking Canes
Wheelchair Batteries
Wheelchair Battery Chargers
Wheelchairs (multiple sizes)
White Canes for the Blind (46”-60”)

Administrative:
Signage
Shelter Registration Forms
Office

Cleaning:
Paper Towells
HD 33/42 Gal Trash Bags

Other (optional based on need):
Animal Care Supplies
Flashlights & C-cell Batteries
Dust Masks

Transportation

Buses
Paratransit Vehicles
Passenger Vans (For Staff Transport)
Trucks/Cargo Vans/ERVs (Move Supplies & Food)

Appendix D: Spontaneous Shelter Assessment Form

The following questions will help in deciding whether to work with and support an independent shelter with resources (food, water, cots, blankets, etc.), yet allow it to remain independently managed.

1. **Physical Condition** – The site will require approval from Environmental Health Services (and perhaps DBI if an earthquake event) to confirm that that it is safe to occupy (i.e., no structural damage and no sanitation or occupant health concerns).

2. **Site Location** – Is the shelter is serving a neighborhood that is currently not being served by an ARC or CCSF Shelter? If yes, then it is most likely filling an unmet need and consideration should be given to supporting it.

3. **Site Management** – Is the agency or group operating the site trusted and/or known by the occupants? If yes, then the site management team is presumably operating the site for the best interests of the occupants.

4. **Number Served** – The number of occupants being served by the site should not exceed the site's physical capacity to serve or shelter them. An excess capacity of occupants should be referred to the nearest ARC or CCSF shelter site.

5. **Meeting Occupant Needs** – Given the demographics and/or needs of the people being served at the site – language, cultural, elderly, disability, children, etc. – there should be evidence that everyone's needs are being met to the best extent possible (given available resources). Otherwise, refer occupants who may require more assistance to the nearest ARC or CCSF shelter site if the assistance required cannot be provided at the site.

6. **Length of Operation** – If the site management group is committed to maintaining the shelter, and there is no immediate need to move out the occupants, then consideration can be given to supporting it.

7. **Resource Needs** – Can the ARC or CCSF provide the resources that the site needs to keep operating? If the answer is yes, then the CCSF and/or the ARC will need to work on the logistics for getting the supplies to the site.

If questions 1 through 7 are answered affirmatively, then supporting the site may be appropriate. The site can be counted as an independent shelter, versus being counted as an ARC or CCSF site (unless the site management function is transferred over to the ARC or CCSF). If the ARC or CCSF cannot work with site management to address any identified deficiencies, and if there is a need to close the independent shelter, then residents will be transferred to the closest ARC or CCSF shelter site.

Appendix E: Policies and Procedures for ADA Title II Compliance

[To Be Developed]

1. Integrated Shelter Policy
2. Reasonable Accommodation Procedures
3. Service and Emotional Support Animals Guidelines and Procedures
4. Senior and Disability Service Providers
5. Statements of Understanding (SOUs)
6. Sample Contract

Appendix F: List of Abbreviations and Acronyms

The following abbreviations and acronyms are used in this annex:

ACC	Animal Care and Control
ADA	Americans with Disabilities Act
ARC	American Red Cross
CAN	Bay Area Coordinated Assistance Network
CBO	Community-Based Organization
CCSF	City and County of San Francisco
DEM	Department of Emergency Management
DPH	Department of Public Health
DSW	Disaster Service Worker
EOC	Emergency Operations Center
EDD	Employment Development Department
ESF	Emergency Support Function
FAST	Functional Assessment Service Teams
FBO	Faith-Based Organization
FEMA	Federal Emergency Management Agency
HSA	Human Services Agency
ICS	Incident Command System
MOD	Mayor's Office on Disability
MOU	Memorandum of Understanding
MTA	Municipal Transportation Agency
NERT	Neighborhood Emergency Response Team
NGO	Non-Governmental Organization
NIMS	National Incident Management System
PAWS	Pets are Wonderful Support
POD	Points of Distribution
RPD	Recreation and Parks Department
SEMS	Standardized Emergency Management System
SF CARD	San Francisco Collaborating Agencies Responding to Disaster
SFFD	San Francisco Fire Department
SFHA	San Francisco Housing Authority
SFPD	San Francisco Police Department
SFRA	San Francisco Redevelopment Agency
SFSD	San Francisco Sheriff's Department
SFUSD	San Francisco Unified School District

SOU	Statement of Understanding
SPCA	Society for the Prevention of Cruelty to Animals
SSGP	State Supplemental Grant Program
TSA	The Salvation Army
TTY	Text Telephone
VOAD	Volunteer Organizations Active in Disasters