



Edwin M. Lee, Mayor

MEMORANDUM

TO: Supervisor London Breed
Supervisor Jane Kim
Supervisor Aaron Peskin

CC: John Carroll, Assistant Clerk, Government Audit and Oversight Committee
Shireen McSpadden, Executive Director, Department of Aging and Adult Services

FROM: Trent Rhorer, Executive Director, Human Services Agency

RE: Hearing on San Francisco's coordinated preparation and response to the record-breaking September 2017 heat wave

DATE: September 19, 2017

This memo is in response to Supervisor Peskin's letter of September 12th to Department of Aging and Adult Services (DAAS) Director Shireen McSpadden regarding the City's response to the September 1-3 heat wave. Because DAAS does not have a role in emergency response that is separate or distinct from the Human Services Agency (HSA), I will respond to your questions on behalf of HSA.

- 1) *The National Weather Service predicted on August 29 that San Francisco would be experiencing "severe" levels of heat September 1-3. What steps did HSA/DAAS take to prepare for the heat wave?*

HSA was in communication with DPH regarding the forecasted heat. Because the forecast was between 86 and 93 degrees, we determined at that time that cooling centers would not be necessary. However, we initiated cooling center planning by identifying potential sites and activating 5 cooling centers on September 2nd.

- 2) *How does HSA/DAAS collaborate with other City Departments in an emergency plan? Does this vary given the nature of the emergency (weather, earthquake, terrorism)?*

HSA is the lead City department for the provision of care and shelter in the case of a disaster or emergency. This can range from short-term shelter or hotel vouchers for households displaced due to residential fires, to coordination of mass care and shelter in the case of a major earthquake that displaces thousands of households. As lead for coordination and provision of mass care and shelter, HSA collaborates with numerous City departments (DBI, DPH, DPW, DEM, ACC, MTA, RPD, etc) and non-profit agencies such as the Red Cross and Salvation Army.

HSA's role in a City-wide heat response is to identify, activate, and staff cooling centers. This effort involves collaboration with numerous City departments and non-profit agencies in order to disseminate

information and provide the staffing and supplies for the cooling centers. In addition, if directed by the Department of Public Health that the heat is causing (or will result in) a medical emergency for vulnerable populations, HSA will contact individuals who are in our 'Vulnerable Persons' database. This database includes over 600 individuals from our IHSS, APS and Foster Care programs who have been assessed as vulnerable due to their physical health, mental health, disability, and/or other needs.

- 3) *Are there protocols in developing an emergency plan that are dependent on advance timing? That is, are there levels/types of planning that happen when there is a 3-day warning versus a 1-day or several hour warning?*

The nature of emergency planning, of course, depends on the amount of advance warning as well as the accuracy of information. For example, in the 2016 El Nino season, HSA planned for many months in advance of the winter to identify and secure additional shelter spaces and additional staff for the facilities so that our City's homeless had protection from the persistent rain.

For events that cannot be predicted, such as a fire or an earthquake, HSA has an emergency activation plan in place that provides care and shelter for all potentially affected households.

- 4) *How did HSA/DAAS address severe heat in its facilities and its partners' facilities, and did it coordinate with City-wide cooling stations?*

Per the City's emergency plan, HSA is the lead agency for setting up and staffing cooling stations. We opened 5 cooling centers throughout the City and notified our partner of the hours of operation and locations of the cooling centers.

- 5) *Is DAAS aware of DPH's "Heat Vulnerability Index", which maps vulnerable population by Census block group?*

HSA is aware of the "Heat Vulnerability Index" and was in contact with DPH and DEM prior to and throughout the heat wave regarding the temperature forecast.

- 6) *Given the fact that the Medical Examiner reported that the 3 people who died during the heat wave lived alone, died at home and none of them had called medical help, how does HSA/DAAS outreach to our most vulnerable residents?*

As noted in our response to question #2 above, if directed by the Department of Public Health that the heat is causing (or will result in) a medical emergency for vulnerable populations, HSA will contact individuals who are in our 'Vulnerable Persons' database. This database includes over 600 individuals from our IHSS, APS and Foster Care programs who have been assessed as vulnerable due to their physical health, mental health, disability and/or other needs.

In this case, beginning Tuesday, August 29, DPH sent advisories to its City and health and community partners about heat expected for the weekend. In addition, information regarding the cooling centers was provided through traditional media and social media.

- 7) *Are there protocols for communicating public safety information to our seniors and people with disabilities? Is translation into multiple languages included?*

In cases of emergency activation, HSA provides information to vulnerable populations through the Joint Information Center (JIC) led by DEM for City-wide dissemination. In addition, as noted above, we contact individuals listed in our 'Vulnerable Persons' database, which notes the primary language of the individual so we can communicate in the appropriate language.

- 8) *Did HSA/DAAS work with partner nonprofits to get safety information to our vulnerable populations? Is there an "emergency information tree" that connects HSA/DAAS to its partner non-profits that serve our most vulnerable residents?*

HSA used the established communication protocols through the city-wide JIC to provide information on the opening of the cooling centers. We did not work with our non-profit partners on dissemination of cooling center information in this instance. Instead, we relied on the Joint Information Center to disseminate information regarding cooling centers through traditional media and social media (Facebook, NextDoor, Twitter). This was in addition to the information that DPH had been providing to health and social services non-profit providers.

- 9) *As part of a 2012 CDC grant, DPH engaged in disaster planning. How is HSA/DAAS and the population it serves integrated into the disaster plan?*

As noted in our response to question #2 above, HSA is the City department charged with provision of care and shelter in the case of a disaster or emergency. This can range from short-term shelter or hotel vouchers for households displaced due to residential fires, to coordination of mass care and shelter in the case of a major earthquake that displaces thousands of households. As lead for coordination and provision of mass care and shelter, HSA collaborates with numerous City departments (DBI, DPH, DPW, DEM, ACC, MTA, RPD, etc) and non-profit agencies such as the Red Cross and Salvation Army.

In addition to provision of mass care and shelter, HSA is charged with contacting individuals who are in our 'Vulnerable Persons' database. This database includes over 600 individuals from our IHSS, APS and Foster Care programs who have been assessed as vulnerable due to their physical health, mental health, disability and/or other needs.

- 10) *What kind of feedback loop and reflection is there after a disaster happens? How does HSA/DAAS (with other City departments) assess response and coordination so as to improve on it next time? Is there a performance matrix that is used to measure response?*

HSA participates with our partner City departments and non-profit agencies in 'after action' debriefings, which are designed to identify elements of the response that worked well, as well as areas that need improvement.