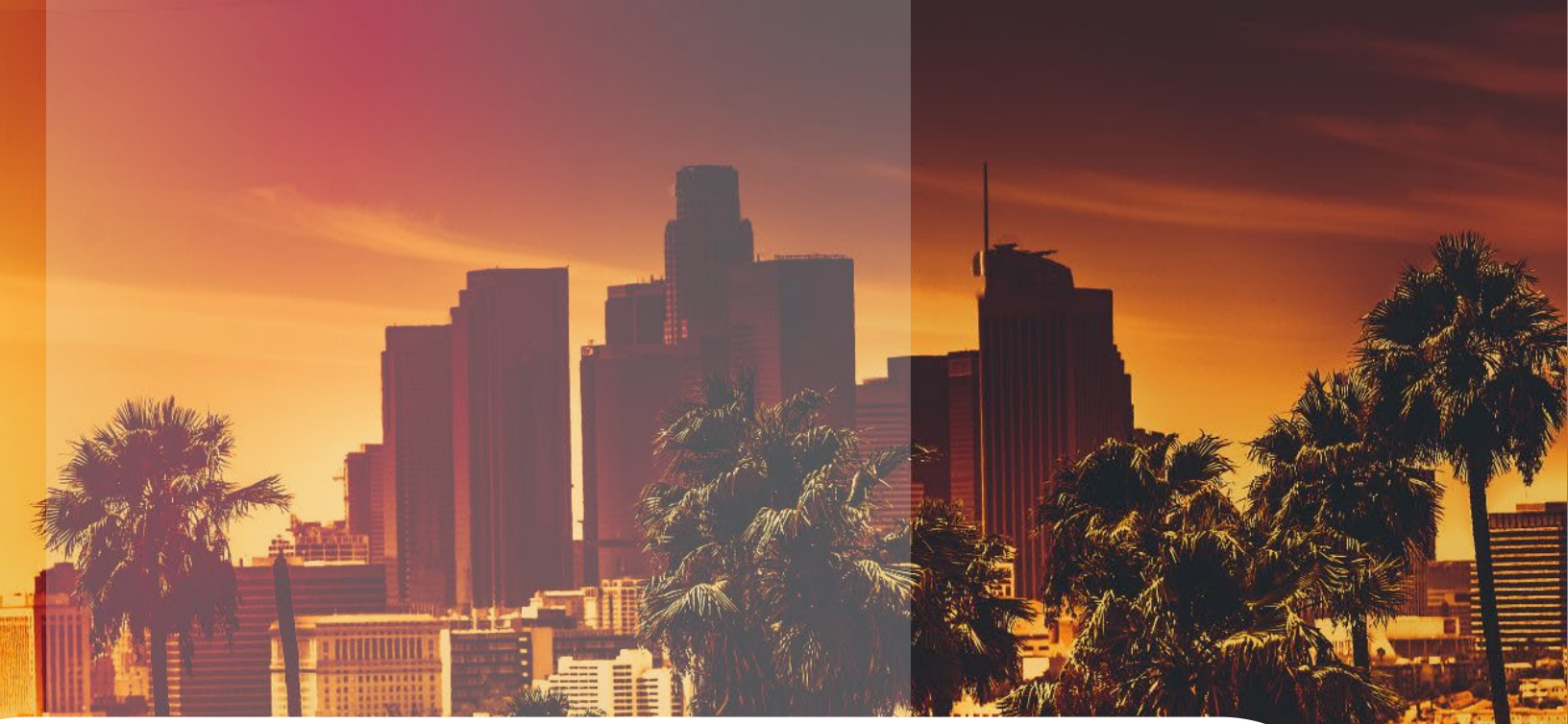

ADDRESSING GAPS IN EMERGENCY RESPONSE SYSTEMS FOR OLDER ADULTS IMPACTED BY WILDFIRES

March 26, 2026

LeadingAge® California

TZTconsulting

ACKNOWLEDGEMENTS

LeadingAge California sincerely thanks all stakeholders who generously shared their time, expertise, and lived experience through interviews and related discussions. We recognize that revisiting the January 2025 wildfires and its impacts may have been stressful and emotionally difficult. Participants' openness, candor, and commitment to learning from this incident provided essential insight into the real-world challenges faced by older adults and the organizations that serve them.

We are deeply grateful to the long-term care communities, senior housing providers, home- and community-based service organizations, residents, and evacuees who contributed perspectives, lessons learned, and practical recommendations. Their contributions directly informed the findings and recommendations in this report and will help strengthen emergency preparedness, response, and recovery efforts across California.

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Thank you to The SCAN Foundation and UniHealth Foundation for providing grants to make this project possible.

THE SCAN FOUNDATION

The SCAN Foundation (TSF) envisions a society where all of us can age well with purpose. We pursue this vision by igniting bold and equitable changes in how older adults age in both home and community. Our grants and impact investments prioritize communities that have been historically marginalized with an emphasis on: older people of color, older adults with lower incomes, and older residents in rural communities. Learn more at https://www.thescanfoundation.org/.

UniHealth FOUNDATION

UniHealth Foundation's mission is to support and facilitate activities that significantly improve the health and well-being of individuals and communities. Established in 1998, UniHealth funds hospitals, clinics, and community-based nonprofits with a focus on population health, healthcare delivery systems, and workforce development. To learn more about UniHealth's responsive grantmaking, visit unihealthfoundation.org.

EXECUTIVE SUMMARY

In January 2025, multiple fast-moving wildfires affected Los Angeles County, triggering large-scale evacuation activity across a wide geographic area and creating widespread disruption for residents, service providers, and public safety systems. These conditions placed older adults at heightened risk due to higher rates of mobility limitations, chronic disease, sensory impairments, reliance on medications and durable medical equipment, and increased vulnerability to smoke exposure and psychological distress. Long-term care communities, affordable senior housing providers, home health agencies, and older adults aging in place faced complex operational and human challenges across the full incident lifecycle - from early preparedness and evacuation decision-making through displacement, continuity of care, repopulation, and long-term recovery.

LeadingAge California conducted this gap analysis to assess emergency management challenges and effective practices observed during the January 2025 Los Angeles-area wildfires, with a specific focus on older adults and the continuum of care. The project included review of incident-related documents and After-Action Reports, 22 structured stakeholder interview sessions with 47 participants across diverse provider types and roles, and additional insights gathered through Los Angeles County healthcare coalition meetings. Findings were analyzed across the three emergency management phases of planning and preparedness, response, and recovery. Based on this work, the report presents actionable recommendations followed by consolidated key findings reflecting stakeholder experiences, observed practices, successes, and lessons learned.

NOTE: For the purpose of describing the stakeholders who participated in this project, 'community' and 'communities' refers broadly to the congregate living communities found in RCFEs, CCRCs, affordable senior housing, etc.

MAJOR THEMES (HIGH-LEVEL)

Strengths Observed

- **Strong mutual aid and peer-to-peer support across communities.** Many organizations and residents actively sought ways to support affected sites, including offering space, supplies, donations, durable medical equipment, and other assistance.
- **Effective incident leadership practices in some settings.** Communities that had time and capacity to activate internal command structures [such as emergency operations center (EOC) / incident command system (ICS) functions] were better positioned to conduct situational assessments, communicate consistently, and make timely decisions despite uncertainty.
- **Operational adaptability and problem-solving under rapidly changing conditions.** Participants described creative workarounds and rapid adjustments to overcome transportation shortages, unclear communication, staffing constraints, and shifting evacuation needs.

- **Staff and resident solidarity supported continuity and recovery.** Strong internal community culture helped sustain operations, with residents showing patience and support for staff, and organizations increasing flexibility to stabilize employees affected by displacement or loss.

Gaps and Challenges Observed

- **Evacuation timelines and decision-making did not consistently reflect older adult needs.** Older adults require substantially more time, staffing, resources, and coordination to evacuate safely, particularly residents with higher acuity needs, mobility limitations, and cognitive impairment. Participants emphasized that official evacuation timelines and responder expectations did not consistently account for these operational realities. As a result, many communities recognized they would need additional lead time and proactively began evacuation planning and mobilization efforts before receiving definitive direction, prioritizing resident and staff safety amid uncertainty.
- **Government coordination and sector-specific operational support were inconsistent.** Many senior living communities perceived limited timely engagement from local and state partners during periods when actionable guidance, clarity, and coordination were needed.
- **Evacuee placement and destination coordination lacked centralized structure.** Communities relied heavily on informal relationships and ad hoc tools to locate available space and coordinate transfers, resulting in inefficiencies and uneven outcomes, especially for older adults outside licensed settings.
- **Transportation and staffing constraints were persistent barriers.** Limited availability of buses, ambulances, qualified drivers, and fuel, combined with severe traffic congestion, constrained evacuation operations and reduced the ability to surge staffing when needed.
- **Continuity of care was disrupted during evacuation and relocation.** Barriers to accessing electronic documentation, limited transport-friendly mobility equipment, and mismatches in care-level information complicated safe transfers and continuity of care.
- **Shelters and temporary sites were not consistently equipped for older adult needs.** Congregate shelter environments were frequently unsuitable for older adults with functional limitations, particularly early in the response period, resulting in gaps in supplies, comfort, and co-location.
- **Regulatory requirements created uncertainty and operational burden.** Participants cited unclear waiver mechanisms, paperwork constraints, and concerns about punitive regulatory relationships, which limited proactive communication and operational flexibility.
- **Behavioral health impacts were significant and prolonged.** Evacuation and displacement disrupted routine, caregiver relationships, and sense of community, with compounded grief and distress for individuals experiencing major loss. Demand exceeded available trauma-informed psychosocial support capacity.
- **Recovery assistance processes were not consistently accessible or equitable.** Digital literacy barriers, documentation loss, lack of accommodation at resource centers, and limited long-term recovery navigation support create persistent obstacles.

REPORT STRUCTURE

This report is organized in two main sections. The first presents **recommendations** grouped by emergency management phase (planning and preparedness, response, and recovery), translating observed gaps and effective practices into actionable improvement opportunities.

The second summarizes **key findings** from stakeholder interviews and observed practices, documenting challenges, successes, and lessons learned to describe what occurred and what can inform future preparedness activities and incident response.

CONCLUSION

Collectively, these findings reinforce that emergency management for older adults requires both strong operational readiness within individual communities and consistent, proactive coordination across agencies and partners. While many lessons emerged from wildfire response, the issues identified apply broadly across hazard types and incident scenarios. Strengthening preparedness tools, improving real-time communication and resource coordination, and reducing barriers to continuity of care and recovery support will improve safety outcomes and reduce trauma in future emergencies. These recommendations are intended to support practical, implementable improvements across the continuum of care and to inform planning for both single-site and large-scale, multi-site evacuations affecting older adults.

SOME THOUGHTS FROM OLDER ADULTS WHO LOST THEIR HOMES...

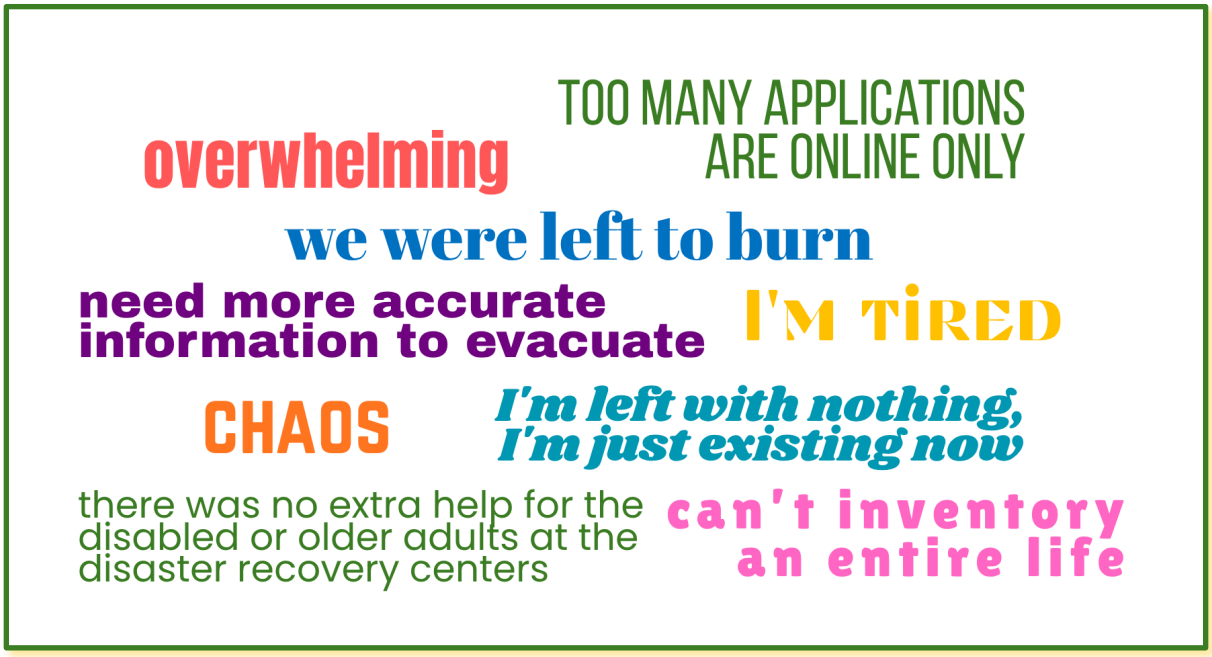


TABLE OF CONTENTS

INTRODUCTION

In early January 2025, Los Angeles County experienced a fast-moving, wind-driven wildfire incident that produced widespread, overlapping response demands across the region. Multiple fires ignited beginning January 7, 2025 under extreme Santa Ana wind conditions, low humidity, and other compounding stressors, resulting in rapid fire spread, large-scale evacuation activity, and significant disruption to infrastructure and essential services.

Although wildfire risk is a well-recognized hazard in Southern California, the January 2025 incident placed exceptional strain on emergency management systems due to the incident's scale, geographic breadth, speed of escalation, and prolonged operational impacts. The incident triggered both evacuation orders and evacuation warnings across broad areas, creating major challenges related to public notification, situational awareness, transportation availability, and route congestion. It also exposed limitations in coordination, information flow, and resource matching across sectors - particularly for settings responsible for medically vulnerable residents.

WHY OLDER ADULTS REQUIRE FOCUSED ANALYSIS

This report centers on the older adult population because the January 2025 wildfire incident revealed how disaster impacts are amplified when those impacted have higher functional, medical, cognitive, and psychosocial support needs. Older adults in congregate living environments (including continuing care retirement communities (CCRC)/life plan communities, assisted living and memory care, and skilled nursing) and those receiving care in the community (e.g., home health, IHSS, waiver services, and other home and community-based services) faced distinct risk pathways during this incident, including:

- **Limited evacuation mobility and reliance on assistive devices**
- **Higher continuity-of-care dependence** (medications, treatments, durable medical equipment, nutrition support, supervision)
- **Greater vulnerability to smoke exposure and power/utility disruptions**
- **Increased likelihood of disorientation, anxiety, and destabilization during displacement**
- **Higher coordination burden** for tracking, reunification, placement into appropriate care settings, and repatriation

For these reasons, strengthening emergency preparedness, response, and recovery systems for older adults is not a niche issue. It is a core operational and public safety need that affects outcomes across the healthcare and social support continuum.

PURPOSE AND CONTEXT OF THIS GAP ANALYSIS

This gap analysis, led by LeadingAge California, was developed to capture lessons learned from the January 2025 Los Angeles wildfires (especially the Palisades and Eaton fires) by documenting emergency management experiences across long-term care, senior living, affordable senior housing, and in-home care settings. While many organizations demonstrated strong preparedness practices and adaptive problem-solving, stakeholders consistently reported that systems were not designed to fully account for older adult evacuation timelines, continuity-of-care dependencies, and recovery barriers.

The analysis is intended to support:

- Better **sector-specific operational coordination**
- More **practical and usable preparedness tools**
- Clearer **regulatory communication and flexibilities**
- Stronger **continuity of care** during evacuation and relocation
- More equitable and accessible **recovery supports** for older adults

INTENDED AUDIENCE

While many findings and recommendations in this report are directly relevant to provider organizations serving older adults, the intended audience extends beyond any single group. The challenges and opportunities identified through this analysis reflect the interconnected nature of the emergency management system that supports older adults. Providers, local and state emergency management agencies, health and licensing authorities, policymakers, and community partners each play a role in preparedness, response, and recovery.

For this reason, the report should not be interpreted as addressing isolated audiences or responsibilities. Even when a recommendation appears to focus on a particular stakeholder group, its successful implementation often depends on coordination across multiple entities. For example, providers may be responsible for maintaining Emergency Operations Plans, but the effectiveness of those plans also relies on alignment with regulatory expectations, coordination with local response partners, and broader system-level support.

The organizations involved in protecting and supporting older adults during disasters operate within a shared ecosystem that includes public agencies, private providers, nonprofit organizations, and quasi-governmental entities, each with distinct authorities, responsibilities, and compliance requirements. Strengthening preparedness for older adults therefore requires collaboration across these sectors rather than isolated improvements within individual organizations.

Accordingly, this report is intended to inform a wide range of stakeholders, including long-term care communities and senior housing providers, home- and community-based service organizations, local and state emergency management and public health agencies, healthcare partners, and policymakers. Readers are encouraged to view the recommendations and findings through a systems lens and consider how coordinated action across sectors can strengthen outcomes for older adults during future disasters.

HOW THIS REPORT IS ORGANIZED

To support usability by both policymakers and operational leaders, this report is structured in two complementary parts:

1. **Recommendations (organized by Emergency Management Phase)**:
    - *Planning and Preparedness*
    - *Response*
    - *Recovery*

    This structure reflects how improvements can be implemented across the full incident lifecycle and helps stakeholders quickly locate actionable items relevant to their responsibilities.

2. **Key Findings (consolidated evidence base)** Provides a consolidated summary of stakeholder-reported experiences and observed practices, including:
    - *Challenges, gaps, and concerns*
    - *Elements of success and effective practices*
    - *Lessons learned*

Unlike the recommendations, the Key Findings section is designed to **document what occurred and what was observed**, not prescribe actions. It provides the supporting narrative and context behind the recommendations and validates that many challenges were shared across organizations, settings, and jurisdictions.

Overall, the report is intended to inform near-term improvements and longer-term system strengthening while providing practical insights that can be adapted locally and regionally to improve the safety, continuity of care, and dignity of older adults during future disasters.

PROJECT OVERVIEW

This project was designed to identify both **system-level issues** (coordination, communication, regulatory alignment, emergency support structures) and **community-level operational gaps** (planning tools, training, resources, resident engagement) that influence safety, continuity of care, and recovery outcomes for older adults during large-scale disasters.

OBJECTIVES

This project sought to:

- Document stakeholder experiences, challenges, and resource gaps observed during the January 2025 incident
- Identify systemic weaknesses that disproportionately affect older adults, particularly those in congregate living and higher-acuity care environments
- Develop actionable recommendations (short-term and long-term) to strengthen emergency management capabilities across the continuum of older adult care and services

METHODS AND ACTIVITIES

Key project activities included:

- Document review of incident-related materials and reference resources (including After-Action Reports and incident summaries)
- 22 structured interview sessions involving 47 participants, representing diverse settings and functional roles
- Supplemental insights collected through informal engagement and participation in Los Angeles County healthcare coalition meetings
- Qualitative analysis of findings across the three emergency management phases: planning and preparedness, response, and recovery
- Development of a comprehensive report synthesizing key findings and recommendations

STAKEHOLDER INTERVIEWS

Structured interviews averaged approximately **two hours**. A discussion guide was shared in advance for context, but **no pre-work was required**. Interview questions were adapted based on stakeholder role, sector, and direct incident involvement.

Stakeholders provided input on:

- Operational challenges and constraints
- Coordination and communication needs
- Best practices and effective strategies
- Lessons learned and improvement opportunities
- Priority recommendations for future planning and response

CONFIDENTIALITY AND PARTICIPATION

Participation was voluntary. Stakeholders were informed that their comments would remain confidential and would not be attributed to individuals or facilities in published materials.

PARTICIPANTS AND SETTINGS

Interview participants represented a broad range of roles, including:

- Executive and operational leadership
- Clinical and nursing leadership (e.g., Directors of Nursing, Directors of Health Services)
- Residential living managers
- Facilities, plant operations, and environmental services
- Safety and security personnel
- Case managers and social support service staff
- Residents (evacuees and non-evacuees)
- Ombudsman

Participating organization types included:

- Life plan communities / CCRCs and residential care facilities for the elderly (RCFEs) with a mix of services: independent living (IL), assisted living (AL), memory care, skilled nursing
- Skilled nursing facilities (stand-alone and embedded)
- Affordable senior housing
- Home health, home care/in-home supportive services (IHSS), waiver services, and other home and community-based service (HCBS) providers
- Additional older-adult-serving programs and individuals

Community footprints ranged from small urban settings to large multi-acre campuses, including single-story structures, multi-building campuses, and high-rise towers.

EXPOSURE AND EVACUATION EXPERIENCE

Stakeholders represented a range of operational experiences during the incident, including:

- **Full evacuation** of a campus, facility, or home
- **Partial evacuation** (unit- or building-level)
- **Shelter-in-place** within evacuation warning zones
- **Receiving evacuees** from other communities or facilities

Evacuation destinations included both **licensed care settings** and **non-care environments** (including large congregate shelters). Transportation and destination coordination occurred through a mix of:

- Community-led planning and execution
- Corporate-supported coordination (for organizations with sister sites)
- Responder-aided evacuation support (municipal resource deployment in urgent scenarios)

RECOMMENDATIONS

This section presents recommendations informed by stakeholder interviews, after-action findings, and observed practices across the incident's preparedness, response, and recovery phases.

Recommendations are intended to strengthen emergency management capabilities for older adults across the continuum of care, including long-term care communities, home health providers, affordable senior housing, and older adults aging in place.

They reflect both **system-level opportunities** (such as coordination structures, regulatory alignment, and communication mechanisms) and **community-level improvements** (including planning tools, training, resources, and resident engagement).

The recommendations in this section are relevant to a range of stakeholders involved in emergency preparedness, response, and recovery for older adults. While some recommendations are most directly applicable to provider organizations, others relate to local and state agencies, healthcare partners, and policymakers. Many recommendations require coordinated action across sectors, reflecting the interconnected system that supports older adults across the continuum of care. Accordingly, these recommendations should be viewed not as isolated responsibilities, but as opportunities for collaborative improvement across organizations and agencies.

Collectively, these recommendations:

- aim to **reduce** operational barriers,
- **enhance** continuity of care and resident safety, and
- **support** more consistent, proactive, and coordinated incident management in future disasters.

Recommendations are numbered for ease of reference only and do not indicate priority order or sequencing. This recommendations section translates observed gaps and strengths into actionable improvement opportunities.

The *Key Findings* section that follows, by contrast, consolidates stakeholder-reported experiences, including challenges, gaps, successes, and lessons learned, and is intended to document observed conditions and practices rather than prescribe actions.

Planning & Preparedness

1) EMERGENCY OPERATIONS PLAN (EOP) USABILITY AND ACCESSIBILITY

Streamline Emergency Operations Plans by developing role-specific quick reference guides and checklist-based tools that enable rapid decision-making and execution under incident conditions, including during overnight and low-staffing periods.

2) SCENARIO PLANNING AND PREPAREDNESS SCOPE

Expand hazard planning assumptions and preparedness activities to explicitly address large-scale wildfire and other conditions, including rapid evacuation timelines, widespread displacement, extended power disruptions, and prolonged recovery operations.

3) SUSTAINED PREPAREDNESS CAPACITY AND FUNDING LIMITATIONS

Establish sustainable staffing and funding pathways to support ongoing emergency management program maintenance and continuous improvement, including exploration of grant-supported, shared, or regional preparedness capacity models.

4) ROLE-BASED TRAINING, CROSS-TRAINING, AND COMPETENCY REINFORCEMENT

Enhance training and exercise programs by increasing frequency, expanding role-based competency expectations, and incorporating cross-training strategies to strengthen workforce readiness during staffing shortages and rapidly evolving conditions.

5) CROSS-SECTOR PREPAREDNESS INTEGRATION AND HEALTHCARE COORDINATION

Implement structured, recurring cross-sector planning and tabletop exercises with hospitals, EMS, long-term care, and home and community-based providers to clarify protocols for evacuation, discharge transitions, surge capacity, and shared resource constraints.

6) RELATIONSHIP-BUILDING AND POINTS OF CONTACT WITH RESPONSE PARTNERS

Formalize and maintain relationships with key emergency response partners by identifying designated points of contact and establishing routine engagement mechanisms to support coordination and decision-making during incidents.

7) RESIDENT PREPAREDNESS ENGAGEMENT AND SHARED ACCOUNTABILITY

Strengthen resident engagement strategies to improve preparedness participation, reinforce retention of information, and promote shared accountability for readiness while maintaining appropriate levels of community support.

8) STAFF SUSTAINMENT AND WORKFORCE SUPPORT PLANNING

Integrate staff sustainment requirements into emergency plans, including sleeping accommodations, childcare, food access, transportation contingencies, and staffing redeployment procedures to enable sustained operations during prolonged incidents.

9) REPATRIATION AND REPOPULATION PLANNING FOR POST-EVACUATION OPERATIONS

Strengthen repatriation and repopulation planning within EOPs by defining return criteria, cleanup and remediation sequencing, utility restoration validation, and communication protocols to support orderly recovery and phased return.

Response

1) GOVERNMENT COORDINATION, AGENCY ROLE CLARITY, LONG-TERM CARE INTEGRATION

Strengthen sector-specific emergency coordination by clarifying lead agency responsibilities, operational support pathways, and integration of long-term care settings into incident decision-making and information flow.

2) SECTOR-SPECIFIC OPERATIONAL COMMUNICATION DURING INCIDENTS

Establish structured long-term care–specific communication mechanisms, including incident briefings, webinars, and alerts, to provide timely situational updates, resource availability, and clear guidance on regulatory expectations and flexibilities.

3) PUBLIC NOTIFICATION ACCURACY, CONSISTENCY, AND REDUNDANCY

Improve mass notification accuracy and reliability for evacuation warnings, routing guidance, utilities status, and re-entry information, including redundant communication channels in areas where telecommunications infrastructure may be disrupted.

4) TRANSPORTATION ACCESS, VENDOR CAPACITY, EVACUATION ROUTING CONSTRAINTS

Develop diversified transportation agreements and contingency strategies that account for traffic congestion, limited vendor capacity, fuel constraints, and re-entry limitations, with clear alignment to the transportation needs of different care levels.

5) APPROPRIATE PLACEMENT AND CONTINUITY OF CARE DURING EVACUATION TRANSFERS

Improve evacuation transfer processes through standardized documentation and care-level verification to ensure receiving sites have accurate information on resident acuity, care needs, and medication/clinical requirements.

6) ACCESS TO ELECTRONIC CLINICAL RECORDS AND DOWNTIME READINESS

Strengthen continuity of care by routinely validating remote access to medication administration records (MARs) and electronic health record/electronic medical record (EHR/EMR) systems, integrating IT support into response structures, and maintaining dependable paper-based downtime contingencies.

7) EVACUATION-RELATED HEALTH AND SAFETY RISK MITIGATION

Implement standardized strategies to reduce evacuation-related adverse outcomes, including fall prevention, protection against smoke exposure, continuity of assistive devices, and responder awareness of sensory and cognitive limitations.

8) RESIDENT TRACKING AND ACCOUNTABILITY ACROSS COMPLEX MOVEMENT PATTERNS

Establish consistent resident accountability protocols that support tracking across self-evacuation, staged evacuation, interim destinations, multiple relocations, and return operations.

9) PRIVACY, DIGNITY, AND SHELTER SUITABILITY FOR OLDER ADULTS

Adopt protective practices to reduce media-related interference and ensure temporary sheltering environments are equipped to meet the functional, dignity, and accommodation needs of older adults and individuals requiring assistance.

Recovery

1) ACCESSIBILITY OF DISASTER ASSISTANCE SERVICES FOR OLDER ADULTS

Ensure disaster assistance services are designed and operated to accommodate functional limitations by providing seating, expedited options, non-digital submission pathways, and onsite navigation support to reduce barriers for older adults.

2) FLEXIBLE DOCUMENTATION STANDARDS AND ALTERNATIVE VERIFICATION PATHWAYS

Implement more flexible documentation requirements and alternative verification mechanisms for disaster assistance eligibility when records have been destroyed, are inaccessible, or cannot reasonably be reproduced.

3) SUSTAINED RECOVERY NAVIGATION AND CASE MANAGEMENT CAPACITY

Expand access to ongoing recovery navigation support—potentially through senior centers and community-based hubs—to provide step-by-step assistance with recovery processes, language interpretation, and system navigation over prolonged timelines.

4) TRAUMA-INFORMED BEHAVIORAL HEALTH AND PSYCHOSOCIAL SUPPORT AVAILABILITY

Strengthen access to trauma-informed psychosocial support by expanding the availability of qualified mental health professionals, improving linkage to telehealth options, and promoting engagement even when individuals are reluctant to seek support.

5) ELDER ABUSE, EXPLOITATION, AND PREDATORY PRACTICE PREVENTION

Improve safeguards and reporting-response capacity to reduce recovery-related exploitation risks, including strengthened protective oversight, clearer support pathways, and improved follow-through when concerns are raised.

6) HOUSING STABILIZATION BARRIERS FOR DISPLACED OLDER ADULTS

Reduce barriers to stabilizing displaced older adults in affordable housing by improving emergency eligibility pathways, simplifying qualification processes where feasible, and developing centralized housing availability and matching mechanisms.

> "There is a lot of confusion about the process of rebuilding. How do I get an answer – who to go to? Everyone is on their own. Each situation is unique; one model doesn't fit all. There is still chaos one year later. **IT'S OVERWHELMING."**
> *--An older adult who lost their home*

KEY FINDINGS: INTRODUCTION

This section consolidates key findings drawn from stakeholder interviews and observed practices across the incident. It summarizes reported experiences related to emergency preparedness, response, and recovery, including gaps, challenges, and concerns, as well as elements of success and lessons learned. Rather than prescribing actions, the Key Findings are intended to document what occurred and what was observed, highlighting both system-level and community-level conditions that shaped implementation and outcomes. These findings are also intended to surface practical approaches communities may adapt, while affirming that many challenges were widely shared across organizations and settings.

Gaps, Challenges and Concerns

This assessment identifies gaps, challenges, and areas of concern that affected preparedness, response, and recovery efforts. While experiences varied across settings and circumstances, the issues described here reflect recurring barriers and limitations observed in practice and highlight areas where additional policy attention, resources, or coordination may be needed.

Elements of Success

Success is influenced by numerous factors and methodologies. These elements highlight successful practices that have supported effective preparedness and response efforts across different settings. While no single approach works for every community, facility, or situation, the strategies described here reflect practices that have proven effective in real-world contexts and may inform planning, policy development, and implementation when adapted to local needs and circumstances.

NOTE: For the purpose of describing the stakeholders who participated in this project, 'community' and 'communities' refers broadly to the congregate living communities found in RCFEs, CCRCs, affordable senior housing, etc.

KEY FINDINGS: DISASTER PLANNING AND PREPAREDNESS

Planning and Preparedness

Gaps, Challenges and Concerns

CUMBERSOME EOPS

Participants reported that Emergency Operations Plans (EOPs) were often overly lengthy and difficult to navigate, limiting their usability during active incidents. Communities described challenges locating critical information quickly, particularly during overnight or low-staffing conditions when fewer personnel are available to interpret complex plans. Participants also noted that many EOPs lacked concise, checklist-based tools that support rapid decision-making and clear role execution.

To improve usability, communities highlighted the value of streamlining EOPs through clear organization and the incorporation of concise, role-specific checklists and quick-reference guides. One community specifically noted plans to develop easy-to-use, one-page checklists focused on individual emergency topics, designed to be accessible and actionable for any staff member during a fast-moving response.

Participants noted that emergency planning resources are often developed in isolation, leading to duplication of effort and inconsistent plan quality across organizations and facilities. Communities identified a need to better align and standardize Emergency Operations Plans across corporate or sister facilities, adapt existing templates where available, and strengthen peer-to-peer sharing of effective plan components, tools, and practices to improve consistency and reduce planning burden. Following this incident, some participants also expressed concern that existing RCFE EOP templates may not be sufficiently detailed to support the development of comprehensive, operationally useful plans.

HAZARD PLANNING GAPS FOR LARGE-SCALE WILDFIRE EVACUATIONS

Although EOPs and disaster preparedness procedures were in place, many communities identified earthquakes as their primary hazard focus and directed the majority of planning efforts toward that risk. While evacuation plans existed, a rapidly spreading wildfire that evolved into an urban fire requiring urgent, large-scale evacuation was not as thoroughly anticipated or planned for and caught many communities by surprise. Communities located closer to the wildland–urban interface, however, were more likely to have prior wildfire experience and recognized the need for earlier preparedness actions.

LIMITED DEDICATED STAFFING FOR DISASTER PREPAREDNESS

Most communities do not have a dedicated full-time position focused on disaster preparedness. While safety or disaster committees are viewed as effective, the absence of a single individual

responsible for ongoing, incremental improvements limits the ability to regularly update plans, implement trainings and exercises, and monitor emerging best practices. Communities also noted that hiring a dedicated staff member is cost prohibitive and expressed interest in grant funding or other resources to support this function.

LIMITED INTEGRATION WITH EMERGENCY RESPONDERS IN PREPAREDNESS PLANNING

Although communities regularly interact with local fire and law enforcement agencies, these interactions are not typically focused on disaster preparedness and planning. As a result, many responders may have limited understanding of the resident populations served, the community's disaster procedures, and the differences in care, support, and response needs across settings such as independent living, assisted living, memory care, and skilled nursing.

CHALLENGES IDENTIFYING AND ENGAGING KEY PLANNING AND RESPONSE CONTACTS

Participants acknowledged the importance of proactive relationship-building with local government and response partners, including emergency management, fire departments, law enforcement, transportation providers, utilities, hospitals, and other key stakeholders, but reported uncertainty about which entities to contact and who the appropriate points of contact are. Several communities expressed frustration that outreach efforts were sometimes met with limited receptiveness or responses indicating that agencies or hospitals were unwilling to engage, creating barriers to establishing the partnerships needed for effective coordination during incidents. Some facilities did acknowledge that when they were able to make connections, there seemed to be a real openness in sharing information and sample planning resources.

While participants recognized that engagement can occur through both formal and informal mechanisms, such as one-on-one meetings, regular check-ins, joint drills and exercises, participation in local emergency management or healthcare coalition meetings, and on-site events that foster familiarity, many noted persistent challenges in initiating and sustaining these relationships. Participants described short-lived cross-sector meetings that were initially valuable for relationship-building and coordination, but noted that these efforts ended after only a few sessions. As a result, communities reported difficulty sustaining connections and maintaining the momentum needed to build durable partnerships over time. Participants also noted a perceived disconnect between for-profit and nonprofit communities, emphasizing the need for greater cross-sector collaboration to strengthen preparedness and response.

> **"WE FELT LIKE WE WERE ON OUR OWN"**
> *This is a direct quote, however this was a fairly universal sentiment among participants*

One community with a larger campus noted prior experience serving as a vaccination clinic site for the broader community, including the use of tents and portable equipment. Participants suggested that similar infrastructure and available space could potentially be leveraged as an evacuation collection or staging point for the city during incidents. The community also identified additional assets, such as meeting space and mobile canteen services, that could support response operations. Participants expressed interest in working more closely with local partners to further define this potential role, including opportunities for staff involvement and resident volunteering where appropriate.

STAFF SUPPORT NEEDS NOT FULLY INTEGRATED INTO EMERGENCY PLANS

Participants noted that this incident highlighted gaps in planning for staff support needs during prolonged response operations. Several communities reported plans to update emergency preparedness activities and documentation to better address staffing sustainment requirements, including sleeping accommodations, childcare support, and other resources needed to help staff remain available and able to work during incidents.

EOPS TYPICALLY HAVE LESS REPOPULATION AND REPATRIATION PLANNING

Participants noted that Emergency Operations Plans often emphasize preparedness and immediate response activities, with less detailed planning for repatriation and repopulation. Before residents could safely return, communities were required to complete significant cleanup and remediation of both campus grounds and individual units, including addressing smoke odors, ash accumulation, wind-driven debris, downed trees and foliage, and confirming that power and critical utilities were fully restored. Some communities provided residents with guidance on tasks such as cleaning out refrigerators, while others completed these activities on residents' behalf to ensure sanitary and safe conditions upon return.

These requirements extended repopulation timelines and increased the need for sustained communication with staff, residents, and families. When residents were scattered across multiple evacuation destinations, additional challenges arose in coordinating a safe, orderly, and logical return process. Participants also noted differences across care settings, with skilled nursing facilities often having more defined requirements for repopulation due to regulatory expectations, while some assisted living settings faced pressure to repopulate more quickly because certain return criteria were recommendations rather than formal requirements, even when utility concerns remained.

GAPS IN RESIDENT ENGAGEMENT AND INFORMATION RETENTION

"Residents are the 'X-Factor.'" Communities, particularly those without strong resident disaster committees or designated resident champions, along with affordable housing providers and home health agencies, reported ongoing challenges with resident engagement in preparedness education and activities. While organizations regularly provide instructions and post guidance on topics such as earthquake preparedness, shelter-in-place procedures, fire alarms, go-bags, and other disaster-related information, they continue to receive requests or complaints suggesting that residents feel the information was not provided. Participants noted that it remains unclear whether this reflects limited attention, limited understanding, low retention, or reduced awareness among older adults.

Communities and affordable housing providers also observed that residents may develop increased confidence that the organization will manage incidents effectively after seeing staff perform well during drills or smaller incidents. While this trust can strengthen a sense of safety, participants described a tension between the extensive information provided and residents' expectations for individualized support, sometimes without a corresponding sense of personal responsibility for preparedness.

SUSTAINING MOMENTUM AND UNIFYING PREPAREDNESS EFFORTS

Participants expressed concern that public attention and institutional focus (government and communities) often shift quickly from one incident to the next, reducing momentum for sustained learning, accountability, and improvement after disasters. Stakeholders emphasized the importance of keeping preparedness discussions active and visible to ensure lessons learned are retained and acted upon. Participants also noted a need to better unify preparedness and recovery efforts across sectors and agencies, as current activities can be segmented and fragmented, limiting coordinated planning and long-term system strengthening.

LIMITED FUNDING FOR PREPAREDNESS IMPROVEMENTS

Many communities reported limited funding to further strengthen disaster preparedness programs, including staffing capacity, emergency equipment, and capital improvements. Participants expressed interest in identifying available donation pathways, grant funding, or reimbursement opportunities that could support preparedness enhancements and sustain ongoing investments.

LIMITED CAPACITY FOR ONGOING DISASTER PREPAREDNESS AND CONTINUOUS IMPROVEMENT

Participants noted limited capacity to sustain ongoing disaster preparedness activities, including routine plan maintenance, training and exercise implementation, and review of current guidance and lessons learned. Many communities reported that a dedicated full-time preparedness position is not financially feasible, leaving these responsibilities distributed across existing staff with competing priorities. Stakeholders emphasized the need for sustainable approaches, such as shared roles, regional coordination models, or grant-funded support, to strengthen continuous improvement without creating undue financial burden.

Elements of Success

MULTIDISCIPLINARY SAFETY AND DISASTER COMMITTEES

Communities have established safety or disaster committees composed of representatives from multiple departments, including leadership, nursing or medical services, resident services, facilities and environmental services, human resources, and security. Some committees also include a resident liaison. These groups meet regularly to review and update plans and to develop trainings and exercises, supporting comprehensive and coordinated preparedness efforts.

REGULAR HAZARD VULNERABILITY ANALYSES

Communities routinely conduct hazard vulnerability analyses or equivalent assessments, supporting informed preparedness planning by identifying key risks and guiding mitigation and response priorities.

DOWNTIME PROCEDURES AND PAPER-BASED BACK-UPS

Communities maintained paper back-ups and established downtime procedures for situations when electronic documentation was inaccessible, including access to resident MARs and EHRs/EMRs. Some also prepared evacuation packets containing key resident information, supporting continuity of care during disruptions.

RESIDENT-LED SAFETY AND PREPAREDNESS INITIATIVES

Some communities have established resident safety or disaster committees that conduct preparedness activities largely independent of staff, while remaining aligned with community leadership. In several cases, residents serve as meaningful force multipliers by forming CERT teams and implementing floor-based or campus-wide warden systems to support neighbor check-ins, identify residents who may need assistance, improve resident tracking during evacuations, and strengthen peer-to-peer communication, including through resident-operated radio systems. These committees meet regularly, and communities often support their efforts through educational workshops and outside speakers. Although resident-led efforts are not feasible in all settings due to varying resident interest and organizational preferences, participants viewed these initiatives as a strong preparedness practice where they are successfully implemented.

STRONG LOCAL PEER RELATIONSHIPS AND INTEREST IN JOINT PREPAREDNESS

Some communities reported strong relationships with neighboring communities in their immediate area, supported through shared email groups and regular informal communication. While these relationships have not yet expanded into formal sharing of emergency preparedness and response plans or joint drills and exercises, participants expressed interest in developing this collaboration in the future. Communities noted that competing operational and regulatory requirements can make it difficult to prioritize these efforts, despite recognizing their value for strengthening coordinated preparedness.

PARTNERSHIPS WITH NONTRADITIONAL COMMUNITY AND SUPPORT ORGANIZATIONS

Some communities reported progress in building relationships with nontraditional response partners as a way to strengthen emergency support for residents. Examples included cultural associations that represent significant portions of the resident population, as well as trade associations or industry groups connected to residents' professional backgrounds. Participants noted that these organizations can serve as trusted networks for communication and targeted assistance, and may have a strong vested interest in supporting communities during incidents.

Training and Exercises

Gaps, Challenges and Concerns

NEED FOR EXPANDED AND ROLE-BASED DISASTER TRAINING

Although communities conducted disaster training, the evacuation experience highlighted a need for more comprehensive and frequent training across all staff, particularly for newer or less experienced employees who had not previously encountered real-world incidents. The incident underscored the need to more fully leverage disaster preparedness leadership or directors of staff development to expand and reinforce training efforts.

Participants emphasized the importance of strengthening staff understanding of individual roles, responsibilities, and expected actions during incidents, as well as improving familiarity with the EOP and how different roles interconnect during a response. Participants also noted increased

recognition of the value of cross-training staff for responsibilities outside their usual duties to support continuity of operations during staffing shortages or rapidly changing conditions.

One program includes cross-training staff who live near other facilities so they can participate in trainings at those locations. Participants noted this approach supports continuity of operations by enabling staff to report to the nearest site if they cannot reach their usual workplace, or to provide surge support to a nearby facility, while already being familiar with the setting, services, staff, and resident needs.

While some community leaders expressed confidence in the preparedness of leadership staff, there was less certainty about the readiness of frontline staff to understand and perform their assigned roles under emergency conditions. Communities expressed interest in enhancing training approaches, with some considering expanded use of online-based safety and disaster training, and others preferring increased emphasis on in-person, hands-on exercises.

The scale and geographic scope of the fire exceeded what many communities had anticipated in their planning efforts, highlighting a need to expand the range of scenarios used for training and exercises.

LIMITED CROSS-SECTOR EXERCISES AND COORDINATION WITH HEALTHCARE SYSTEMS

Several participants expressed interest in more detailed, cross-sector tabletop exercises involving long-term care providers and hospitals for more cooperative learning and improvement. During disasters, hospitals are likely to reduce inpatient census to manage patient surges, resulting in increased discharges to skilled nursing facilities or the need for expanded home health services. Participants noted that limited joint planning and discussion have occurred to address how these transitions would function effectively during incidents. Gaps remain in developing shared relationships, protocols, information-sharing processes, and resource coordination needed to support seamless patient movement across the healthcare reminder of the care continuum.

LIMITED RESPONDER TRAINING ON OLDER ADULT NEEDS

Participants reported a lack of training for first responders and other response personnel on how to effectively support older adults during incidents, including how aging-related mobility, sensory, cognitive, and medical needs affect evacuation, communication, and continuity of care.

Elements of Success

EXPANDED DRILL AND EXERCISE PROGRAMS

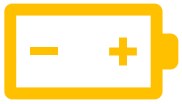
In addition to required quarterly fire drills, many communities conduct regular drills focused on evacuation and elopement, engaging staff and, when appropriate, residents to increase awareness of community plans and procedures. Communities also routinely participated in ShakeOut earthquake drills for staff and residents, reinforcing preparedness through repeated practice. Following this incident, several communities emphasized the value of increasing the frequency of drills and conducting more proactive readiness checks, rather than assuming systems and procedures will function as intended during an emergency.

Several communities also reported hosting local fire and law enforcement agencies on their campuses for drills, which strengthened relationships and increased responder familiarity with campus layouts, resident populations, and operational procedures.

CONTINUED PROGRESS IN EMERGENCY PREPAREDNESS PROGRAMS

Some communities reported meaningful progress in strengthening their emergency management programs over the past few years and felt they are on a positive trajectory. At the same time, they recognized opportunities to further enhance preparedness through additional training and expanded emergency supply caches.

Disaster Equipment and Resources



Gaps, Challenges and Concerns

LIMITED AWARENESS OF EMERGENCY SUPPORT SYSTEMS

During emergencies, communities and individuals often have limited understanding of how the broader emergency response system operates, including which agencies or partners can be contacted for additional support. Even after experiencing a disaster, this remains unclear for many, creating ongoing uncertainty about where to seek specific types of assistance, information, or physical resources in future incidents.

LIMITED AVAILABILITY OF TRANSPORT-FRIENDLY MOBILITY AND MEDICAL EQUIPMENT

Communities identified a need for travel or transport wheelchairs, as standard wheelchairs were often bulky and difficult to maneuver during evacuation and transportation. In addition, medication carts frequently had to be evacuated with residents on vehicles equipped with wheelchair lifts, which were limited in availability, or transferred onto other vehicles with difficulty. Participants noted that smaller, more portable medication carts and oxygen would improve efficiency and flexibility during evacuations.

POWER OUTAGES AND EMERGENCY POWER LIMITATIONS

Many communities reported that power outages are a frequent challenge, whether due to Public Safety Power Shutoffs, utility disruptions, or aging internal infrastructure. Some communities that previously operated skilled nursing units have retained generators for those areas, allowing portions of their campuses to maintain emergency power, though this is not universally the case. Participants expressed concern about the growing risk of longer-duration power outages in the future. While emergency power requirements for RCFEs have been proposed in the past, communities noted that mandating such infrastructure could be cost prohibitive and, in some cases, may lead to closures if requirements cannot be met within prescribed timelines. This highlights the challenge of balancing safety requirements with financial feasibility. At the same time, many communities reported using lessons learned from shorter power outages to strengthen disaster plans, procedures, training, and emergency equipment and supply caches.

> **"NOWHERE FELT SAFE"**
> *This is a direct quote, however it was a fairly universal sentiment expressed by a variety of participants because of the widespread nature of the disaster*

UNCERTAINTY ABOUT WHAT RESOURCES TO STOCK AND HOW TO OPERATIONALIZE SUPPLIES

Participants described ongoing uncertainty about which emergency resources communities should plan for and maintain onsite, particularly for extended incidents. In some cases, communities expected that certain supplies might be available through external assistance but were unsure whether preparedness planning should assume full self-sustainment. Examples included water resources, such as having large storage tanks onsite but lacking practical ways to distribute water into smaller potable containers, as well as questions about toileting needs and whether to stock commodes, incontinence supplies, diapers, and other functional care items. Participants also raised more operational considerations, such as whether communities should plan to have equipment like blenders available to support soft-food or texture-modified diet requirements during evacuation or prolonged sheltering.

UNCLEAR LOGISTICS FOR STAFF DEPLOYMENT TO EVACUATION DESTINATIONS

Participants recognized the importance of maintaining continuity of care by deploying staff to wherever residents are relocated, but reported significant uncertainty regarding how staffing support should be operationalized across different evacuation scenarios. Communities described logistical concerns when residents are placed in hotels or dispersed across multiple receiving sites, including situations where another community has available space but relies on the evacuating community to provide staffing support. Participants identified unresolved questions regarding expected duration of deployment, staff transportation and scheduling, housing or lodging needs when destinations are far from employees' homes, and how to address additional staff support requirements during prolonged displacement.

CONSTRAINTS ON SURGE SUPPLIES AND SHELTER RESOURCES

Communities identified a need for additional supplies to support a surge of evacuees, as well as to accommodate staff and their families during extended incidents. Items such as cots and related supplies were noted as important; however, communities also recognized that the cost of acquiring these resources and the limited availability of storage space present ongoing challenges.

Elements of Success

RESIDENT EVACUATION NEEDS ASSESSMENT

Maintaining resident lists categorized by level of evacuation assistance needed, such as green, yellow, or red, and regularly updating them through weekly status meetings supported effective response planning, particularly for residents on upper floors or those requiring additional assistance during evacuation. Copies were maintained by facility leadership and the front desk. Communities also identified the value of expanding these lists to document pets and other important resident details.

CLEAR VISUAL INDICATORS FOR EVACUATION STATUS

Communities used clear visual markers to identify evacuation status, such as door hang tags indicating a residence had been evacuated, signage noting self-evacuation locations, or color-coded tape to distinguish between evacuated residents and those still needing assistance. Communities that already had these practices in place reported improved situational awareness,

while others identified these tools as valuable and plan to implement or adapt similar approaches, including modifications to existing daily 'I'm okay' signage and procedures.

LEVERAGING PANDEMIC-ERA RESOURCES FOR AIR QUALITY PROTECTION

Many communities were able to draw on resources and procedures established during the COVID-19 response, including air purifiers and masks, to address smoke and poor air quality caused by the fires. These existing supplies and protocols were effectively applied to help protect the health and safety of residents and staff.

DISASTER GO-BAGS AND EARLY STAGING OF ESSENTIAL ITEMS

Some residents had disaster go-bags prepared in advance, either provided by the community or assembled through individual preparation efforts. Where supplying go-bags was not financially feasible or appropriate, communities and partner organizations supported preparedness through guidance, regular reminders, and educational workshops focused on essential items. Following the incident, several communities also reinforced the importance of staging go-bags and key supplies earlier by placing them near exits or loading them into vehicles in advance, particularly when rapid evacuation or restricted re-entry limits the ability to retrieve items once evacuation activities begin. Participants noted that not all individuals had go-bags prepared, and some faced financial constraints or cognitive challenges that made it difficult to assemble and routinely maintain evacuation supplies.

PROACTIVE INVESTMENT IN SUPPLEMENTAL DISASTER EQUIPMENT

Based on needs assessments and lessons learned from prior incidents, some communities proactively expanded their disaster supply caches, including items such as individual portable power banks to support charging of phones and small devices. These supplies supplemented existing communication and power resources, including walkie-talkies, emergency red outlets, and extension cords, and improved operational flexibility during power disruptions. Other communities expressed interest in strengthening their disaster supply inventories but noted constraints related to initial and replacement costs, limited awareness of available or recommended equipment, and space limitations for storing additional supplies.

General Concerns for Older Adults

Gaps, Challenges and Concerns

MORE RESIDENTS ARE AGING IN PLACE IN COMMUNITIES AND AT HOME

As residents in CCRCs and RCFEs age in place and live longer, these communities are serving populations with increasing average age and greater care needs. This trend can reduce residents' ability to independently prepare for or respond to emergencies, highlighting the need for enhanced services, staffing, and coordinated disaster preparedness and response planning within these settings.

Participants noted that an increasing number of older adults are aging in place at home while managing more serious health and functional needs through home and community-based services (HCBS). At the same time, stakeholders described a significant barrier to identifying and

supporting these individuals during incidents: reluctance to be included in any type of government registry. Older adults and families may fear that registry participation could increase risk of scams, financial exploitation, identity theft, or misuse of personal information, and some expressed broader concerns about government overreach even when registry information could improve disaster support. Participants emphasized the need for trusted intermediaries and safeguards that can build confidence, protect privacy, and help bridge this gap in preparedness and response.

LACK OF MOBILITY AND RELIANCE ON MOBILITY DEVICES

Limited mobility and reliance on mobility devices can significantly affect older adults' ability to respond during disasters, complicating evacuation, access to transportation, navigation at shelters or temporary housing, and increasing the need for coordinated assistance and accessible emergency planning.

For one community that conducted a rapid evacuation, participants reported being directed by fire personnel to leave residents' mobility devices behind in the lobby. As a result, residents arrived at the receiving location without essential equipment, which reduced independence and limited their ability to meet basic functional needs, including mobility and self-care, during displacement.

DECREASED SENSORY AND MOTOR SKILLS

Age-related declines in sensory and motor skills, including vision, hearing, balance, and dexterity, can significantly affect older adults' ability to receive emergency alerts, understand instructions, and safely evacuate or respond during disasters, increasing the need for physical assistance, accessible communication, and tailored emergency response strategies.

LANGUAGE BARRIERS AND LIMITED CAPACITY FOR MULTILINGUAL SUPPORT

Language considerations, including the use of appropriate terminology, communication comfort, and access to information in an individual's primary language, are critical during incidents, particularly in high-stress environments where clear understanding directly affects safety and decision-making. Participants noted that language barriers may arise when resident language needs do not align with the surrounding community or staff language capacity. While most communities felt they could generally support their own residents, concerns increased when residents were evacuated to other communities or community-based shelters, where multilingual support may be limited and where non-native English speakers may face greater risk of miscommunication and reduced continuity of care.

SOCIAL ISOLATION AND LIMITED INFORMAL SUPPORT NETWORKS FOR OLDER ADULTS LIVING INDEPENDENTLY

Participants noted that many older adults living independently, either in private residences or affordable senior housing, experience significant social isolation. Stakeholders expressed concern that some individuals have no consistent support network to assist with preparedness, evacuation decision-making, or wellness checks during incidents. Participants emphasized the importance of strengthening informal support systems, such as encouraging residents to identify a trusted "buddy" to check in during emergencies, exchange contact information, and provide basic mutual accountability, even if residents do not otherwise seek ongoing social interaction.

KEY FINDINGS: RESPONSE

Coordination, Communication and Notification

Gaps, Challenges and Concerns

LIMITED GOVERNMENT COORDINATION, INCONSISTENT SUPPORT, AND UNCLEAR POINTS OF CONTACT

Participants across sectors consistently identified gaps in coordination and responsiveness from local and state emergency support systems during the incident. Many described limited engagement from government emergency services and licensing agencies during a period when urgent guidance and operational support were needed, characterizing the experience as a period of "quiet." Attempts to contact fire, law enforcement, or city officials often did not result in timely or actionable information, reinforcing a perception that communities and individuals were largely on their own.

Participants also reported that support and engagement varied widely across jurisdictions and agencies, with differences described as inconsistent and difficult to predict. In some cases, communities relied on informal or "backdoor" channels, such as existing relationships with law enforcement or fire contacts, to obtain situational awareness. Others turned to non-government sources, including public alert tools and news updates, to compensate for limited official guidance.

UNCLEAR AGENCY ROLES AND SECTOR-SPECIFIC SUPPORT GAPS

Participants expressed confusion about the delineation of agency roles and healthcare emergency coordination structures, particularly related to long-term care settings. Several noted unclear expectations regarding the role of the Medical and Health Operational Area Coordinator (MHOAC) and limited understanding of how such structures could provide actionable assistance to long-term care communities during fast-moving incidents. Overall, participants emphasized that long-term care settings are not always fully integrated into emergency coordination structures, despite serving a large and highly vulnerable population.

Stakeholders also reported limited visibility into skilled nursing facility bed availability through California Department of Public Health (CDPH) and uncertainty about how to access support for evacuation-related placement needs. Participants described gaps in clarity across care settings:

- Skilled nursing facilities (SNFs) are expected to report resource needs through the LA County EMS Agency Medical Alert Center (MAC), but participants noted that this process was not well suited to evacuation and placement needs.
- CCRCs and RCFEs, particularly those that also provide skilled nursing services, described overlapping needs across service types without clear guidance regarding which agency would support evacuation planning, coordination, and execution.

INFORMATION REQUESTS VIEWED AS ADMINISTRATIVE RATHER THAN OPERATIONAL

Participants expressed frustration that some agency communications were purely administratively focused and compliance-driven, rather than oriented toward operational support. Participants described receiving continued calls requesting occupancy counts and evacuee acceptance capacity, primarily for database purposes, and that California Department of Social Services (CDSS) and CDPH clearly said they would not be providing any direct assistance. Communities noted that these requests often came late in the response, after facilities were already coordinating placements through peer networks or tools such as the LeadingAge California shared spreadsheet. Stakeholders emphasized that managing repeated, non-operational information requests diverted staff time and attention away from urgent response coordination activities.

SYSTEM LIMITATIONS: REDDINET NOT FUNCTIONAL FOR LONG-TERM CARE NEEDS

Communities that accessed the county-based ReddiNet platform sought timely updates and actionable information but did not find it useful for long-term care operational needs and therefore did not continue relying on it during the incident. Participants described the platform as primarily designed for hospital use and not sufficiently user-friendly or tailored to long-term care settings. Several participants stated they would be willing to use ReddiNet more consistently if it were easier to navigate and provided more relevant, practical information. Stakeholders emphasized the value of having a centralized, reliable hub for incident updates and resource coordination that is usable by long-term care providers. In Los Angeles County, RCFEs were not included in ReddiNet.

COMMUNICATION FAILURES WITHIN CDSS CONTACT SYSTEMS

Several communities reported issues with CDSS communication systems intended to send notifications to facilities. Participants noted that incorrect phone numbers were reportedly used in some cases and that repeated requests to correct contact information were unsuccessful. Some communities also stated that after reaching out directly to CDSS for clarification or follow-up, they were told they would receive a response but did not receive additional communication.

EVACUATION TIMING NOT ALIGNED WITH OLDER ADULT NEEDS

Participants consistently emphasized that older adults require additional time to prepare for and complete evacuations. However, stakeholders reported that responder expectations and decision-making did not always reflect this reality. Communities often sought early guidance on whether evacuation would be needed, but participants felt evacuation determinations and timelines were frequently aligned to the general population rather than adjusted for older adult mobility, staffing, medication, and care coordination requirements. Participants expressed concern that without earlier assessment and direction, communities may be left without adequate time to safely mobilize residents, staff, medications, and essential supports. Many chose to be proactive in evacuation preparation for the safety of residents and staff as a priority.

NEED FOR STRONGER, PROACTIVE SECTOR-SPECIFIC COORDINATION

Overall, stakeholders emphasized the need for stronger, more proactive sector-specific coordination and clearer delineation of agency responsibilities to reduce confusion, improve information flow, and support long-term care communities in making timely, informed decisions during future incidents. Participants emphasized the importance of integrating long-term care into

emergency coordination systems in a meaningful and operational way, rather than treating it as an afterthought.

INCONSISTENT MASS NOTIFICATION, ROUTING, AND RE-ENTRY INFORMATION AND GUIDANCE

Participants reported that public mass notification messages were not always clear, consistent, or accurate regarding evacuation warnings, evacuation zone boundaries, utility status, and available evacuation routes. Limited, evolving, or inconsistent guidance on roadway access and re-entry into evacuation areas after fires were contained further contributed to uncertainty, affecting decisions about when to evacuate, when it was safe to return, and how to assess property and community conditions.

Participants also noted that in some areas, damaged cell towers and disrupted service prevented timely receipt of alerts altogether. Stakeholders emphasized the need for more reliable and redundant communication methods, including alternate channels to ensure critical messages can be delivered quickly even when telecommunications infrastructure is compromised.

GAPS IN REAL-TIME, SECTOR-SPECIFIC EMERGENCY COMMUNICATION

Some communities identified a need for sector-specific calls or webinars during incidents to receive timely updates on incident status, available resources, and applicable regulatory requirements, including clarity on which provisions may be waived or remain in effect, such as staffing ratios. The lack of these forums limited opportunities for real-time questions and clarification during the response. Participants also expressed interest in a universal alert application tailored for long-term care, skilled nursing, and assisted living settings to improve access to timely, relevant emergency information.

RELUCTANCE TO ENGAGE REGULATORS DURING INCIDENTS

Some communities reported reluctance to report issues or seek clarification from CDSS during incidents, citing prior experiences in which routine inquiries were perceived to result in punitive responses. As a result, participants noted that some organizations rely on the Long-Term Care Ombudsman as an intermediary to seek clarification and relay guidance back to the community, rather than engaging directly with regulators. One community also suggested that additional training for CDSS representatives on compassionate engagement could improve communication and trust during incidents.

LIMITATIONS OF ONE-WAY MASS NOTIFICATION SYSTEMS

Many communities relied on one-way mass notification systems that allowed information to be sent to staff and residents but did not support responses. While two-way communication was not always essential, the inability to receive replies limited the ability to quickly identify available staff or confirm whether residents had self-evacuated. Although instructions were often provided for reporting information or asking questions, the lack of response capability added steps and increased the burden of managing follow-up calls during an already demanding situation. More advanced mass notification systems with two-way functionality are available but often involve higher costs, requiring communities to balance desired capabilities with financial constraints.

TECHNOLOGY ACCESS AND DIGITAL LITERACY BARRIERS

Participants reported that limited access to or familiarity with mobile technology created challenges for some older adults in receiving and responding to text- or email-based alert and notification systems, reducing the effectiveness of technology-driven communication during incidents. Communities also noted that during periods of high message volume, some notifications appeared to be delayed in reaching recipients. Several participants observed that sending a series of shorter, more frequent messages was more effective in getting information delivered in a timely manner than distributing longer, single-message updates.

Elements of Success

USE OF COMMUNITY ALERT SYSTEMS AND INFORMATION AGGREGATION TOOLS

Despite limitations encountered during this incident, many communities and individuals were enrolled in local alert systems or applications that aggregate information from multiple sources and distribute incident updates. Participants cited this as a positive foundation for emergency communication, noting that these tools expanded access to critical information in a rapidly evolving situation. While some inaccurate or unclear notifications were reported, stakeholders generally viewed these alert systems as valuable and beneficial overall.

ESTABLISHED COMMUNICATION SYSTEMS AND RESIDENT-CENTERED OUTREACH

Many communities had established communication methods in place, such as mass notification systems or phone trees, to reach staff, residents, and families or responsible parties. Communities demonstrated flexibility in using these tools either for routine communication or reserving them for emergency situations. By understanding resident communication preferences, communities tailored outreach through text messages, emails, and landline calls, and supplemented electronic communication with printed notices and door-to-door outreach when needed. Additional successful practices included providing frequent incident updates to residents, often timed with meals, offering recorded status messages for families, and regularly updating websites during recovery and cleanup efforts to share current conditions and estimated timelines. In addition, communities have expressed interest in identifying and implementing multiple communication methods to ensure redundancy during incidents, including exploring options such as amateur (HAM) radio where appropriate.

ON-SITE STAFF HOUSING SUPPORTED IMMEDIATE RESPONSE CAPACITY

While not feasible or appropriate for all communities and service models, some communities and affordable housing sites have staff who live on campus, in addition to overnight personnel. Participants noted that this provided invaluable surge support during acute incidents, particularly when offsite staff faced delays or were unable to reach the community due to roadway congestion or other access constraints.

Destinations

Gaps, Challenges and Concerns

LACK OF CENTRALIZED COORDINATION

The lack of a single government lead agency or centralized coordinating entity created challenges in matching evacuees with available receiving locations. Availability shifted rapidly as needs and capacity changed, resulting in confusion, delays, and inefficiencies in placement coordination.

Participants also noted that communities located in evacuation warning zones were sometimes contacted and asked to accept evacuees even when it was not safe or operationally appropriate. Managing these inquiries required additional time and attention during an already demanding response.

In addition, multiple agencies contacted communities and facilities to request status updates, though not all were positioned to provide direct assistance. Responding to duplicative or non-actionable requests diverted time and resources that could have been better directed toward operational coordination and engagement with partners able to offer immediate support.

Participants further emphasized the importance of considering evacuee placement in relation to family and support systems. Many residents typically live close to loved ones, and evacuations to distant locations created barriers for families who lacked the means to visit or provide support, increasing stress and disruption for residents and their caregivers.

FINDING APPROPRIATE LEVEL OF CARE

Identifying evacuation locations that could provide an appropriate level of care was difficult, particularly at community-based shelters such as convention centers where such care was often unavailable. Delays also occurred in locating licensed care facilities or communities able to meet residents' needs.

Where appropriate for residents' care levels, hotels were used to provide temporary accommodation. However, the widespread nature of the incident, with nearly 250,000 people under evacuation orders or warnings and also seeking alternative housing, made it difficult to secure sufficient hotel space. It was even more challenging to identify hotels capable of accommodating an entire RCFE or CCRC community together, often requiring residents to be separated. This experience highlighted limitations in community disaster plans related to identifying and securing suitable large-scale lodging options that align with residents' care and continuity needs.

AVAILABILITY OF APPROPRIATE FURNISHED SPACES

While some receiving communities had furnished space immediately available, many evacuation sites consisted of unfurnished areas that required additional setup time before residents could be accommodated. This created added challenges in meeting the functional, comfort, and care needs of older adults during a rapid transition. Participants also noted uncertainty regarding compliance expectations in these temporary settings, including which requirements could be

waived or flexed during an emergency and what could be addressed through best-effort measures. In some cases, communities indicated they could potentially accept additional evacuees but were concerned that doing so would create noncompliance risk and litigation.

This issue was particularly evident at the Pasadena Convention Center which was not initially equipped to support a large population of older adults and individuals with functional needs. Participants noted that during the first night there were significant gaps in basic accommodation and supplies, including limited availability of cots, insufficient incontinence supplies, and lack of accessible power. Some supplies were quickly taken by more able-bodied shelter residents, and it was difficult to keep residents co-located, especially during the initial intake period.

Communities that evacuated residents to the convention center were generally better positioned to transition residents to more appropriate destinations over time, including other care communities, hotels, or family placements. In contrast, individuals who evacuated independently from their homes were more likely to remain at the convention center for longer periods, often under less suitable conditions.

RELIANCE ON INFORMAL, INDIVIDUAL-BASED CONNECTIONS

While established personal relationships between leaders at different communities and facilities enabled rapid identification of appropriate care-level availability, this approach relied heavily on individual knowledge, availability, and contact information. If key individuals are unavailable, connections will be more difficult to make or not made at all, highlighting the lack of formal, organization-to-organization contact structures to support consistent and reliable coordination during evacuations.

EVACUATION CHALLENGES FOR INDIVIDUALS AGING AT HOME

Many individuals who require skilled nursing or home health services live independently (aging in place at home) rather than in licensed facilities yet may still need to evacuate to locations capable of providing these services. Limited coordination and information-sharing made it difficult to identify these individuals and direct or transport them to appropriate evacuation destinations.

PAYER UNCERTAINTY AND POTENTIALLY PREDATORY BILLING PRACTICES

Participants raised concerns that some receiving communities indicated they could accept evacuees, including individuals with subsidized payer status, but later did not honor those arrangements and instead billed residents or families directly. Stakeholders emphasized the need for clearer payer agreements and protections during incidents, particularly when placement decisions are urgent and choices are limited. Participants noted that unexpected billing and perceived predatory practices can be highly distressing and trauma-inducing for evacuees and families during an already destabilizing situation.

SECURITY RISKS AT VACATED FACILITIES DURING EVACUATIONS

While communities recognized the necessity of evacuation during incidents, participants expressed ongoing concern about maintaining the security of facilities once they are vacated, including risks related to unauthorized entry, theft, vandalism, and protection of sensitive resident property and records.

Elements of Success

SISTER COMMUNITY SUPPORT

Communities that were part of larger organizations with sister facilities in the region were better positioned to quickly identify evacuation destinations capable of providing appropriate levels of care. Participants noted that corporate infrastructure and internal networks supported coordination and resource-sharing, particularly because only a limited number of sites were directly impacted. Even with these advantages, the evacuation process remained challenging, and stakeholders emphasized that a larger or longer-duration incident affecting more facilities would significantly strain the ability to sustain evacuation operations. Overall, participants described the response as having gone as well as it reasonably could under the circumstances, while highlighting that stand-alone communities would face substantially greater difficulty without comparable networks. Stand-alone communities echoed this perspective, describing a stronger need for external collaboration and improved coordination, and in some cases reporting that they felt largely on their own in planning and response.

LEVERAGING LEADERSHIP CONNECTIONS

Leaders with established relationships with peers at other communities or facilities were able to make direct contact to quickly assess the availability of appropriate levels of care. This included leaders within corporate organizations who also leveraged relationships with non-affiliated facilities to identify evacuation options for residents.

SHARED RESOURCE AND EVACUATION COORDINATION TOOL

LeadingAge California developed an easy-to-use shared spreadsheet that connected organizations in need of resources or evacuation destinations with those able to provide support. Participants widely valued this tool, citing its usefulness both for organizations seeking assistance and for those offering help to colleagues and residents.

COMMUNITY-LED MUTUAL AID AND RESIDENT SUPPORT

Communities and residents expressed a strong desire to support response and recovery efforts. Facilities who were not directly threatened and knowing they would not need to evacuate, along with their residents, actively sought ways to assist affected communities and evacuees. Support included donations of furniture, gift cards, durable medical equipment, clothing, and other supplies to meet immediate needs and strengthen overall mutual aid efforts.

IMPLEMENTATION OF THE LONG-TERM CARE MUTUAL AID PLAN (LTC-MAP)

At the time of this report, the Los Angeles County EMS Agency is establishing a Long-Term Care Mutual Aid Plan (LTC-MAP) to strengthen evacuation and resource coordination for skilled nursing facilities and other licensed residential care settings, including RCFEs and CCRCs. Participants identified this as a positive development to improve consistency, communication, and support for long-term care communities during incidents. Stakeholders noted that continued attention will be needed to address preparedness and evacuation needs for older adults living in affordable housing and private residences who may require similar levels of assistance.

DEVELOPING ORGANIZATION-TO-ORGANIZATION COORDINATION PATHWAYS

Participants noted the value of building stronger organization-to-organization communication pathways to reduce reliance on individual relationships during incidents. This may include identifying designated points of contact at peer communities and facilities, maintaining shared contact lists, and participating in regional coordination groups to support consistent communication and more rapid information exchange. Communities also highlighted the potential benefit of reinforcing these connections through regional meetings, joint planning efforts, coordinated exercises, and informal relationship-building activities that strengthen familiarity and trust across organizations.

Transportation

Gaps, Challenges and Concerns

TRANSPORTATION RESOURCE SHORTAGES

The rapid pace and wide geographic scope of the incident made it difficult for communities to secure sufficient ambulances, buses, shuttles, and qualified drivers to support evacuation operations. Some communities also expressed concern that access to fuel, both for evacuation vehicles and for generators needed during shelter-in-place operations, could be constrained during a widespread incident. Participants further noted that the transportation vendor market is limited, and that many communities rely on contracts with the same small pool of providers, creating risk that resources may still be unavailable despite advance planning and contractual agreements.

While some organizations with their own fleets were able to assist other communities, others were hesitant to deploy vehicles due to concerns about their own potential evacuation needs. In several cases, facilities relied on personal or non-dedicated vehicles to transport residents and essential resources such as medication carts and mobility devices. Staff shortages further limited the availability of qualified drivers during the initial response period.

Communities reported relying on internet searches to identify potential transportation providers, an approach that may not be feasible when power or internet service is disrupted. This experience prompted some communities to renew existing transportation contracts and explore additional agreements with providers located in outlying counties to improve access during future evacuations. Affordable housing providers similarly reported exploring whether paratransit services could be accessed to support resident transportation needs during evacuations and displacement.

Participants also noted a lack of shared understanding regarding transportation needs across care settings. Some stakeholders assumed ambulances would be the primary evacuation solution, while communities emphasized that shuttles and buses are often essential for moving larger numbers of residents efficiently, with ambulances reserved for those requiring higher-acuity transport.

EVACUATION RE-ENTRY CONSTRAINTS

Some communities with access to evacuation vehicles were unable to make multiple transport trips because re-entry to evacuation zones was restricted once vehicles departed. This limitation increased the number of vehicles required and, combined with the rapid pace of the evacuation, made it difficult to mobilize additional transportation resources from outside the affected area.

EVACUATION AND STAFF ACCESS DELAYS DUE TO TRAFFIC

Participants reported that severe traffic congestion created major operational challenges for both communities and the public during evacuation. Facilities located in evacuation warning zones experienced difficulty initiating evacuation because roadways were already congested by traffic from areas under mandatory evacuation orders. Evacuees described bottlenecks, lack of clear route guidance, limited signage visibility, and rapidly changing conditions that made navigation difficult, including diminished visibility and loss of familiar landmarks. Participants also noted uncertainty about where evacuees should be directed when there was no clear destination identified.

Traffic conditions also prevented staff from reaching communities, limiting the ability to surge staffing for evacuation support, protect buildings from smoke and ash impacts, and assist residents sheltering in place with needs related to air quality, power, lighting, and respiratory care. Participants emphasized particular concern for overnight periods, when baseline staffing is already limited and roadway congestion would make it even more difficult to mobilize additional staff during rapidly evolving incidents.

Elements of Success

SISTER COMMUNITY SUPPORT

Communities that were part of larger organizations with sister facilities in the region were better positioned to quickly identify appropriate vehicles and other means of transportation capable of providing the required level of care.

RAPID GOVERNMENT SUPPORT FOR EVACUATION TRANSPORTATION

In some cases, government agencies recognized the urgent need for evacuation transportation and proactively deployed municipal buses without requiring formal requests. These resources were immediately utilized to support urgent evacuations and were widely appreciated by participating communities.

Continuity of Care

Gaps, Challenges and Concerns

DECISION-MAKING CHALLENGES AT EVACUATION AND WARNING ZONE BOUNDARIES

Communities located near boundaries between evacuation and warning zones faced complex decisions about whether residents could be safely supported on site or should be relocated offsite. Leadership and staff had to balance the goal of minimizing transport-related stress and trauma with the need to ensure resident safety and access to appropriate levels of care.

Communities with prior wildfire experience noted that the response and engagement from fire authorities during the 2025 fires differed from past incidents and included gaps in communication. Participants emphasized that older adults and residents in care settings cannot evacuate immediately and require additional time for planning and coordination. In the absence of timely, facility-specific guidance, some communities relied on public alert applications or news reports to monitor conditions and anticipate next steps, which did not always feel sufficiently authoritative or tailored to their operational needs. Communities expressed a desire for earlier assessment, clearer guidance, and more direct coordination with agencies responsible for issuing evacuation orders, to better determine what actions were safe and when evacuation would be necessary.

DIFFICULTY IN MAINTAINING HOME HEALTH SERVICES

Home health agencies reported attempts to maintain contact with beneficiaries in impacted areas, but experienced communication disruptions due to phone service outages. Because agencies are required to continue delivering care following evacuation and displacement, participants described challenges locating beneficiaries after relocation. In some cases, agencies were unable to provide needed services because evacuees did not bring medications or other essential medical items with them, despite reminders and guidance from the agencies and limitations on agencies' ability to replace these items quickly.

Participants also noted that home health agencies experience varying levels of coordination and support from local law enforcement and fire agencies, which affected their ability to access impacted areas and conduct wellness checks for beneficiaries during the incident.

Home health agencies noted a need for stronger coordination with health plans to improve disaster readiness and clarify expectations during incidents. Participants emphasized the importance of shared planning to better understand the operational realities of different disaster contexts, including what outreach and service delivery actions are feasible under constrained conditions. Home health agencies identified gaps related to liability concerns, communication and contact protocols between health plans and beneficiaries, and guidance on how to maintain compliance when beneficiaries are displaced without medications or essential supplies.

MISMATCHES BETWEEN REPORTED AND ACTUAL RESIDENT CARE NEEDS

Receiving communities reported instances where residents arrived with higher care needs than had been communicated during evacuation coordination, such as residents who were described as independent living required assisted living support, or assisted living residents who needed skilled nursing-level care. These discrepancies created operational and clinical challenges when receiving communities did not have the necessary staffing, services, or skillsets immediately available. While receiving communities acknowledged the urgency and complexity of evacuations, participants emphasized the need for clearer, more accurate information on resident care needs at the point of transfer to support safe placement and continuity of care. Several communities also identified the value of standardized evacuation-related forms to ensure consistent documentation and shared expectations regarding the information that should accompany evacuees.

One community inquired if the Data Exchange Framework (DxF), led by the California Health & Human Services Agency and now managed by Department of Health Care Access and Information (HCAI), could be a viable tool used during disasters since DxF is designed to enable the secure, real-time exchange of data among health and social services entities throughout California, giving providers a clear understanding of a patient's full health history and the information needed to provide timely, safe, and effective whole-person care.

EVACUATION-RELATED HEALTH RISKS AND LOSS OF ESSENTIAL ASSISTIVE DEVICES

Participants across multiple sectors expressed concern about resident injuries and health impacts associated with evacuation and displacement. Reported risks included falls, exposure to extreme heat or cold, heightened stress and anxiety, and challenges maintaining calm during rapid relocation. Stakeholders also noted that during urgent evacuations, residents may be unable to retrieve essential assistive items such as eyeglasses or hearing aids, or these items may be lost amid chaotic movement. The loss of these devices can significantly impair residents' ability to understand directions and follow instructions. Participants emphasized the need for responders and receiving staff to recognize these factors and avoid misinterpreting non-responsiveness as noncompliance.

DIETARY NEEDS AND CULTURAL FOOD CONSIDERATIONS DURING DISPLACEMENT

Participants emphasized that many older adults have dietary needs, allergies, and restrictions related to medical conditions, while others have requirements tied to cultural and religious traditions. During evacuation and displacement, limited ability to accommodate these needs can lead to adverse health impacts and may be experienced as dismissive or disrespectful. Participants raised specific concerns about ensuring appropriate options for soft or texture-modified diets, including whether sufficient food variety would be available in sheltering or displaced settings and whether equipment would be available to prepare suitable meals. Stakeholders noted that reliance on limited food options, such as protein bars, may be inappropriate for many older adults, including individuals with dentures or chewing limitations, where hard, chewy, or nut-containing foods can create safety risks and discomfort.

At the same time, participants highlighted that food can serve as an important source of stability, comfort, and emotional support during incidents. One example shared that evacuees experienced reduced stress when receiving staff recognized cultural traditions and provided familiar snacks and pastries upon arrival.

UNCERTAINTY IN EVACUEE LENGTH OF STAY AND RELOCATION NEEDS

For communities receiving evacuees, the expected length of stay was often unclear at the time residents were accepted, given the rapidly evolving nature of the incident. Some evacuees remained only a short time before transitioning elsewhere, while others stayed for extended periods. In several cases, residents initially evacuated to family members but were unable to remain long term and later required placement in an appropriate care community. Receiving communities also experienced operational challenges when planned move-ins or admissions proceeded as scheduled, requiring evacuees to relocate again and creating additional disruption.

Extended displacement also introduced financial uncertainty for both evacuees and receiving communities. While some communities were able to offer temporary reduced rates, longer-term

stays often became dependent on residents' ability to pay, influencing how long an evacuee could remain in place and increasing the likelihood that another placement would need to be found. Although subsequent moves were not always urgent, repeated relocations created logistical complexity and emotional strain for evacuees, families, and receiving organizations.

Participants further noted that some evacuees were unable to return to their original communities or homes due to major damage or total loss, resulting in longer-term displacement and uncertainty. Some individuals reported not feeling fully welcomed in receiving settings, reinforcing the need for trauma-informed approaches and ensuring evacuees feel supported, respected, and included throughout the displacement period.

ACCESS CHALLENGES TO ELECTRONIC RECORDS DURING EVACUATION

Some communities anticipated being able to access electronic documentation, including MARs and EHRs/EMRs, from offsite locations following evacuation, but encountered firewall restrictions and other technical barriers that prevented access when systems were needed most. In several cases, IT support was required to troubleshoot connectivity and restore functionality at receiving locations before records could be reliably accessed, creating delays in care coordination.

Participants emphasized the need to strengthen remote access readiness through routine testing and validation of offsite connectivity, and ensure IT personnel are integrated into disaster response teams with the capability to provide timely onsite or remote support during incidents. Communities also noted that while remote access can reduce dependence on paper records, maintaining both electronic and paper-based options remains important to support continuity of care when connectivity is limited or residents are relocated to settings without reliable system access.

COMPLEXITY OF EVACUATING SKILLED NURSING RESIDENTS

Communities that provide skilled nursing care reported significant differences between evacuating assisted or independent living residents and evacuating skilled nursing residents, which requires substantially greater staffing, medical resources, and coordination. Participants expressed concern about the feasibility of evacuating all skilled nursing residents due to the intensity of care needs, the additional time required to complete evacuations and the need for earlier warning, the limited availability of appropriate receiving locations, and the potential need for more specialized transportation. Communities emphasized the need for additional funding and support to strengthen skilled nursing preparedness and evacuation capacity.

WILDFIRE SMOKE AND RESPIRATORY RISK FOR OLDER ADULTS

Participants emphasized that wildfire conditions significantly increase respiratory health risks for older adults, including those evacuating and those sheltering in place. Communities and individuals throughout the region implemented protective measures to reduce smoke and ash exposure including efforts to limit indoor smoke infiltration, distribute masks, and restrict outdoor activities.

COMPLEX RESIDENT TRACKING AND ACCOUNTABILITY DURING EVACUATION AND SELF-RELOCATION

Communities faced significant resident accountability challenges due to the wide range of evacuation and relocation circumstances. Some communities fully evacuated, others prepared to evacuate but did not ultimately relocate, and many experienced partial or resident-driven movement. Residents left under varied conditions, including self-evacuation before any formal warnings, family pickup, hotel stays, organized facility evacuations, transfers to temporary staging or stopover locations, and in some cases multiple relocations over time. Some residents evacuated to families initially but later needed to reconnect with their community while it was still displaced.

To reconcile resident status, participants described using multiple tracking approaches, often simultaneously. These included existing overnight sign-out systems, resident notes left in units, designated staff positioned at primary exits to capture self-evacuation details, centralized phone numbers for residents or families to report updates, and use of security systems such as cameras and license plate readers to supplement tracking. During organized evacuations, communities tracked resident movement through multiple stages, such as documenting evacuation by building, recording assignments to specific buses or vehicles, and confirming arrivals at interim and final destinations. Tracking tools ranged from census lists and rosters to photo-based methods, including photographing individuals and their vehicles when that was faster than list-based verification or when conditions such as darkness, wind, or time constraints made written tracking difficult.

MEDIA INTERFERENCE AND RESIDENT PRIVACY CONCERNS

Evacuating and receiving communities expressed concern and frustration regarding media presence during the incident. Participants described instances in which media activity was perceived to breach confidentiality, interfere with response operations, and portray residents in ways that compromised dignity during an already traumatic evacuation experience. Communities noted that managing media interference created an additional operational burden at a critical time.

Elements of Success

EFFECTIVE USE OF INCIDENT COMMAND AND SITUATIONAL DECISION-MAKING

Communities located in evacuation warning zones that had time to convene leadership teams activated command centers and the Incident Command System to evaluate response options, including evacuation versus shelter-in-place strategies, and to determine the safest course of action for residents. These communities conducted ongoing situational assessments and provided regular updates to staff, residents, and families. While some communities were able to rely on fire agency guidance to support evacuation decisions, others lost contact after initial coordination and effectively relied on internal command structures to make timely, informed decisions.

Following the incident, participants emphasized the value of activating the Emergency Operations Center and Incident Command System early to engage additional personnel and strengthen coordinated decision-making from the outset. Communities also noted the importance of

declaring emergencies sooner when high-risk conditions are forecasted to mobilize vendor support and critical resources more quickly, including generators and essential supplies. Finally, participants stressed the need to plan for sustained response and recovery, recognizing that incidents are often prolonged and require a "marathon, not sprint" approach. Several communities also noted that early activation, even if the incident does not escalate, can still function as a real-time exercise and strengthen readiness.

SUCCESSFUL CONTINUITY OF CARE THROUGH RECORDS AND CLINICAL INTAKE

Receiving communities reported smoother integration and care management when resident records were provided in advance and evacuees arrived with prescriptions, medications, and essential belongings. Directors of Health Services and nursing teams conducted intake assessments to confirm that residents were receiving the level of care identified prior to evacuation and monitor for new or worsening needs following displacement, including physical health, mental health, and social support needs.

EFFECTIVE ELECTRONIC RECORD ACCESS DURING EVACUATION

Some communities were able to seamlessly access online records, including MARs and EHRs/EMRs, during evacuation due to established remote access capabilities already in routine use. In addition, communities that evacuated residents to sister facilities were able to easily access needed records through shared systems, supporting continuity of care throughout the evacuation and repatriation process.

DOWNTIME PROCEDURES AND PAPER-BASED BACK-UPS

Communities maintained paper back-ups and established downtime procedures for situations when electronic documentation was inaccessible, including access to resident MARs and EHRs/EMRs. Some also prepared evacuation packets containing key resident information, supporting continuity of care during disruptions.

LABELING MOBILITY DEVICES AND RESIDENT PROPERTY FOR EVACUATION CONTINUITY

Based on lessons learned from a prior fire evacuation, one community implemented a practice of labeling walkers, wheelchairs, and other mobility equipment with resident name tags (similar to luggage tags). This supported continuity of care by reducing the likelihood that essential items would become separated from residents during evacuation and ensuring equipment could be correctly matched upon arrival at the receiving location and again during repatriation. Participants noted that this approach can be extended to other personal items that may be transported during evacuations, including go-bags and similar resident property.

RESIDENT COHORTING TO STRENGTHEN EVACUATION CARE COORDINATION

One community shared a lesson learned from evacuating assisted living and independent living residents to the same hotel. Although residents were initially placed wherever rooms were available, the community was able to maintain continuity of care for assisted living residents throughout the relocation. Participants noted that, based on this experience, future evacuations would be strengthened by cohorted placement of assisted living residents on the same floor or in close proximity, which would improve staff efficiency, access to supplies, and overall care coordination.

Regulatory Agencies / Regulations / Compliance

Gaps, Challenges and Concerns

PUNITIVE REGULATORY CLIMATE LIMITING COMMUNICATION AND SUPPORT-SEEKING

A common challenge identified across participating organizations was the perception of a punitive relationship with state regulatory agencies. Participants reported that even outside of incidents, organizations may hesitate to seek clarification or ask questions about potential scenarios due to concern that inquiries could be interpreted as evidence of noncompliance and trigger formal enforcement actions. Stakeholders noted that this dynamic discourages proactive communication and reduces willingness to reach out for guidance, even when organizations are attempting to identify appropriate actions and improve preparedness.

UNCLEAR REGULATORY FLEXIBILITIES AND ADMINISTRATIVE BURDEN DURING INCIDENTS

During the incident, communities reported limited capacity to meet standard paperwork and documentation requirements (e.g., 602s) while managing urgent response operations. Participants also noted uncertainty regarding whether emergency exemptions, waivers, or regulatory flexibilities were available. While one community was able to obtain informal guidance to proceed with necessary actions 'demonstrate' that they could care for these evacuees, and address documentation later, this was not widely experienced, and most communities reported receiving little or no timely response from CDSS or CDPH.

STRINGENT GENERATOR STANDARDS AND CUMBERSOME HCAI APPROVAL PROCESSES

Participants reported that while some communities already have generators in place, newer generator and alternate power requirements are highly stringent, including specifications related to system coverage, capacity, and equipment location. Communities noted that the HCAI approval and compliance process can be cumbersome and time-intensive, creating significant barriers to upgrading or expanding emergency power capability.

Stakeholders also expressed concern that policy decisions related to generator requirements and other infrastructure expectations may not fully reflect the real financial and operational constraints faced by long-term care providers. Participants noted that these requirements can create substantial capital burdens and may lead some facilities to close if upgrades are unaffordable, ultimately reducing care options for residents. Several stakeholders emphasized the importance of ensuring policymakers have deeper practical understanding of long-term care operations and infrastructure realities when developing and implementing such requirements.

TIME- AND THRESHOLD-BASED REGULATIONS CREATING COMPLIANCE BARRIERS DURING INCIDENTS

Participants reported that regulations tied to specific numeric thresholds or time-based requirements are particularly difficult to maintain during incidents. Examples included staffing ratios, mandated reporting timeframes, and required frequencies for monitoring or status updates. Stakeholders emphasized that these requirements could create compliance anxiety during emergencies, even when providers are prioritizing resident safety under rapidly changing conditions. Participants expressed a need for clearer mechanisms to acknowledge, waive, or flex these requirements during disasters, along with timely and widely distributed guidance so

providers understand expectations and are not deterred from taking appropriate action due to fear of noncompliance.

AFFORDABLE HOUSING RELOCATION BARRIERS AND TIME-LIMITED EMERGENCY ELIGIBILITY

Participants highlighted significant challenges associated with relocating displaced older adults into affordable senior housing following incidents. Eligibility requirements vary by building and location with different income and qualification thresholds that can create compliance barriers when attempting to move residents across properties. If a resident must relocate permanently to another building, they may not automatically qualify for that site, increasing administrative complexity and the risk of further displacement or lack of compliance by the provider.

Stakeholders emphasized that these challenges are especially pronounced for evacuees who need housing but have never participated in subsidized housing programs and therefore are not pre-qualified. Participants noted that HUD has limited exception pathways that may allow temporary placement during federally declared emergencies; however, these provisions are time-limited and do not replace longer-term eligibility and documentation requirements. As a result, displaced individuals may face the possibility of needing to relocate again once emergency accommodations expire, compounding stress and instability during recovery.

Participants further noted that extensive regulatory requirements and documentation expectations can become obstacles to obtaining stable, permanent housing after disasters, particularly for individuals unfamiliar with qualification processes. Stakeholders observed that the American Red Cross has been helpful in identifying individuals with urgent needs and supporting initial screening and referrals, though it does not function as a centralized housing matching entity. Participants emphasized the need for a more coordinated approach, including a centralized clearinghouse to track available units, displaced individuals seeking housing, and eligibility criteria, to more efficiently match residents to appropriate and compliant housing options.

Elements of Success

EMERGENCY PLANNING REQUIREMENTS SUPPORTING PREPAREDNESS

A number of communities noted that regulatory requirements to maintain an emergency plan served as a meaningful preparedness benefit. Participants reported that compliance expectations helped institutionalize planning activities and supported stronger baseline readiness than would otherwise be feasible.

Some participants expressed concern that the wide range of services they provide, combined with multiple oversight entities (including health plans and various regulatory programs), creates a complex compliance environment with numerous requirements that are not always aligned. Stakeholders noted that expectations may differ across federal and state frameworks, licensing and payer requirements, and across multiple program standards, creating overlap, inconsistencies, and added administrative burden. Participants emphasized that continually maintaining readiness across these varied and sometimes conflicting requirements makes it difficult to move beyond baseline compliance, even when organizations are motivated to exceed minimum preparedness standards.

USING REGULATORY REQUIREMENTS TO SUPPORT DEDICATED PREPAREDNESS CAPACITY

One community with a skilled nursing facility noted that when CMS strengthened emergency preparedness requirements in 2017, leadership used the compliance expectation as leverage to secure funding for a disaster coordinator role. While the position was not established as a full full-time equivalent (FTE), participants viewed it as an important improvement over having no designated staff capacity and helped ensure preparedness responsibilities were not solely added onto already overextended operational roles.

REGULATORY REQUIREMENTS SUPPORTING EVACUATION READINESS

Participants cited California regulatory requirements for evacuation chairs as a positive compliance measure that strengthened evacuation readiness. The required availability of evacuation chairs in RCFEs, including placement at stairwells, helped ensure these critical tools were in place to support safer stairway evacuations when elevators were unavailable. Facilities reported that the use of both manual and motorized evacuation chairs, and in some cases evacuation sleds, improved operational capability during evacuation. Communities also noted that regular staff training and resident familiarization increased comfort, confidence, and readiness. While the cost of this equipment can be prohibitive for some communities, participants emphasized that the regulatory requirement helped institutionalize this important evacuation safety capability.

Participants also noted an important distinction for affordable senior housing settings, which are not required to maintain evacuation chairs because they are housing and not licensed care or medical facilities. Stakeholders indicated this can create confusion among residents, families, and the public, particularly given that many residents are older adults and housing providers may help coordinate supportive services. Participants emphasized the need to clearly level-set expectations regarding evacuation responsibilities and the types of emergency equipment and staffing that are, or are not, available in senior housing settings.

KEY FINDINGS: RECOVERY

General Concerns for Older Adults

Gaps, Challenges and Concerns

LACK OF ACCOMMODATION / ACCESSIBILITY AND OVERWHELMING COMPLEXITY

While government and community resource centers were established to support individuals impacted by the incident, participants reported that accessibility challenges limited their effectiveness for some older adults and individuals with functional needs. Long wait times and the need to stand for extended periods posed significant barriers for individuals with mobility limitations, reduced endurance, or other health constraints.

Participants also noted that many assistance processes relied heavily on digital access and online forms, creating barriers for individuals who were not technologically proficient, did not have access to their usual devices, or lacked the financial means to replace lost technology. Even when computers were available onsite, some individuals faced challenges navigating digital systems and completing forms due to limited technical skills, further restricting access to assistance.

Participants noted that while some American Red Cross volunteers supported initial intake and immediate needs, there was limited access to sustained, case management-like support to help older adults navigate the prolonged and complex recovery process. Stakeholders emphasized that recovery often requires ongoing follow-through across multiple steps and systems, and many individuals remain in limbo because they do not understand how to move forward or how to complete required processes.

One participant suggested leveraging existing community senior centers as strengthened recovery hubs, with added capacity to provide ongoing assistance, including language interpretation, help understanding insurance and government processes, and support navigating unclear forms and instructions. Participants also observed potential inequities in access to recovery resources, noting concerns that older adults of color may face greater difficulty obtaining assistance and that resources may not be distributed equitably.

> **"...lost all of my belongings, lost all of my history... I'm left with nothing... I'M JUST EXISTING."**
> *--An older adult who lost their home*

In addition, required information and documentation to complete assistance forms were often tied to historical records, such as insurance, property, bank, or purchase documentation, that no longer existed because homes were destroyed or personal records were lost. Participants also reported difficulty obtaining replacement documentation when companies could not access or retrieve their own records. In some impacted communities, participants noted that intergenerational land transfers had occurred informally without formal documentation, and that resolving ownership,

title, or inheritance issues through legal channels is costly and difficult. Limited flexibility in documentation requirements, and a lack of alternative verification pathways, increased stress and created additional barriers during recovery. As one participant summarized, individuals "can't inventory an entire life."

DONATIONS MISALIGNED WITH OLDER ADULT FUNCTIONAL NEEDS AND DIGNITY

Participants noted that donated supplies did not always align with the functional needs and daily living realities of older adults. In some cases, items provided were not usable for individuals with limited dexterity or mobility, underscoring the need for greater understanding of age-related accessibility needs. Examples included the importance of adaptive clothing, such as garments with snaps instead of buttons or Velcro closures instead of laces. When needs were not met, some older adults reported feeling dehumanized and experiencing a loss of autonomy and dignity. Participants also noted that individuals who requested more appropriate items were sometimes perceived as ungrateful, creating additional emotional stress during recovery.

PERCEIVED LACK OF COMMUNITY-LEVEL PREPAREDNESS AND PUBLIC COMMUNICATION TOOLS

Evacuees expressed concern that there was limited visible pre-incident planning at the community level and that individuals living in the broader community were not meaningfully included in preparedness efforts. Participants noted that clearer, pre-established guidance on evacuation destinations would have been helpful, including public messaging on where to go during rapidly evolving conditions. Evacuees also emphasized the need for a centralized mechanism to post and access "I'm safe" status updates, particularly given the communication barriers experienced during the incident.

ADMINISTRATIVE BARRIERS IN RECOVERY: DIFFICULTY CANCELING SERVICES FOR DESTROYED HOMES

Participants noted that recovery was complicated by difficulties canceling services for homes that were destroyed. Individuals reported continuing to receive bills, and in some cases being told payment was still required, for services such as landline telephone, utilities, television subscriptions, and other accounts tied to a physical address that no longer had a home. Although service providers often describe cancellation as straightforward, participants reported that resolution sometimes required repeated phone calls, extensive documentation, and in-person follow-up, with some cases taking months for billing to stop. Stakeholders emphasized that these processes create disproportionate burden for older adults and others with limited mobility, limited transportation options, or reduced ability to navigate prolonged administrative requirements.

ELDER ABUSE AND EXPLOITATION RISKS DURING RECOVERY

Participants raised concerns that older adults may face increased risk of abuse and exploitation during disaster recovery. Examples included seniors being taken advantage of due to generosity or vulnerability, and instances of unfair or predatory landlord practices following displacement. Stakeholders reported that attempts to involve Adult Protective Services (APS) were not always effective, citing limited follow-up or insufficient investigation in some cases, which allowed harmful situations to continue and contributed to additional trauma during recovery.

Participants also described more complex situations where older adults relied on neighbors or informal helpers to navigate overwhelming recovery processes, including paperwork and assistance applications. In some cases, outsiders expressed concern that these helpers may be exploiting the older adult or diverting benefits. Stakeholders noted that even when seniors sensed something may be inappropriate, they may be reluctant to intervene or report concerns out of fear of losing one of the few supportive relationships available to them. Participants emphasized that these dynamics can deepen trauma, undermine safety, and impede a stable and dignified recovery.

UNMET RECOVERY NEEDS DUE TO FEAR, STIGMA, AND SYSTEM AVOIDANCE

Participants noted that even a year after the incident, some individuals with ongoing needs still have not accessed available assistance, despite services being offered. Stakeholders observed that some people are reluctant to acknowledge need or seek help, and others are hesitant to engage with formal systems due to fear, mistrust, or concerns about potential consequences. Participants emphasized that these barriers may be especially pronounced for individuals with immigration-related concerns, contributing to prolonged unmet needs during recovery.

Staffing

Elements of Success

STAFF SUPPORT, FLEXIBILITY, AND STRONG COMMUNITY SOLIDARITY

Participants described strong efforts to support staff who were directly impacted by the incident, including employees who were displaced or experienced total home loss. Communities emphasized transparent communication through regular staff huddles, early deployment of onsite counseling and wellness support, and flexible leave policies, including additional paid time off. Some organizations leveraged corporate and foundation resources to provide immediate assistance such as cash grants and temporary housing, helping stabilize employees' basic needs and enabling earlier return to work when feasible.

Leaders also highlighted the importance of setting realistic expectations for recovery and operations, acknowledging that staff may not be fully back to normal for some time. Residents played a meaningful role in supporting staff through patience, understanding, and direct assistance, including the creation of dedicated funds to support affected employees. Overall, participants identified a strong sense of shared purpose and solidarity across staff, residents, and organizational leadership as a key factor supporting continuity and recovery.

Mental Health / Behavioral Health Support

Gaps, Challenges and Concerns

DISRUPTION OF CAREGIVER RELATIONSHIPS, ROUTINE, AND SENSE OF COMMUNITY DURING EVACUATION

Participants emphasized that evacuation and relocation can significantly disrupt residents' continuity of care and emotional well-being, including many of those that already have mild cognitive impairment. In receiving settings, residents are often separated from long-term caregivers who understand their needs, communication styles, and routines. One evacuated community reported observing a marked cognitive decline among its independent living residents following displacement. Participants noted that the sudden loss of familiar environments, daily structure, and community connections can contribute to disorientation, loss of identity, increased isolation, and loneliness, compounding stress during an already traumatic incident.

Communities noted that evacuees often wanted to remain together to decompress and maintain connection with familiar caregivers and peers. When feasible, receiving communities rearranged room assignments to place evacuees in closer proximity to one another and their care teams. Participants also described implementing short-term integration support, including orientations to the campus, buddy systems pairing evacuees with current residents, and other adjustment activities to help evacuees navigate unfamiliar settings, even when the expected length of stay was uncertain.

Participants noted that, based on cultural values and family structures, some older adults experience placement in a care community as a form of separation from family and feel abandoned when they are no longer living near or relying on family members for daily support. In these situations, residents may shift from dependence on family to reliance on community staff for assistance and connection. Stakeholders emphasized that evacuation and displacement can intensify these feelings, particularly when residents are relocated farther from family, increasing perceived abandonment, isolation, and emotional distress.

Participants reported that some evacuees whose homes were destroyed exhibited signs of depression and profound grief during displacement. Individuals expressed feelings of having lost not only their belongings, but also their personal history and sense of identity, describing themselves as left with nothing and merely "existing" rather than living.

RELIGIOUS AND SPIRITUAL SUPPORT NEEDS OFTEN OVERLOOKED

Participants noted that religious and spiritual needs are often overlooked during incidents and recovery, despite the meaningful comfort, coping support, and sense of stability these practices can provide for older adults, families, and staff.

PSYCHOLOGICAL SAFETY NEEDS AND LIMITED ACCESS TO PROFESSIONAL BEHAVIORAL HEALTH SUPPORT

Participants emphasized that incidents create heightened anxiety and fear among residents and staff, driven by uncertainty about conditions, concern for family members, and worry about

continued access to care and essential services. Communities noted that these psychosocial needs can be partially addressed through frequent incident updates, peer support, and structured opportunities to discuss concerns. However, stakeholders emphasized that informal supports are not sufficient for all individuals, and timely access to qualified mental health professionals is necessary when distress exceeds what communities can address internally.

Participants also identified gaps in trauma-informed psychosocial support capacity, including limited availability of licensed clinical social workers and other behavioral health professionals. Communities noted that some residents and staff may be reluctant to acknowledge or seek mental health support, which can reduce utilization even when services are offered. Stakeholders emphasized that behavioral health resources are insufficient to meet needs during and after incidents and that these limitations predate this incident and extend beyond it. Participants further noted that limited availability of in-person services during response and recovery often required communities to locate and rely on telehealth options to support residents and staff.

COMPOUNDED TRAUMA AND NEED FOR RESILIENCE-BUILDING SUPPORTS

Participants noted that some residents enter communities with pre-existing trauma histories and unresolved stress from earlier life experiences, which can be significantly exacerbated under disaster conditions. Stakeholders observed that incidents may trigger trauma responses such as heightened anxiety, hypervigilance, and re-experiencing symptoms, leaving some residents less able to cope with emergency situations layered on top of prior, unaddressed experiences. Participants emphasized the need for communities to better recognize and support these compounded needs through trauma-informed approaches that both address existing challenges and build resilience for future incidents.

More broadly, stakeholders highlighted the importance of strengthening resilience-building efforts rather than focusing primarily on treating impacts after incidents occur. Participants emphasized the value of structured debriefs at key phases of response and recovery to capture lessons learned and address emerging stressors in real time. They also identified the need for staff training on programs and practices that promote resilience, including strategies to recognize and manage stress early, reduce cumulative strain, and support sustained workforce readiness during prolonged incidents.

Elements of Success

COMMUNITY-LED RECOVERY AND RESIDENT WELL-BEING ACTIVITIES

To acknowledge the challenges of evacuation and celebrate residents' return, some communities hosted 'welcome home' activities following phased repopulation. Participants noted that these events helped lift morale, foster a sense of normalcy, and shift focus from the impacts of the incident toward recovery and resilience.

More broadly, participants emphasized efforts to ensure evacuees and newly displaced residents were welcomed and supported upon arrival in receiving communities. Communities described providing basic initial resources to help residents stabilize in the short term, including donated items contributed by fellow residents and, in some cases, support through affiliated nonprofit foundations to assist with essential needs during the early stages of displacement and recovery.

Additional Thoughts

Gaps, Challenges and Concerns

CONDUCT ADDITIONAL INTERVIEWS WITH COMMUNITY RESPONSE PARTNERS AND AGENCIES

Conduct supplemental interviews with key community response partners and relevant government agencies to capture additional perspectives on incident coordination, resource deployment, and operational decision-making. These interviews should be used to validate stakeholder observations, identify system-level gaps and challenges, and inform actionable recommendations to strengthen future preparedness, evacuation, and recovery efforts across sectors.

IDENTIFY OPPORTUNITIES FOR ADDITIONAL FUNDING

Participants consistently expressed interest in strengthening emergency preparedness and response capabilities but identified budget constraints as a significant barrier to implementing needed capital improvements, staffing enhancements, training, and equipment investments. Identify and pursue additional funding opportunities, including grants, reimbursement mechanisms, philanthropic support, and public-private partnerships, to help communities make priority emergency management improvements without creating unsustainable financial burden.

LOOKING AHEAD: STRENGTHENING PREPAREDNESS FOR OLDER ADULTS

The January 2025 Los Angeles-area wildfires reinforced a central reality for emergency management in California: disasters affecting older adults are no longer rare or isolated occurrences, and response systems must be prepared to operate under conditions that are fast-moving, resource-constrained, and prolonged. While wildfire risk continues to intensify, the lessons documented in this report are not limited to fire incidents. Many of the gaps and strengths identified are transferable to other hazards and complex emergencies including extreme heat, severe storms, earthquakes, flooding, public safety power shutoffs, pandemics, supply chain disruptions, and multi-incident response periods.

Across stakeholder interviews and reviewed after action materials, participants consistently emphasized that older adults require a distinct operational approach to emergency management. Older adults living independently, in affordable senior housing, or in licensed long-term care communities often face mobility limitations, sensory impairments, cognitive decline, chronic health conditions, language barriers, and social isolation. These realities shape everything from evacuation timing and transportation needs, to continuity of care, resident tracking, communication methods, and recovery support services. Planning assumptions designed for the general population frequently do not translate well to older adult populations, especially in large-scale incidents that disrupt systems simultaneously.

This report documents both system-level and community-level opportunities to strengthen preparedness, response, and recovery for older adults across the continuum of care. At the system level, stakeholders underscored the need for clearer roles, more proactive sector-specific coordination, improved information flow, and practical regulatory flexibility that reduce compliance anxiety while protecting resident safety.

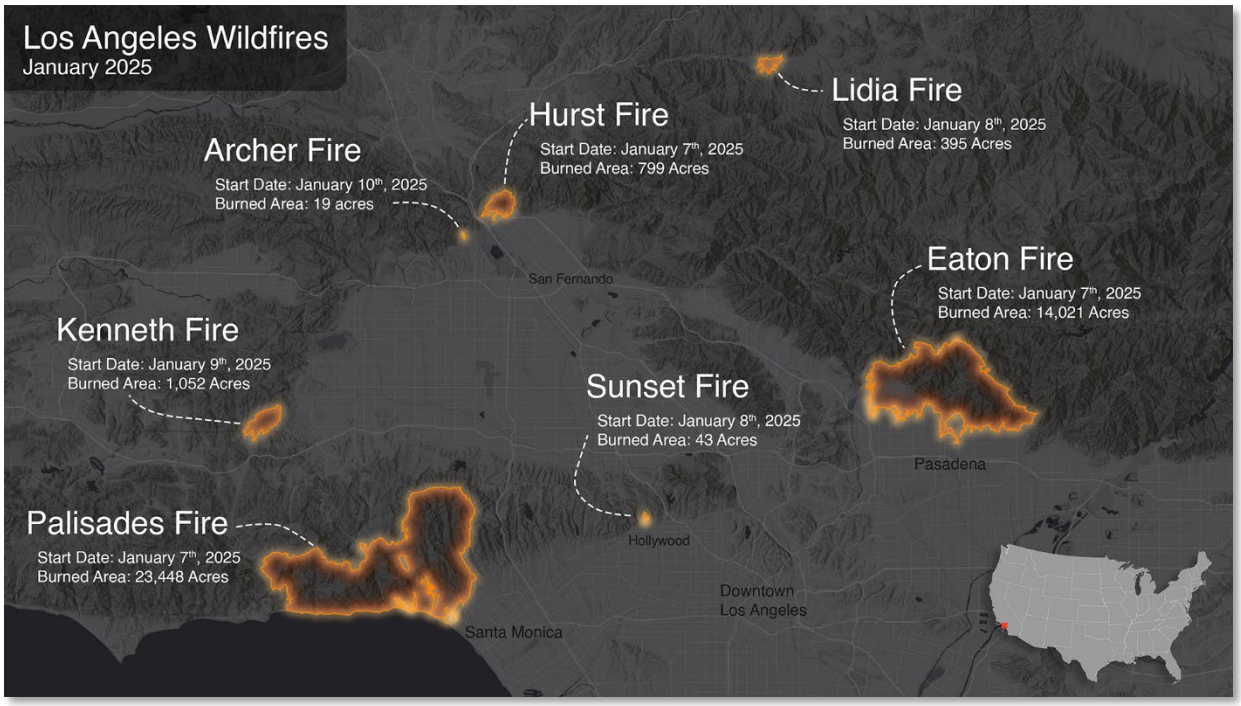
At the community level, participants identified opportunities to improve Emergency Operations Plan usability, expand role-based training, strengthen resource planning and redundancy, formalize peer-to-peer coordination pathways, and increase resident engagement through approaches that reflect real-world attention, retention, and capability constraints.

Importantly, stakeholders emphasized that the value of this report will be measured not by its documentation of what occurred, but by whether it contributes to sustained action. Many participants expressed concern that after disasters, public attention and institutional focus shift quickly to the next crisis, which reduces momentum for learning, accountability, and improvement. Older adults and the organizations that support them cannot rely on short-lived urgency. Long-term resilience depends on maintaining consistent preparedness investment, strengthening coordination relationships before incidents occur, and embedding continuous improvement practices into daily operations.

The recommendations in this report are intended to support a more consistent and proactive emergency management posture for older adults, recognizing that the next incident may not match the last one. Preparedness must be flexible enough to address multiple hazards, scalable enough to function during widespread or long-duration disruptions, and grounded in realistic assumptions about workforce capacity, transportation constraints, infrastructure limitations, and the physical and psychosocial needs of older adults. Strengthening systems now will reduce preventable harm, improve continuity of care, protect dignity, and support safer outcomes for older adults across California in future incidents.

> PREPAREDNESS MUST BE SUSTAINED, NOT CYCLICAL.
>
> *Strengthening emergency management for older adults requires continuous investment, durable coordination structures, and practical tools that work under real incident conditions, regardless of hazard type.*

KEY FIRE TIMELINE
JANUARY 2025 LOS ANGELES WILDFIRES



Map Source: NASA Scientific Visualization Studio. Visualizer: Zoey N. Armstrong (Navteca, LLC.)

JANUARY 7, 2025: IGNITION AND RAPID SPREAD // PALISADES FIRE AND EATON FIRE

Multiple wind-driven fires ignited across Los Angeles County during a severe Santa Ana wind event. CAL FIRE incident reporting identifies January 7 as the start date for the Palisades Fire (~10:30am) and Eaton Fire (~6:15pm), both of which spread rapidly under extreme fire-weather conditions.

JANUARY 7–10, 2025: MASS EVACUATIONS AND EMERGENCY DECLARATIONS

Large evacuation orders and warnings were issued across multiple jurisdictions as fires threatened densely populated areas. Infrastructure damage (power outages, downed lines, gas leaks) complicated evacuations and re-entry. On January 10, the U.S. Department of Health and Human Services declared a Public Health Emergency, enabling additional federal health and medical support.

JANUARY 7–12, 2025: ADDITIONAL FIRES IGNITE IN THE LOS ANGELES AREA

January 7-16: Hurst Fire in Sylmar, San Fernando Valley
January 8-9: Sunset Fire in the Hollywood Hills
January 8-11: Lidia Fire in Acton in the Angeles National Forest
January 9-12: Kenneth Fire in the West Hills Area
January 10: Archer Fire in Granada Hills

MID-JANUARY 2025: SUSTAINED RESPONSE OPERATIONS

Fire suppression, evacuation sheltering, healthcare surge support, and hazardous-materials response continued as fires burned for weeks. In addition to State and federal disaster mechanisms were activated, including addition to city and county emergency proclamations, State Emergency Proclamation (CDAA 2025-01 State) and Presidential Major Disaster Declaration (FEMA DR-4856-CA) for wildfires and straight-line winds beginning January 7.

JANUARY 31, 2025: FIRE CONTAINMENT/EXTINGUISHMENT

The Palisades Fire and Eaton Fire were extinguished by January 31, marking the close of the primary response phase and transition to recovery and re-entry activities.

ACRONYMS AND DEFINITIONS

Affordable Housing: housing in which the total housing cost does not exceed 30 percent of a household's gross income. Eligibility is generally based on income limits established as a percentage of Area Median Income (AMI), as determined annually by HUD. Affordable housing may be publicly subsidized or financed through programs such as the federal Low-Income Housing Tax Credit (LIHTC), which restricts rents and limits occupancy to households at specified AMI levels (commonly 30%, 50%, 60%, or 80% of AMI). Some affordable housing developments are age-restricted (e.g., 55+ or 62+).

Assisted Living: residential care that provides 24-hour non-medical supervision and supportive services, including housing, meals, and assistance with activities of daily living such as bathing, dressing, and medication assistance, for older adults who need help to live safely but do not require the level of care provided in a skilled nursing facility. RCFEs are licensed settings that provide this care, usually offering varying levels of care depending on need.

CCRC - Continuing Care Retirement Community: long-term continuing care contract that provides for housing, residential services, and sometimes nursing care, usually in one location, and usually for a resident's lifetime; also known as a life plan community. Licensed by the California Department of Social Services.

CDPH - California Department of Public Health: among other programs, provides health facility oversight: licenses and certifies hospitals, nursing homes, and home health agencies, ensuring quality patient care; emergency preparedness: plans for and responds to public health emergencies; and health equity: works to reduce health disparities in vulnerable communities.

DSS - California Department of Social Services: among other programs, supports seniors by licensing and monitoring senior care facilities, running the IHSS program for in-home care, overseeing Adult Protective Services (APS) for elder abuse prevention, and managing grants for senior housing.

HCSB – California Home Care Services Branch: under DSS, HCSB is responsible for licensing Home Care Organizations including processing applications, receiving and responding to complaints and conducting unannounced visits to ensure compliance. HCSB is also responsible for the Home Care Aide application process and maintenance of the Home Care Aide Registry

Home Health: medically necessary care and therapy delivered in a patient's home by licensed professionals, such as nurses and therapists, based on a physician's order. These services differ from non-medical personal care and may include skilled nursing, physical, occupational, or speech therapy, medical social services, and home health aide support, provided under a physician-approved plan of care for individuals who are homebound or need assistance recovering from or managing illness, injury, or chronic conditions.

IHSS - In-Home Supportive Services: provides basic in-home care (but not full medical care) and domestic services via in-home caregivers for state and federal programs that provide home-based care and services, allowing individuals to remain in their own homes. IHSS is for low-income individuals who are aged, blind, or disabled and require help at home. Some organizations provide IHSS-type services but may use a different name.

Independent Living: independent senior housing that is age-restricted housing designed for active, self-sufficient older adults that offers amenities such as meals, housekeeping, social activities, and transportation, but does not include routine personal care or medical services. These communities emphasize a maintenance-free lifestyle that supports independence and typically operate as rental housing under landlord-tenant law unless co-located with a licensed care facility.

Memory Care: specialized, secure residential care for individuals with Alzheimer's disease or other forms of dementia. In California, these services operate within Residential Care Facilities for the Elderly (RCFEs) and provide 24-hour trained staff, structured programming, and enhanced safety measures—such as secured environments—to support cognitive impairment while assisting with daily living, safety, and engagement.

MHOAC -Medical Health Operational Area Coordinator: In the event of a local emergency, the MHOAC shall coordinate disaster medical and health resources within the operational area (OA), and be the point of contact for coordination with the Regional Disaster Medical and Health Coordinator/Specialist (RDMHC/S) Program.

PACE - Program of All-Inclusive Care for the Elderly: offers a comprehensive package including medical, social, and long-term care services through a local center and home visits for state and federal programs that provide home-based care and services, allowing individuals to remain in their own homes. PACE is for seniors (55+) who are certified as needing a nursing home level of care but can live safely in their community.

RCFE - Residential Care Facilities for the Elderly: non-medical care and supervision for persons 60 years or older who may need assistance with activities of daily living. RCFEs may also serve persons under the age of 60 who have similar needs. RCFEs may care for individuals who have dementia if the facility is adequately equipped and staff are trained and sufficient to meet the needs of all residents. Commonly referred to as Assisted Living. May also include Memory Care. Licensed by the California Department of Social Services.

SNF - Skilled Nursing Facility: Offers 24-hour skilled nursing and rehabilitation services (provided by licensed nurses and therapists) for individuals with acute or long-term medical needs in a specialized medical facility. May be for short-term recovery or long-term care. Licensed by the California Department of Public Health.