Jargon/Acronym Jar:

Following 9/11, the use of plain language was mandated at the federal level whenever there is a coordinated response.

Short List of Allowable Acronyms:

• AHD: Anchorage Health Dept
• OEM: Office of Emergency Management
• EOC: Emergency Operations Center
• MCM: Medical Counter Measures
ICS Overview of Emergency Operations Center Disaster Response

- Incident Occurs
  - Emergency Operations Center (EOC) activated, begin response staffing
- Larger, more complex response, Incident Management Team (IMT) arrives
- IMT Management of Incident, Plateau of Response
- Incident Response starts to shrink
- Incident finishes or becomes regular project level work assigned to existing staff, IMT departs
- Transition Plan Implemented
- Regular Municipal employee work resumes, Office of Emergency Management (OEM) incident recovery period begins
- Pre-Incident, Normal Municipal Staffing and Operations
Anchorage Emergency Operations Center

• The EOC coordinates multiple agencies into a comprehensive municipal strategy. Its role during an emergency or threat is to establish and prioritize Municipal goals and objectives at the strategic level, allocate resources, and manage public information and warning. The EOC assumes the incident management role at the direction of the Mayor or Municipal Manager.

• Municipality of Anchorage Emergency Operations Center Activated: March 2, 2020
• State of Alaska Emergency Declaration: March 11, 2020
• First case of COVID-19 confirmed in the State of Alaska: March 12, 2020
• Municipality of Anchorage Emergency Declaration: March 12, 2020
• United States Emergency Declaration: March 13, 2020
• MOA Delegation of Authority to Incident Commander: January 07, 2021
• State of Alaska Emergency Declaration End: February 14, 2021

• The Anchorage Emergency Operations Center will shift from an Incident Management role to a coordination function for the Municipality of Anchorage after transition.
The President’s March 13, 2020, COVID-19 nationwide emergency declaration authorized the Federal Emergency Management Agency (FEMA) to provide Public Assistance (PA) Program funding under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) to:

- Government entities and certain private nonprofit organizations for emergency protective measures.
- For COVID-19, Congress authorized over $3 trillion to multiple federal agencies for them to provide assistance in addressing the effects of this public health emergency pandemic.
FEMA Public Assistance Program

- To be eligible, claimed costs must be **necessary** in order to respond to the COVID-19 pandemic and be **reasonable** pursuant to federal regulations and federal cost principles.

- **A cost is considered reasonable if**, in its nature and amount, it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. All costs are subject to standard PA program eligibility and other federal requirements.

- President’s Memorandum of January 20, 2021 waives 25% local match until September 30, 2021 for Public Assistance.

- End of federal declaration has not been specified; emergency protect measures may be reimbursed through termination plus 6 months.

- State has indicated it will pay 25% local match after September 30, 2021.

- FEMA Public Assistance funds not available where services already funded through other sources such as local (101 Fund), state distributed grants, other federal funds (HUD, etc.).
EOC Structure

Unified Command (1)*

Incident Commander/Deputy (2)

Operations (2)

Logistics (9)

Planning (8)

Finance (8)

Medical Countermeasures Vaccine (8)

Mass Care Sheltering (5)

Public Health Testing (2)

Safety Officer (1)

Liaison Officer (1)

Public Information Officer (5)

*Denotes # of personnel assigned
The EOC is a dynamic Ad Hoc organization that shifts activities and organization to respond to the disaster.

<table>
<thead>
<tr>
<th>Operations Function</th>
<th>Operational Period</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Infrastructure Branch</td>
<td>4</td>
<td>3/20/2020</td>
</tr>
<tr>
<td>COOP Group</td>
<td>5</td>
<td>3/21/2020</td>
</tr>
<tr>
<td>Emergency Services Branch</td>
<td>23</td>
<td>5/25/2020</td>
</tr>
<tr>
<td>Medical Surge Group</td>
<td>24</td>
<td>6/15/2020</td>
</tr>
<tr>
<td>Mass Fatality Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NGO and Mass Feeding Group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Transition Process

Initial Actions
1. Ops is most critical to transition.
2. Ops: One Branch per week for three weeks
3. Other functions can be done independently and concurrently (during same four weeks).
Transition Process

• Results in the transfer of command and control from the EOC to existing departments when able to resume management of functions.
  • AHD to receive vaccination, testing and mass care functions
  • OEM to receive logistics, planning, and other non-operational functions
  • Routine event that happens hundreds of times per year
• EOC identifies ongoing activities and the people, funding, and other resources necessary to do them as well as which may transfer with management of the functions.
• Receiving departments analyze tasks to be performed, existing staffing and other resources, and identify additional needs, if any.
• EOC transitions to OEM to support ongoing response and cost recovery for the MOA. AHD will manage operational functions.
Transition Meeting List

• Vaccinations/Medical Countermeasures: 2 Meetings (AHD)
• Testing/Public Health: 1 Meeting (AHD)
• Mass Care: 1 Meeting (AHD)
• Scheduled: Contracts and Logistics (OEM)
• TBA: Mass Care (second meeting)
Post Meeting Actions

- Receiving organizations determine resource/staff needs
- Receiving organizations align functions within their departments
- Receiving organizations are resourced to perform functions
  - May lateral contractor staffing/funding/other resources from EOC
  - May pursue hiring or other actions to perform role
- EOC releases operational authority and continues to support
OEM
Transitional Organization Structure

Director, Office of Emergency Management

Public Assistance Specialist (C+)*

COVID Support Lead (C+)

OEM Program Manager

OEM Program Manager

OEM Budget & Finance

Public Information Officer (C+)

Planning (C+)

Finance (C+)

Contracts (C+)

*(C+) denotes 100% COVID Funded Position
Testing Locations

• Visit Healthcare testing includes 5 drive thru sites, and testing within assisted living homes (124) and shelters or facilities (33) that serve persons at risk of experiencing homelessness on 7/20/2020.
  • Current testing locations are 4700 Elmore, Eagle River Business Blvd, Loussac Library, Changepoint Church, Muldoon Community Assembly Church
  • Popup locations for April are 800 K St, UAA, Mt View Elementary, and Muldoon Elementary

• ASD's testing strategy includes currently having 22 Abbott ID Now machines in the schools, and Capstone is testing at 5 locations 5 days/week and using the Binax Now tests for the wrestlers.
  • Visit Healthcare has provided popup testing at 20 schools since January 2021.
Population of MOA Vaccinated since Program Inception

Population of MOA Age 16+: 226,400

80% Population of MOA Age 16+: 181,150

Vaccine Hesitancy & Access Threshold of 60%: 135,800

MOA Residents Vaccinated

60% Vaccine Hesitancy Threshold

MOA Population

80% of 16+ Population
Vaccine and Hesitancy:

41% of those surveyed who had not been vaccinated yet noted "I don't want the vaccine"

Top 9 other hesitancy barriers

• Don't need a vaccine
• Don't have time
• Can't get off work
• Feel that vaccines don't work
• Don't have transportation
• Don't like needles
• Elderly/disabled and need help
• Can't afford it

Provided by Alaska Survey Research - Muni survey, March 2021 of 145 unvaccinated residents
Efforts to Overcome Hesitancy

- Mobile vaccine teams bringing shots to willing arms
- Partnerships with AnchorRides and People Mover
- Daily emails to community outreach influencers & media partners with reminders of walk-in opportunities
- Testimonials featuring key influencers from underserved communities getting vaccinated
- Media and ad buys placing radio, digital and print ads in front of both English and non-English speaking populations reaching smart devices, wifi TVs, Pandora, Facebook, and YouTube users.
- Planned events in April, May and June hosted by proven community leaders of under-served groups that address specific community concerns while providing messaging, vaccines + social media
- Outreach strategies undergo ongoing adjustments and include both multi-generational audiences and youth ages 16-30
Mass Care
EOC Mission
Emergency
Support
Function
#6: Mass Care

Definitions

• Supports the establishment, management, and operation of congregate and non-congregate care facilities.

• Develops an *initial temporary* housing strategy to transition disaster survivors from congregate to non-congregate care alternatives and provides relocation assistance or interim housing solutions for households *unable to return to their pre-disaster residence*.

• Sheltering provides *life-sustaining services* in congregate facilities that provide a safe, sanitary, and secure environment for individuals and households *displaced by disasters*. Also includes support to survivors sheltering in place and in ESF #8 medical shelters.
Definitions

• HUD defines a homeless continuum of care (CoC) by geographic regions for the entire nation. Each CoC is responsible for housing and supportive services to persons experiencing homelessness on an ongoing basis.

• Role: Each CoC has a lead agency (Anchorage Coalition to End Homelessness) which coordinates the system of providers and who also manages the HUD CoC non-competitive funding applications.

• Responsibility: Each CoC is responsible for the day-to-day service provision, operations, data collection, and reporting for all PEH providers funded through HUD.
"The American Red Cross and other organizations open post-event, short-term shelters in the aftermath of disasters within the affected communities for people who are displaced from their homes to provide a place of safety to receive shelter, food, and other types of support. The length of time those congregate shelters are open varies, but typically ranges from a few days to several weeks."
Public & Private Partnerships for Homelessness CoC

Community Support
- Faith Organizations
- Non-profits
- Volunteer Groups

- Downtown Hope
- Anchorage Gospel Rescue Mission
- Anchorage Coalition to End Homelessness
- Brother Francis Shelter
- Covenant House Alaska
- McKinnel House
- Clare House
- Bean's Cafe
- AHD
Public & Private Partnerships for COVID-19 Mass Care Operations

**Contract Medical Support**
- Screening
- Testing & Vaccination
- Case Management

**Operational Support Contracts**
- Security, EMT, Food
- Laundry, refuse, etc.

**Contract NC Shelter Management**
- 99 + One
- Alex, Sockeye, Creekwood
- NCT Services

- Sala Medics (Q & I @ Guest House)
- 99PLUSOne (Alex, Sockey, Creekwood)
- Turnagain Social Club (Fairview)
- Bean’s Café (Sullivan & Aviator)
- Salvation Army (Aspen Hotel)

AHD
Average Monthly Shelter Census - Anchorage 2019-2021

2019

2020

COVID-19

2021

April | May | June | July | August | September | October | November | December | January | February | March | April | May | June | July | August | September | October | November | December | January | February | March | April | May | June | July | August | September | October | November | December | January | February

540 | 475 | 443 | 414 | 441 | 473 | 496 | 552 | 580 | 663 | 655 | 629 | 612 | 532 | 501 | 540 | 586 | 585 | 691 | 829 | 891 | 925 | 959
# MOA Funded Congregate and Non-Congregate Shelters

<table>
<thead>
<tr>
<th>Adult Shelter Capacity Estimates</th>
<th>Type</th>
<th>Capacity</th>
<th>Daily Census (4/6/2021)</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Sullivan Arena</td>
<td>Congregate</td>
<td>400</td>
<td>394</td>
<td></td>
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<tr>
<td>Fairview Rec Center</td>
<td>Congregate</td>
<td>49</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Covenant House</td>
<td>Congregate</td>
<td>20</td>
<td>3</td>
<td>Youth only (18-21)</td>
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<tr>
<td>Site #1</td>
<td>Non-Congregate</td>
<td>12</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Site #2</td>
<td>Non-Congregate</td>
<td>21</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Site #3</td>
<td>Non-Congregate</td>
<td>155</td>
<td>154</td>
<td></td>
</tr>
<tr>
<td>Site #4</td>
<td>Non-Congregate</td>
<td>67</td>
<td>80</td>
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<tr>
<td>Family Shelter</td>
<td>Non-Congregate</td>
<td>12</td>
<td>27</td>
<td></td>
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<tr>
<td>Quarantine &amp; Isolation Shelter</td>
<td>Non-Congregate</td>
<td>127</td>
<td>67</td>
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</tbody>
</table>
Non-MOA PEH Facilities

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Brother Francis Shelter</td>
<td>240</td>
<td>240</td>
<td>240</td>
<td>114</td>
<td>62</td>
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<td>Anchorage Gospel Rescue Mission</td>
<td>100</td>
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<tr>
<td>Covenant House AK</td>
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<td>35</td>
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<tr>
<td>Downtown Hope Center</td>
<td>50</td>
<td>50</td>
<td>70</td>
<td>40</td>
<td>40</td>
</tr>
</tbody>
</table>
HMIS: Foundation of Client Service and Program Management Effectiveness

• Homeless Management Information System use is mandated by HUD (largest funding source for homelessness programs)
• Program service and outcomes data are documented and reported to HUD
• Systematic data collection efforts are used to collect and submit funding requests to HUD through the Continuum of Care (CoC) mechanism
• HMIS data are used for policy and program planning at the Federal level
• Data are used to support applications for multiple types of funding, for instance competitive funding through various agencies
Housing Crisis Resolution System

Vision: No one homeless more than 30 days

Source: Santa Barbara CoC
Intensive Housing Case Management Contract

- 12.0 FTEs for intensive **housing** case management for high needs persons
- SOAR certification expedites social security disability & SNAP enrollment
- Individualized service plans created with clients to measure outcomes
- Coordinate with mainstream (non-homeless) services
- Act as primary case manager for all housing needs with other providers
- "Follow" clients into housing - assists with transition, remain with clients
- Depending on need, case loads are ~25 persons
Cost Savings Implications

- Over 20 years of published research consistently shows cost savings in communities where intensive housing case management is used in conjunction with a Housing First model.

- Hundreds of peer reviewed publications demonstrate cost savings due to decreased hospital visits (ED & inpatient), reduced drug overdoses, fewer incarcerations, lowered police involvement, increased access to behavioral and physical healthcare.

- When implemented and operated within program fidelity measures and combined with housing access, no other intervention has proven more successful in housing persons, improving health, and saving money.

Shelter Transition Plan

• Focus areas for planning includes Inflow, Outflow, Data Collection
• Scope of Work includes four tasks:
  • Task 1: Document mass shelter operations – location, capacity, services, data entry, providers
  • Task 2: Draft and finalize concise report on current EOC operations
  • Task 3: Develop a coordinated shelter stabilization (transition) plan from EOC
  • Task 4: Create action plan for continued shelter operations post EOC
• Tasks 1, 2, and 3 are complete
• Service providers and PEH will be engaged for Task 4, target completion April 30, 2021
Mass Care Shelter Transition Plan

• 733 EOC beds, average nightly census of 702
• Not including quarantine & isolation nor warming tents
• To transition all EOC shelter guests:
  • House 300 people using Intensive Housing Case Management
  • Others will be housed using congregate, non-congregate, private shelters, community housing, treatment programs, care homes, skilled nursing facilities
Key Considerations for Shelters

• Respite care for persons with significant health conditions allows earlier hospital discharge, decreases 30-day hospital readmission, & reduces shelter stays for medically fragile persons
• Increased residential substance abuse treatment for all persons
• Increase coordination with disability services for housing options
• Direct connections with behavioral health services
• Healthcare systems engagement for primary care and data sharing
• Justice system engagement for discharge planning and data sharing
• Coordinated shelter entry system could benefit inflow and outflow
Long Term Challenges – MOA Response

• Long term staffing needs for new tasks in number and duration.
• Unknown duration of disaster response & residual increased requirements.
• Evolving risk presented by Covid-19 variants and vaccine hesitancy.
• Decreasing vigilance in protective measures and testing.
• Continuum of Care capacity not meeting increased homeless needs.
• Anticipated CDC recommendations reducing shelter bed spacing.
THE END

Assembly Q & A?