Core Capability	Issues - Area for Improvement	Corrective Action Recommendation	2024 Status
Core Capability 1: **Planning**	1. Individually, partner agencies and Organizations are well versed in disaster response; however, minimal cross-collaboration in planning and training resulted in reduced effectiveness for the Operational Area response. 2. County EOC plans, protocols and training were insufficient. Disaster Service Workers manual did not provide adequate guidance. 3. Disaster Service Workers were not prepared for their roles and unaware of their obligation to report for emergency response duties. 4. DSW volunteers were not properly onboarded. Background checks were missed for sensitive roles, assignments were vague or incorrect, check in process not clear and reporting structure not adequately conveyed. 5. Necessary coordination agreements were not present. EOC did not engage legal counsel within Incident Command Structure to review and approve agreements. 6. Partnerships were strained by use of space that were not properly channeled through the Incident Command Structure. 7. EOC was chaotic due to insufficient procedures and high stress levels. 8. EOC space was not conducive to meetings or computer mobility. EOC could not be scaled and did not support breakout space or EOC Sections that needed frequent communication. 9. EOC lacked a coordinated contact list for EOC staff, agencies, and community-based organizations. This delayed collaboration, planning and execution of objectives.	1. Engage stakeholder agencies to share this AAR and develop collaborative planning opportunities to improve operational area planning. 2. Engage Incident Command Structured workgroups to develop emergency management products, annexes, and position manuals. Exercise the new material with DSWs and stakeholders. 3. Prepare Disaster Service Worker (DSW) program that builds capacity, training, and clear duties, and expectations. Expound upon this designation during the hiring process. Work with Logistics Personnel Unit Lead to pre-identify DSWs who can work at warehouse or donation locations. Develop a Personnel or Staffing Unit in place under the Logistics Section. All orders for staffing should been placed through a single-point Ordering Manager and tracked by the Resources Unit for all EOC organizational areas and needs. 4. Establish emergency onboarding procedures for DSW 4s. Backgrounds checks are necessary for shelter workers. Define specific guidelines for shelter volunteers. 5. Inventory ad hoc and retroactive agreements from the CZU Fire and create a template for emergency contracts/agreements. Include an EOC position for County Counsel representation. This role will approve proposed agreements and contracts. 6. Work to re-establish strained relationships with partners, updating and developing MOU for facilities and mutual aid support with allied organizations and agencies, including the cities. 7. Develop a simple, robust, and comprehensive set of EOC procedures to guide staff in conducting EOC operations. A best practice is to have a calm, smooth and orderly EOC for efficient and effective functioning. 8. Reconfigure the EOC to enhance both interpersonal communication and coordination efforts, along with the technology currently employed. The technology needs to support a more robust DOC component from those departments most impacted by any given activation, as well as those elements that can remain remotely connected -but not physically in- the EOC so that the limited space is not over-crowded. 9. Identify primary and backup EOC points of contact for partner organizations and evaluate the merits of creating a specific Community Partner Liaison position within the EOC. Arrange for a Volunteer Center representative to be present at the EOC during activations	1. Complete: EOP Base Plan development, Evacuation Annex development, Readiness Working Group development, regular cadence of tabletop exercises. 2. In progress: EOP Base Plan, ESF 5, ESF 6, ESF 19, Evacuation Appendix. 3. On-Going: DSW Policy Development, DSW1 Roster developed and on-going and will continue to develop DSW Training which will be mandatory for all employees. 4. On-Going: OR3 has identified some key local resources that can serve in a more senior advisor/leadership role during major events. OR3 will work with Personnel to advance this in 2025/26. 5. On-Going: Standby contracts in place for critical response support activities related to care and shelter and communications. MOU in place with Santa Clara County for sheltering support. OR3 will continue to develop MOUs with all Cities within the County for emergency response and mass care and shelter activities. 6. In progress: Standby contracts with 2nd Harvest FB, Community Action Board, Community Bridges, United Way and CA Conservation Corps. Executed MOU with Santa Clara County and pending with the Cities. 7. In progress: EOC Manual complete. OR3 is working to create EOC Staff position checklists and Duty Officer Manual. 8. In progress: EOC technology upgrades still underway with docking stations and new monitors installed in 2023. 9. In progress: VOAD development in process, LTRG developed and established in support of recovery, creating critical contact lists for partners. Building collaborative relationships with key agencies and partners such as PVUSD and the County Office of Education.

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Core Capability 2: **Public Information and Warning**	1. I-paws did not work for all residents 2. Need central website for shelter information and processes Messaging lacked focused messaging for health-vulnerable and AFN populations.	1. Investigate I-Paws functionality. 2. Prepare pre-established web content for disaster resource pages that can be activated during incidences.	1. Complete and On-going: CruzAware has this capability and OR3 has exercised AND used the IPAWS during coastal storms in 2023. 2. Complete: Subsequent 2023 disasters developed disaster website for consolidation of critical information.
Core Capability 3: **Operational Coordination**	1. EOC coordination for emergency hotel voucher lodging was not fluid. 2. There was no process for onboarding of DSWs. 3. Departments and staff refused to report for DSW duties or arrived late. 4. Stakeholders brought in late. 5. Duplicated resource requests were problematic, especially for shelter care locations. 6. Volunteer management system not established. 7. Emergency management team below staffing capacity to adequately build necessary county and operational area emergency management products. 8. DSW training curriculum was not fully implemented prior to the CZU event. 9. Disaster Service Workers were not trained in Incident Command System. This led to confusion in communication and reporting channels. 10. The physical and technology layout of the EOC caused cramped quarters, an inability to move about to meeting due to CPU PCs, and wall-affixed workstations. These factors delayed organization and information exchanges. 11. Chain of command was unclear in several EOC sections. 12. County Environmental Health and Safety were not folded into the EOC coordinated response. EHS responded, guided by their own project scope. 13. American Medical Response may have been unnecessarily evacuated from Scotts Valley. Agency setup at Cabrillo	1. Define and document lodging in care & shelter annex 2. Prepare onboarding worksheet and training for DSWs 3. Establish DSW procedures and policy. 4. During initial activation, notify ALL stakeholders. Prepare activation roster to include all EOC and stakeholders. 5. Establish workflow for resource requests, with threshold and approval authorization. 6. Work with community partners to establish volunteer and donation management. 7. Evaluate staffing capacity of Emergency Services Office. 8. Develop a comprehensive DSW curriculum for disaster service work, including EOC procedures such as Incident Command System, Incident Action Plans, WebEOC, and the decision-making process. Conduct annual training program for County employees to keep them up to date on EOC and ICS Procedures 9. Provide comprehensive DSW training. 10. Reconfigure EOC to be versatile, reconfigurable, and current with technology tools. 11. Provide ICS training to strengthen chain of command. 12. Ensure EHS and all necessary stakeholders are notified and involved (or aware of) an event plan, response, and recovery. 13. Utilize unified command to ensure significant decisions are assessed with key stakeholders. 14. Develop a standard approach to open channels of communication with state and outside agencies in advance. Engage in advance planning with partner agencies to develop and implement a data sharing and communications plan for emergencies.	1. Complete: Defined in ESF 6 Annex 2. In-progress: DSW Policy has been drafted and OR3 is in the process of creating training. 3. Complete: DSW Policy has been drafted. 4. Complete: EOC roster has been created and updated annually. 5. In progress: Developing new EOC incident management software solution which will include new resource request elements and integration with State system. 6. In-progress: VOAD development. 7. On-Going: Partially implemented expanded emergency services job classification to include Emergency Services Analyst and hired two people into positions. 8. In-progress: DSW policy has been drafted and training will be developed and mandatory for all County employees. EOC staff will be trained on new incident management system as soon as integrated. EOC staff will continue to be engaged in training and exercise hosted by OR3. 9. In development. 10. On-going. 11. In- progress: hosting numerous training courses locally for EOC/EM OA folks. 12. Complete: Developed key partner/agency/staff contact lists. 13. Complete. 14. In-progress: Collaboration with Santa Clara County through exercises, and Monterey County through exercises and collaborative work products. Inviting partners to OA calls.

	College Evacuation communications promoted unnecessary evacuation. 14. Communication between EOC, State and partner agencies was not consistent or productive. Did not have adequate essential elements of information to create a common operating picture. 15. Confusion of agency roles effected efficient establishment of shelter operations.	15. Clarify the division of shelter roles between the County, American Red Cross, CDSS, and other relevant partner organizations.	15. Complete: Division of shelter roles were identified with the creation of ESF 6 Annex.

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Core Capability 4: **Intelligence and Information Sharing**	1. Information in various applications made it difficult to find data, develop a common operating picture, and distribute reports. 2. ISD support was not present on first day of activation. ISD short staffed to support EOC. 3. Volunteers were not adequately vetted before assignments were provided. 4. Lack of tracking applications or procedures prohibited accurate count of shelter occupants moving in and out of shelters.	1. Reduce number of data hosting applications. Move toward an application that satisfies all digital data needs and processes. 2. Organize ITS staffing to be present throughout EOC activations. 3. Develop plan for appropriate background check of volunteers. 4. Working with ISD, EOC personnel should develop a database that can be used to track evacuee data during emergencies.	1. In-progress: Implementation of Veoci will alleviate the need for multiple applications. 2. Completed & On-going: ISD GIS and ISD staff are available during all activations. 3. Complete: All volunteers undergo a background check through the Volunteer Center. 4. In-progress – Developed shelter in a box technology and digital shelter intake form to support documenting evacuated folks in shelters.
Core Capability 5: **Infrastructure System**	1. Independent utilities were gravely damaged (water & electric). Long delays occurred for restoration.	1. Coordinate with utility providers to ensure disaster response and recovery plans are prepared.	1. The County is not the primary response organization, however OR3 is in close coordination with PG&E in disaster preparedness, response, and recovery activities.
Core Capability 6: **Critical Transportation**	1. Short-staffed on DSW drivers. No prepared protocol for non-county volunteer drivers or for county drivers to utilize their own vehicles.	1. Build driver roster. Prepare transportation plan.	1. In-progress: This information is being collected as the Evacuation Appendix is being drafted.
Core Capability 7: Environmental Response / Health Safety	1. FEMA staff was not aware of data captured in 123 Survey tool. Awareness and access to data could have sped up their situational awareness. 2. Clarity of EHS capabilities or responsibilities not clear to MHOAC. 3. Mutual aid process confusion due to conflicting procedures of MHOAC and EMMA.	1. In EHS recovery plan, define capabilities, roles and partner engagements. 2. Health Services Agency and Environmental Health Services convene to discuss and document service lanes. 3. Work with CalOES to decipher appropriate channel for debris assistance mutual aid.	1. Ongoing: County worked closer with FEMA and community to ensure robust FEMA-IA and SBA signups for multiple disasters. 2. Issue resolved, no further action needed. 3. Complete: County has clear(er) understanding of Debris Removal Operations requirements post CZU and 2023 disasters.
Core Capability 8: **Mass Care Services**	1. No defined process to intake or manage shelter data 2. Shelter lacked televisions, or distraction for evacuees. Some shelters inundated due to communication issues.	1. Prepare shelter intake and data management procedure 2. (Procure media accessories to keep shelter evacuees informed and occupied. Prepare communication procedures for shelter information	1. In development: Shelter in a Box, and Intake form. 2. Complete: Cradle point shelter in a box, and CruzAware to help keep folks informed. 3. In development: Countywide Evacuation Appendix

3. Lacking equitable procedures for immune-suppressed, health vulnerable, and AFN to provide evacuation assistance and provide appropriate AFN shelter space. 4. Lack of shelter safety guidelines (congregate, non-congregate) and procedures caused inappropriate shelter arrangements and delays in shelter support. 5. Shelter operations were requested by populations that were not affected by the fire. 6. Shelter team did not know how to manage homeless shelter care needs.	3. Prepare evacuation plans, procedures and agreements for vulnerable and AFN populations. 4. Clarify congregate and non-congregate shelter operations and criteria for when each is appropriate and develop staffing plan for both. 5. Develop a clear verification process for evacuees. Ideally, the process would be implemented roughly one week after the disaster, and before the transition to longer term shelter options. 6. Check with County Counsel on policies related to pre-disaster homeless evacuees.	4. In-progress: Shelter in a box, shelter intake form developed using Survey 123. Procedures outlined in ESF 6 Annex. 5. In-progress: Shelter in a box, shelter intake form developed using Survey 123. Procedures outlined in ESF 6 Annex. 6. In-progress: HSD and OR3 have collaborated on Extreme Weather Sheltering of unhoused residents with a qualified vendor. OR3 will be working on an MOU with that vendor for future disaster sheltering support.

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Core Capability 9: **Operational Communications**	1. Obtainment of cell phones was slow, process not documented. 2. County PIO Office was not present at CalFire briefings. 3. Leaked cell phone numbers 4. Information management was complicated by large meetings. 5. Requests for shelter information flooded PIO desk. 6. Community confused on statement of "evacuation orders lifted." 7. Insufficient PIO capacity. 8. Field Ops communications were disorganized. 9. Environmental team had poor connectivity while in a hazardous field. Radios would have assisted communications. 10. EOC HSA room lacked needed accessories (whiteboard, space, near C&S, Logs).	1. Prepare written procedure for phones, computers, mobile Wi-Fi, headsets, and all communication accessories.1. ISD prepare EOC Communication Service Level Agreement 2. Prepare EOC Communications Annex, which articulates emergency communication roles, responsibilities, inter-agency engagement, formats, channels, tools, templates, org charts, flow charts. 3. Add, maintain privacy warnings on phone listings. Keep phone lists within official computing sources, no posters. 4. Implement Planning P and meeting agendas to organize EOC meetings. 5. Increase marketing of proper call channels and prepare automated scripted messages that are continually updated. 6. Collaborate with Fire / Law to define emergency messaging. Meet w/ agency PIOs to receive clarifying language. 7. Expand PIO capacity and/or utilize Emergency Management Mutual Aid (EMMA). See step 2. 8. Develop communication protocols, train with field ops partners. 9. Assess EOC and field radio capability. Add equipment where needed. Conduct radio tests. 10. Equip EOC with necessary communication tools.	1. Complete: OR3 and ISD are coordinating to provide communications equipment and IT support during an activation. 2. In-development 3. Complete 4. Complete 5. Complete/On-going: During 2023 we had call center in EOC, and worked with 211. 6. Complete: Creation of CruzAware messages templates. 7. Complete: County has expanded PIO staff by adding departmental PIO positions in key departments, CAO, HSA, HSD, CDI. 8. In-development: OR3 will be working with PIO team to develop ESF 15 in 2025. 9. On-Going: performed ARES tests, Firewise Community MERS radio tests, NWEM NOAA weather radio tests. 10. On-Going: EOC updates to technology to allow for docking stations and new monitors were installed in 2023, new media wall and additional communication tools will be added in late 2024.
Core Capability 10:	1. DSWs were fatigued physically and emotionally. 2. Confusion existed over Emergency Support Function #6, Mass Care, Emergency Assistance, Housing and Human	1. Develop plan and service for DSW mental health need. Health Services Agency has deepened health branch bench. Integrate Behavioral Health into emergency response plans.	1. Complete: A safety officer has been identified within BHU and activated.

Public Health, Healthcare and Emergency Medical Services	Services and Emergency Support Function #10 Public Health and Medical Services. Roles and responsibilities not clear. 3. Chain of command for shelter operations were not clear. Varying leading responses by American Red Cross have proven an unreliable consistency. 4. Locating trained medical health staff to fill extended activation was complicated. 5. Health agency and Human Services efforts not always synchronized due to communication gaps. 6. Emergency medical teams arrived to shelter locations lacking necessary medical equipment.	2. Provide training and plans which bring clarity to Emergency Support Functions, agency/staff roles and responsibilities 3. Prepare care and shelter plan. Identify chain of command. 4. Health Services Agency has deepened health branch bench 5. Space near Logistics and Mass Care and Shelter. EMS, MHOAC, Med Health liaison or Director. 6. Create "go bags" staff, so that they have the necessary medical supplies for the first hours of staffing an emergency shelter.	2. Partially Complete: Annex for ESF 6 is complete. Annex for ESF 10 will be developed at a future date. 3. Complete: ESF 6 captures this information. 4. Complete. 5. Complete. 6. Complete.

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Core Capability 11: Situational Assessment	1. Assembly of Situational Report and Emergency Action Plans were delayed due to lack of organized analysis resources.	1. Prepare dashboards and list of situational assessment tools.	1. Complete: Further improvements are being made with new EOC software system, Veoci. S.A.F.E.R. application is also available.
Core Capability 12: Housing	1. Emergency hotel voucher lodging coordination was not clear.	1. Prepare explicit procedures for hotel and other shelter services.	1. Evaluated: FEMA/CalOES have not recently supported a hotel voucher program, IF the County were to implement a program for a specific disaster, we would need to ensure FEMA cost recovery.
Core Capability 13: Logistics	1. Processes for wrap around services for mutual aid were not available (housing, services). 2. Several agencies drew from a single DSW pool, causing confusion to DSW staff and resource capacity. 3. Donation processes were overwhelmed and disorganized. Unneeded items were accepted, which occupied space of needed supplies. Quantities and tracking were disorganized, which delayed getting the resources to their needed locations. 4. Incident Command resource request forms (213RR) and procedures were not always used. Procurement processes did not have a clear line of duty. 5. Items were purchases and not properly recorded. Efficiency, organization, and duplication of resource requests. Requests lost in WebEOC application.	1. Prepare procurement pad for commodity procurement requests, tracking and fulfillment. 2. Define process for request DSW staffing. 3. Develop and implement a plan to receive, inventory, and distribute community donations during emergencies. 4. Establish procedures to prevent supply order duplication from shelters through a robust centralized Ordering Manager in the Logistics Section. 5. Ensure that there is communication, coordination, and tie-in between the Logistics Section Supply Unit/Ordering Manager and the Finance Section Procurement Unit using a standardized system that tracks resource requests, filling, receiving, and distribution for all resource orders, including equipment, supplies and personnel.	1. In-progress: OR3 is developing MOUs for mutual aid with partner jurisdictions. 1 has been completed to date with the County of Santa Clara. 2. Complete: Has been addressed with new DSW Policy. 3. In-progress: VOAD. 4. In-progress: Improved logistics and resource request management with Veoci 5. In-progress: Veoci will satisfy this capability.