REBUILDING LIVES:

Disaster Response and Recovery for Older Adults and People with Disabilities in California

NOVEMBER 2025

CALIFORNIA COMMISSION on Aging

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The California Commission on Aging

The California Commission on Aging serves as the principal advocacy body for older Californians and as a catalyst for change that supports and celebrates Californians as they age. The Commission's work on behalf of older adults reflects the values of equity and inclusion; autonomy, choice, and access; respect and integrity; collaboration and partnership.

The California Commission on Aging advises the Governor and Legislature, along with state, federal, and local agencies on programs and services that affect older adults. The Commission works closely with public, nonprofit, and private-sector partners to address emerging challenges and opportunities.

Established in the Older Californians Act, the Commission is comprised of 18 appointees representing the state's racial, ethnic, and geographic diversity. Members of the Commission are consumers and providers of aging services, as well as researchers and academicians from the field of aging. Commissioners are volunteers who serve up to two three-year terms, appointed by the Governor, the Speaker of the Assembly, and the Senate Rules Committee.

Meetings of the California Commission on Aging are open to the public. Visit ccoa.ca.gov for information on current and past CCoA meetings.

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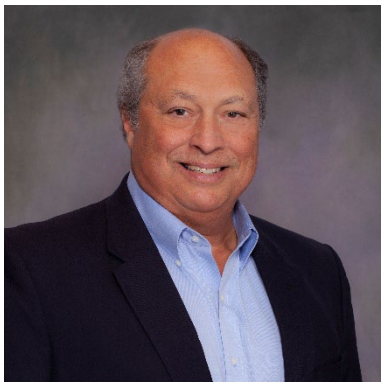
LETTER FROM THE CHAIR



November 5, 2025

Dear Reader,

The disparate impact the January 2025 fires in Los Angeles County had on older adults and people with disabilities provided an insight into a harsh reality plaguing California's emergency planning. That is, vulnerable populations are still disproportionately victims of natural disasters. And after the immediate danger of a natural disaster has concluded, many older adults and people with disabilities lag in the recovery process--left in precarious positions lacking the stability they once had.

In response, the California Commission on Aging (CCoA) held an informational hearing in May 2025 to gain insight into the issues surrounding older adults and emergency response and recovery. The Commission heard from assembled panels of experts in emergency management, aging and disability services, long-term care, and community advocacy – many of whom were directly involved in the response efforts. The hearing provided insight on the challenges that face the communities of Altadena and Pacific Palisades, what can be expected in the near future, and how state and local government can better prepare for the next disaster.

While the hearing was not intended to be a full post-analysis of the emergency response, CCoA found that the response efforts in the Eaton and Palisades fires fell into many of the same patterns as other disasters – overlooking older adults and people with disabilities. The Commission discerned some of the glaring issues that plague recovery victims and looked to past wildfire events to determine where Los Angeles County could be heading in the wake of these events.

The Commission has offered a series of recommendations based on the report's findings to promote emergency response and recovery efforts that integrate the needs of older adults and people with disabilities. The hope is that policymakers, state and local agencies, community organizations, and individuals will use these recommendations as part of a comprehensive strategy to mitigate the tragic toll disasters have on aging and disability communities.

Moving forward, it is critical to enact policies and advocate for change on this urgent issue. As California continues to experience increasingly devastating natural disasters and as our population ages, we must ensure that older adults and people with disabilities have a voice in emergency planning and response. CCoA remains dedicated to uplifting these voices and ensuring they are heard.

Sincerely,

David Lindeman

David Lindeman
Chair, California Commission on Aging

Executive Summary

Disasters disproportionately affect older adults and people with disabilities. The Los Angeles area wildfires in January of 2025 claimed the lives of at least 31 residents, 26 of whom were either over the age of 65 or had a disability. Even with such figures becoming the norm, local agencies are not integrating their most vulnerable residents into emergency planning.

Many individuals, especially older adults, have not prepared for disasters with a plan or the necessary evacuation resources. Those fortunate to evacuate face additional challenges. Evacuation centers during the Eaton fires lacked data on residents with access and functional needs, leading to shortages of accessible equipment and critical medical supplies. Medical staff were overwhelmed, and many lacked experience and training in the specialized needs of older adults and people with disabilities.

Recovery is often longer and more arduous for older adults. Those who have lost homes face barriers to rebuilding and rehousing in a strained market beyond their means. Navigating insurance is complicated and compounded by a lack of legal resources. Additionally, growing evidence shows unscrupulous and illegal business tactics are perpetrated on older adults who have lost their homes.

Older adults may experience lasting instability after a traumatic disaster. The loss of a long-term facility drastically alters a resident's continuity of care, while behavioral health issues persist long into the recovery process and compound existing behavioral health needs. Previous fires, like the 2018 Camp Fire in Paradise, show that widespread displacement of older adults can persist and reshape entire communities.

State and local agencies must prepare for more frequent and intense natural disasters by focusing on their most vulnerable residents. Local groups are crucial to fostering resiliency in the populations they serve. They are integral to providing recovery services while strengthening communities through member-driven collaboration.

CCoA has compiled the following recommendations to strengthen disaster response, recovery, and preparedness for older adults and people with disabilities.

Recommendations

The following table lists the Commission's recommendations based on their area of action:

LOCAL ADMINISTRATIVE ACTIONS	STATE ADMINISTRATIVE ACTIONS	LEGISLATIVE ACTIONS
Pre-designate emergency evacuation sites in emergency plans	Explore the establishment of a disaster registry	Establish a state Long-Term Care Mutual Aid System
Coordinate disaster response with local aging & disability organizations	Launch CA Department of Justice Task Force on disaster scams	Provide disaster preparedness funding to AAAs & Independent Living Centers
Ensure older adult representation on planning boards	Reestablish a disaster recovery housing aid program	Develop a State Disaster Legal Services Fund
	Amplify Access and Functional Needs Emergency Training	Require reverse mortgage servicers to provide counseling referrals

Introduction

The devastating impact of the January 2025 wildfires in Los Angeles County cannot be overstated. The Eaton and Palisades fires, the most destructive of the blazes, burned more than 37,000 acres, destroyed over 18,000 structures, and claimed at least 31 lives. Of the 31 identified victims, all but four were over age 65 or had a disability, with a median age of 76.[1]

The California Commission on Aging (CCoA) hosted an informational hearing in Los Angeles in May 2025 to better understand the conditions that lead to such alarming and tragic outcomes and how recovery efforts in the area are progressing. The hearing also explored how state and local agencies can prepare for future disasters. This report is based on hearing testimony from experts in aging and disability, medical and governmental staff who responded to the fires, and members of the aging and disability community who were displaced.

Based on this testimony, the report outlines recurring complications for older adults and people with disabilities during wildfires that contribute to disparate outcomes, with a focus on the specific challenges of the Eaton and Palisades fires. The report addresses barriers to recovery and provides a framework for expected outcomes in the future. It seeks to answer the question: "How can California prepare for an aging population likely to face more frequent and increasingly intense natural disasters?"

Findings

Complications at the Onset of the Fires

Most disasters create similar challenges for older adults, and the Los Angeles wildfires were no exception. Understanding *both the common challenges that arise in disasters and the specific issues that occurred during the initial outbreak of the Los Angeles fires can help us better prepare for the next major disaster.*

Emergency Alerts Are Not Accessible to All. Local emergency agencies generally use mass text messaging to alert residents of evacuation orders and provide emergency-related information. Many people, particularly older adults, are reluctant to use text messaging or dismiss text messages not from trusted contacts. Others may use landlines as their primary method of communication.

For those that use text messaging, alerts may not have accessibility standards that prioritize functionality over other considerations. For example, alerts for evacuation often focus on map-based information to direct recipients to emergency shelters or to show areas under evacuation orders. Graphic information may be difficult to interpret by individuals with low vision, especially those who rely on text-to-speech applications.

Alerts typically emphasize sharing as much information as possible and include links to resources. Many older adults may dismiss text messages that are "walls of text" rather than simple pertinent information. Ongoing efforts to advise older adults on how to avoid text scams might conflict with emergency agencies trying to coordinate mass outreach through a "one size fits all" alert.

Limited Mobility Hinders Older Adults and People With Disabilities During Disasters. A quick response to evacuation orders is critical to surviving rapidly developing disasters. Older adults and people with disabilities may have limited mobility, which can slow or prevent evacuation. Accounts from friends and relatives indicate that many victims of the Eaton

and Palisades fires were aware of the dire circumstances they faced but simply had no way to evacuate without assistance.[2]

Older Adults Do Not Regularly Plan to Evacuate Their Homes in an Emergency. During the Eaton fire, emergency operations quickly transitioned from fighting the fire to evacuating surrounding homes.[3] Typical wildfires burn up to 895 acres per day, the equivalent of half a football field a minute. Fueled by a myriad of dangerous conditions, the Eaton fire burned at a rate of seven and a half football fields a minute.[4] Firefighters faced the nearly impossible task of evacuating all of Altadena as the rapidly moving fire bore down on the community.

Best practices in emergency preparedness stress the need for individuals to plan for disasters, including rapid evacuation should their home come under threat. Individual emergency planning is critical to survival. However, despite targeted campaigns to highlight the importance of preparedness, many older adults still lack a plan to evacuate their homes in an emergency. In a national survey, fewer than one in three adults age 50 to 80 had a stocked emergency kit.[5]

Emergency Response Systems Lack Data on Vulnerable Residents. During emergency evacuations, first responders have no way of knowing the status or location of older adults and people with disabilities. Many residents cannot leave their homes without assistance. These residents must rely on others to provide transportation or rescue when swift escape from danger is critical. However, without data identifying the location of vulnerable residents, emergency responders are unable to assist.

Many of the victims of the Eaton and Palisades fires perished because there was simply no way for first responders to know which homes housed individuals who required assistance. Some homebound adults dialed 911 to give their location to dispatchers. However, emergency responders did not have time to rescue these individuals with some dying believing rescuers were on the way.[6]

Reliable data remains a challenge for emergency responders, even when residents reach an emergency evacuation shelter. Staff at shelters lack medical information about incoming evacuees, sometimes critical to ensuring necessary care. This can lead to shortages of necessary resources and delays in providing continuing care for medically fragile displaced residents.

Communication Issues Hinder Appropriate Care. Without personalized medical information, emergency shelter staff must rely on evacuees or their caregivers to communicate existing medical needs. Communication is difficult in an emergency, and is complicated when evacuated adults have dementia, Alzheimer's, or age-related cognitive impairment.

At the same time, emergency responders may assume older adults have cognitive impairment when they are merely overwhelmed by trauma and a chaotic environment. Ageism can lead to misallocation of resources and inappropriate care. Witnesses at evacuation centers reported that medical staff used a misdiagnosis of dementia to dismiss and neglect evacuees' real needs.[7]

Communication challenges are exacerbated if shelter staff lack ethnic or cultural awareness. Language barriers, for instance, create additional obstacles that make providing quality care in an emergency nearly impossible. Culturally competent and multilingual staff are not only necessary for the comfort of evacuees but also essential to providing appropriate care.

Evacuation Centers During the Eaton Fire

Firsthand accounts of issues at Eaton fire emergency evacuation centers provide further insight into the complications that older adults face once evacuated.

Jurisdictional Issues Plagued Coordination at Evacuation Centers. The Eaton Canyon fire largely devastated the unincorporated community of Altadena, bordering the city of Pasadena. Evacuation orders directed most residents to the Pasadena Civic Center in the jurisdiction of the Pasadena City Police and Fire departments. There, staff from the Los Angeles County Department of Public Health, Pasadena Public Health Department, and community organizations converged without a centralized command structure.

As more residents began to flow into the Civic Center, growing confusion overtook intake and care. Multiple agencies and volunteers from organizations endeavored to provide evacuees with care without coordination. Older adults and people with disabilities – whose needs often require urgent consideration – were left neglected in the chaos.[8]

Critical Equipment Was Missing at Evacuation Centers. In the hours directly following the outbreak of the Eaton Fire, the Pasadena Civic Center served as the primary emergency evacuation center. The facility lacked the medical facilities necessary for an older population arriving from evacuated homes and nursing facilities.[9] Beds, medical stations, and intake systems were absent and required days to take shape.

The center was lacking in critical medical supplies needed to stabilize people with specialized needs. Basic medical equipment, such as personal protective equipment for staff, wound care supplies, glucometers, and blood pressure cuffs, among other supplies--could not be found. Additionally, the Civic Center lacked an ample supply of power, including high-voltage outlets, and other necessary infrastructure to support medical equipment needs.

The facilities and equipment were insufficiently accessible to many older adults and people with disabilities in the community. Most shower stations were not large enough to allow for wheelchairs or had steps instead of ramps. The cots supplied did not accommodate those with mobility constraints.[10]

Local Health Systems Needed Time to Mobilize. AltaMed and Kaiser Permanente provided critical care and supplies to the evacuation centers on the third day of the disaster. However, in the interim, there was a shortage of available medical staff and equipment. Emergency agencies had not coordinated with local health systems to ensure that healthcare providers could be quickly deployed to evacuation centers. Many providers showed up at centers on the first day of the disaster on their own accord, not in response to a request by an emergency response agency.

Part of the delay in deploying medical staff was due to the speed of the unfolding disaster. However, local emergency plans did not ensure that local healthcare systems would be immediately engaged during a disaster.

Emergency Agencies Did Not Coordinate with Aging Resources. Area Agencies on Aging (AAAs) are responsible for providing a wide range of services to local older adults. However, in the immediate aftermath of the Los Angeles fires, local AAAs were not fully utilized and, in some cases, were barred from participating in response efforts at evacuation centers.[11]

Older Adults Face Longer Recovery

Older adults trying to return to their lives after a disaster face additional barriers. Disasters often amplify disparities preiously not apparent.

Low-Income Older Adults are Particularly Vulnerable When a Home is Lost. "House-rich, income-poor" older adults on fixed incomes who hold equity in their home may not have the ability to rebuild without extensive financial and navigational support. These individuals must rely on family or other support groups to maintain stability. Without these support networks, they are likely to be placed in institutional settings or become homeless.

Navigating Insurance Can Be Overwhelming. Insurance companies are inundated with claims after major disasters. Delays in claim approval can leave older adults without the financial resources necessary for recovery. A surge in claims can lead to unjust denials, leaving older adults with limited options for recourse without strong advocacy to support them. Even with an advocate, litigation or appeals may tie up compensation for years – a significant consideration for older adults.

Older Adults with Reverse Mortgages Face Financial Ruin When Losing a Home. Reverse mortgages allow homeowners to borrow against the equity in their home. Unlike traditional loans, reverse mortgages do not require monthly payments from the borrower. Instead, the borrower receives a lump sum or monthly disbursements from their home equity with their home acting as the loan's collateral.

The borrower does not need to begin payment on the loan until the borrower dies, moves, fails to pay property taxes, or fails to carry homeowner's insurance – however, the loan continues to accrue interest during this period. When the homeowner dies, the inheritor of the home is responsible for settling the loan balance either with their own money, the proceeds from the sale of the home, or by handing the home over to the lender.[12] These loans are attractive to older adults without sufficient income but equity in their home.[13]

Since a reverse mortgage uses the borrower's home as collateral, those with reverse mortgages who lost their homes in the Eaton and Palisades fires are faced with the option to either rebuild their house or repay their debt. If they choose to rebuild, they must navigate insurance, contractors, and permitting, all while managing limited funds and a reduced home equity – not to mention finding interim housing and coping with trauma.

If the borrower's insurance only offers a number far below the appraised value of the home, the borrower may not have the ability to rebuild and instead must use their insurance payment to settle the balance on their reverse mortgage. The borrower then may be left in a position without the equity they once held in their home, the income they were receiving from the reverse mortgage, and may also be left without a permanent place to live.[14]

Loss of Facilities Disrupts Continuity of Services. The Eaton Canyon and Palisades fires destroyed a significant number of licensed Residential Care Facilities for the Elderly (RCFEs).[15] These non-medical facilities provide residents with assistance with activities of daily living such as bathing, eating, mobility, and other basic tasks. The destruction of RCFEs disrupts residents' access to services essential to their daily lives. A loss of services can lead to a decline in health, resulting in placement in more restrictive institutional care.

The loss of RCFEs exacerbates shortages in long-term care and strains the ability of residents to find appropriate care. Fortunately, during the Eaton Fires, many residents of destroyed RCFEs were relocated to a recently decommissioned Skilled Nursing Facility (SNF). There, they received temporary housing and assistance with daily living.[16] However, continuity of care is still disrupted even if temporary housing and services are found quickly. The full impact of the fires on medically fragile

residents may only become clear after a thorough analysis of the health outcomes of displaced assisted living residents.

Temporary Changes Can Lead to Interruption of Long-Term Care Services. Even residents of undamaged facilities can have their lives drastically disrupted by temporary transfers. Administrative complications and confusion between facilities can lead to inadequate care for those admitted to skilled nursing. One long-term care ombudsman shared that a resident evacuated to an equivalent skilled nursing facility during the Eaton fires. At the new facility, the resident did not receive prescribed physical therapy due to the inability to share medical records. The resident developed a new injury and was informed, within 48 hours of returning to their original facility, that their Medicare coverage days had been expended.

In other cases, temporary evacuation can lead to facilities implementing changes that disrupt a resident's routine or their sense of independence. Accounts from residents indicate that some facilities reorganized facility grounds and units and removed property from residents. Residents returned from evacuation facilities to find that their personal property had been rearranged, stored, or removed from the premises.[17]

Older Adults Face Difficulty Replacing Durable Medical Equipment (DME). Many older adults affected by the fires lost essential mobility equipment such as wheelchairs, walkers, or scooters. Others lost critical medical devices, including oxygen concentrators, infusion pumps, diabetes supplies, and other DME.[18]

Medicare will cover the replacement of DME that is lost in a declared emergency. However, the equipment must be obtained through a Medicare-approved supplier.[19] This requirement can pose a serious challenge for older adults and people with disabilities, especially if the suppliers in the area are also impacted by the disaster.

Behavioral Health Challenges May Intensify During Recovery. Multiple studies have shown that cognitive decline is significantly accelerated by the trauma and dislocation caused by major disasters.[20] Immediate disaster response and recovery efforts generally focus on promoting physical stability and health, even when cognitive issues become apparent.

A recent disaster can exacerbate existing behavioral health problems. Older adults dealing with depression, anxiety, or other behavioral health issues may experience worsening symptoms if they lose their home, a loved one, their community, or are overwhelmed by the stress of a traumatic event. These challenges should be understood in conjunction with the ongoing "loneliness epidemic" disproportionately affecting older adults.

Mutual Aid Plans Can Strengthen Long-Term Care Disaster Response. Many long-term care facilities have mutual aid agreements with other facilities that allow for sharing resources and information in an emergency. When evacuations are necessary, facilities may share capacity with member mutual aid facilities that need to relocate residents.

In California, mutual aid plans are fragmented between different networks of long-term care centers with no centralized state resource facilitating agreements. As a result, many long-term care facilities either have no mutual aid agreement or have an agreement with a memorandum of understanding (MOU) that has not been maintained. Consequently, a facility's capacity to respond to disasters can be largely dependent on its ability to form partnerships with other facilities.[21]

Other states have implemented centralized mutual aid plans with resounding success, such as Massachusetts's MassMAP, which is considered a model for a successful long-term care mutual aid plan.[22]

Disaster Related Scams Often Target Older Adults. Disaster recovery is rife with bad actors exploiting confusing and stressful situations. Many scams target the rebuilding process and residents' eagerness to return to normal life.

In the aftermath of the LA fires, unlicensed contractors went door-to-door, claiming to be sent by the residents' insurance companies to perform repairs to fire-damaged homes. The scam contractors pressured residents to sign predatory documents or provide a large upfront fee. Residents eventually discovered the contractors were not sent by their insurance companies, and that they were personally liable for any work completed.[23]

Disaster areas are often so inundated with fraudulent activities that public enforcement and prosecution of laws designed to stop these tactics are outpaced by the culprits. Mitigating efforts focus more on creating awareness of scams and preventing individuals from falling prey.

Older Adults Often Lack Access to Legal Resources. The many challenges of rebuilding, navigating insurance, and dodging scams require public education and advocates, including those with legal expertise. Older adults with limited resources or without family support are in an especially precarious position. Without professional assistance, these individuals may not be able to negotiate higher claim payments from their insurance or ensure they are being treated fairly by building contractors. Local advocacy organizations provide free legal assistance, but resources are limited.

Infrastructure Rebuilt After Disaster Frequently Lacks Accessible Design. In most cases, multifamily housing units are not required to be Americans with Disability Act (ADA) accessible. There is little incentive for housing developers to ensure that apartment buildings are accessible or are built with universal design principles. As with single-family homes, multifamily housing lost in a fire will be difficult to rebuild solely using funds from insurance. Generally, this means that the new structure will emphasize cost-efficient design over accessible design.

While the common areas of multifamily housing projects are required to be accessible, the units in those buildings are generally required to adhere to the lower standard of accessibility outlined in the Fair Housing Act Design Manual. The ccomprehensive accessibility standards outlined in the ADA are only required for multifamily housing projects that receive government funding or are publicly owned.[24]

Preparing for the Future

As recovery continues, the long-term effects of the Los Angeles fires on older adults remain uncertain. Insights from past disasters and ongoing analyses can help guide planning to meet their future needs.

Older Adults May Be Disproportionately Affected by Widespread Loss of Housing. The state's housing shortage is already putting pressure on older Californians. Since 2017, the number of unhoused individuals aged 65 and over has grown faster than any other age group.[25] The destruction of homes in the LA fires will further restrict affordable housing availability, which will likely disproportionately impact older adults.

The town of Paradise provides insight as to potential outcomes for older adults dislocated by the Eaton and Palisades fires. Prior to the Camp Fire in 2018, older adults made up one-quarter of the 26,000 residents of Paradise. After the Camp Fire, much of the older adult population was displaced to other parts of the state and country. Today, Paradise has rebuilt only 25% of the homes lost. The older adult population, once synonymous with the town, now numbers approximately 1,000 individuals over the age of 65 out of about 8,000 total residents.[26]

Similar displacement may occur in Altadena and other areas of Los Angeles affected by the fires. Surrounding cities in the region will need to plan for displaced residents, particularly older adults, who require not only affordable housing, but also assisted living and skilled nursing services.

Emerging Environmental Concerns Create New Challenges. There is growing evidence that even homes that were spared from complete destruction may present environmental danger to residents. Preliminary tests of homes with limited fire or smoke damage show traces of cyanide and carcinogens like formaldehyde, asbestos, acetaldehyde, and others in homes with little apparent damage.[27]

Environmental issues have profound effects on those with weakened immune systems, particularly older adults and those with disabilities. Older adults whose homes survived the fires may suffer adverse health effects from contamination. Environmental concerns exacerbate community housing challenges. As of today, residents remain in flux, balancing safety risks with the need for housing.

Community Led Organizations Create Networks that Support Recovery.
Many organizations create local networks that enhance resiliency for vulnerable or marginalized populations. While these organizations are not strictly focused on emergency planning, they provide invaluable connections between older adults and people with disabilities with resources in times of crisis. For instance, the Village Movement California (Villages) is a community model that is heavily involved in disaster preparedness and response through member-driven empowerment.

Villages are membership organizations comprised of older adults who share resources and support to enable independent aging. Pasadena Village facilitated communication between members and volunteers and provided essential assistance to members in Altadena and Pasadena impacted by the fire. At the outbreak of the Easton fire, members contacted each other to assist by sharing housing and resources. During the recovery process, members and volunteers coordinated assistance in navigating insurance, collecting donations, and offering direct emotional support.[28]

Villages are an example of community organizations that can be enlisted in emergency response. Pasadena Village is currently working to expand access to emergency kits and to offer preparedness workshops for its members and other older adults.[29] The close proximity of local Villages to their members is a strength that can be leveraged in emergency preparedness.

Agencies Are Unlikely Prepared for Other Disasters. Recent focus in emergency planning has been on wildfires, but another type of disaster, such as a major earthquake, may create different challenges for emergency services. Further study must be done to understand the impact that different disasters have on older adults and people with disabilities.

Recommendations

Local Administrative Actions

Counties, cities, and local organizations should take steps to strengthen emergency resilience in their communities.

Pre-Designate Sites for Emergency Evacuation Centers in Emergency Plans

Lead Entity: County Emergency Management Agencies

Local emergency plans are required to address how they ensure designated evacuation centers are compliant with ADA.[30] However, there is no requirement in statute that sites be pre-designated in the local agency's emergency plan. While some emergency plans pre-designate sites, it is not a uniform requirement in the law.

Local emergency management agencies must identify sites for emergency evacuation centers that can accommodate people with access and functional needs -- before a disaster. This means ensuring identified sites are ADA-compliant, have electrical capacity to handle a large base of evacuees with DME, and are in an area readily accessible by medical personnel.

Coordinate With Local Aging & Disability Organizations on Disaster Response

Lead Entity: Local Emergency Management Departments

City and county emergency management departments need to coordinate with AAAs and Independent Living Centers (ILCs) when disasters occur. These agencies are the local experts on the needs of older adults and people with disabilities. They must be included in emergency operations.

Additionally, local organizations often have specific details about clients they serve that can aid in disaster response. The Village Movement California is one example of an organization that can provide critical information on older adults in an affected area. These types of organizations can be an important resource, particularly in the recovery process.

Ensure Older Adult Representation on Planning Boards

Lead Entities: City Councils, County Boards of Supervisors

Local planning boards and commissions play a major role in the rebuilding process, particularly in larger projects. It is important for these entities to consider the needs of older adults. As communities rebuild, planning authorities should emphasize urban design that is accessible to all. Including older adults and people with disabilities on these councils and boards helps ensure that newly constructed housing and infrastructure are not exclusionary.

State Administrative Actions

State departments and agencies should use their authority to make changes that do not require new state or federal legislation.

Explore the Establishment of a Disaster Registry

Lead Entity: California Health and Human Services Agency (CalHHS)

California should explore developing a disaster registry that utilizes available data to provide first responders and emergency staff with more information on affected residents of a disaster with specialized needs.

Other states have created registries for older adults and people with disabilities so that first responders and staff at emergency shelters are aware of individuals living within an evacuation zone. These registries are voluntary and therefore do not provide a complete listing of the entire population. States that have developed disaster registries have found that information is often incomplete or inaccurate as current information on participants is difficult to maintain.[31]

Additionally, registries may provide a false sense of security. Registered individuals may assume that they will be prioritized in an emergency and do not have to prepare or evacuate their home when a disaster strikes. Registries are designed to provide information and data to emergency staff, they are not a guarantee of rescue assistance.

The state should examine ways to avoid typical pitfalls of disaster registries, particularly regarding data accuracy. The state should consider using publicly available and regularly updated data to avoid relying on individuals to update their records or personally opt in. Developers of the registry could partner with health plans and public service providers, such as county In-Home Supportive Service (IHSS) programs, the California Department of Social Services (CDSS) Adult Programs Division, the Department of Health Care Access and Information (HCAI), and the Department of Health Care Services (DHCS) to integrate available data into a comprehensive consortium.

The need for privacy and data control must be weighed against efficiency. Developing a registry requires navigating complex considerations of health data privacy and compliance with the Health Insurance Portability and Accountability Act (HIPAA). Individuals must be informed of their right to refuse to participate, and data should be obtained only with their express consent. Additionally, measures must be implemented to ensure data security.

Development of a state registry is contingent on significant input from stakeholders in the aging and disability communities to ensure it doesn't injure the communities it aims to serve.

Launch CA Department of Justice Task Force on Disaster Recovery Scams

Lead Entity: California Department of Justice

The California Department of Justice must address scams involving illegal contractor tactics, fraudulent charities, and other activities that target older adults recovering from disasters.

The Attorney General launched a disaster relief task force in January primarily aimed at targeting price gouging in the immediate aftermath of the Eaton and Palisades fires.[32] While important for combating unscrupulous business practices, the task force did not focus specifically on illegal activity perpetrated against those engaged in the rebuilding process, particularly older adults.

The Attorney General should create a task force charged with investigating ongoing fraudulent activities that target older adults, increasing local enforcement against such scams, and identifying legal loopholes that prohibit prosecution of these crimes.

Reestablish a Disaster Recovery Housing Aid Program

Lead Entity: Department of Housing and Community Development

In 2020 and 2021, the RecoverCA Housing Program aided eligible low-income homeowners with up to $500,000 to rebuild homes lost or severely damaged in fires.[33] The program received funding from the federal Department of Housing and Urban Development as part of the congressionally appropriated Community Development Block Grant–Disaster Recovery.[34]

Reestablishment of this program is contingent on Congress and the federal administration's allocation of funds to California. Without federal funds, California must independently identify a source of funding to ensure low-income homeowners, especially older adults, have the resources to rebuild.

Amplify Access and Functional Needs Emergency Training

Lead Entity: California Governor's Office of Emergency Services (Cal OES)

The California Specialized Training Institute (CSTI) provides emergency training to state and local government agencies, tribal organizations, non-profits, and other organizations. CSTI is designed to provide specialized training for all levels of expertise in areas from emergency management to hazardous material handling. CSTI has designed a course on integrating access and functional needs into emergency management.[35] However, CSTI does not appear to offer this course, or others specializing in access and functional needs populations, with regularity.[36]

Emergency responders, local government agencies, non-profit organizations, and businesses in the aging and disability sector need access to training that highlights the specialized needs of older adults and people with disabilities. Given the impact wildfires have on these communities, Cal OES must promote training for access and functional needs emergency integration and make it readily available.

Legislative Actions

The California Legislature can provide local governments and organizations with resources to support older adults and people with disabilities in recovery and assist in preparation for future disasters.

Establish a State Long-Term Care Mutual Aid System

Action: Statutory and Fiscal Change

Budget: Initial One-Time Funding/Ongoing Appropriation

State Stakeholders: CalHHS, Cal OES

Massachusetts, New York, and other states have established statewide systems that facilitate long-term care facilities in sharing resources during disasters. The Massachusetts Long Term Mutual Aid Plan (MassMAP) is considered a model of a state-coordinated disaster response and recovery system for long-term care.

California needs to establish a similar system to allow the state to act as a facilitator in sharing information and resources. The state legislature could authorize and fund CalHHS, Cal OES, and other state entities to contract with a partner who has experience establishing mutual aid plan systems. The state should invest in developing an interface that long-term care facilities could utilize to access and share information during disasters.

A uniform, accessible, long-term care mutual aid system would be instrumental in ensuring that facilities with open capacity or available staff could lend support to facilities in need during emergencies. It would also create a centralized system, benefitting long-term care facilities with mutual aid agreements that are not regularly maintained and rely on out-of-date MOUs.

A state mutual aid program would not just aid facilities during large-scale natural disasters. It would provide a safety net when facilities experience localized emergencies or experience higher-than-usual demand. The development of a state mutual aid program is not just an emergency preparedness measure but an investment in the future of the state's long-term care system.

Provide Disaster Preparedness Funds to AAAs and Independent Living Centers

Action: Fiscal Change

Budget: Ongoing Funding

State Stakeholders: California Department of Aging (CDA), Cal OES, California Department of Rehabilitation

AAAs are the primary source of local aging services in the state. They are a valuable tool in providing information and resources directly to older adults. Services provided by AAAs are generally funded by the federal government through the Older Americans Act (OAA), with each AAA receiving funds through an intrastate funding formula. The state is required to provide matching funds to AAAs to receive federal funding for specific services.[37]

There has been no effort to appropriate funds to AAAs specifically for disaster preparedness and resiliency efforts. Federal guidance waived certain requirements and created additional flexibilities for AAAs to use existing OAA funds during the COVID-19 pandemic, but it did not fund disaster resilience.

The state legislature needs to appropriate General Fund for use by AAAs for disaster preparedness and resilience. AAAs can ensure that their clients are prepared for a disaster by distributing emergency kits and supporting the creation of individual emergency plans. Funding can also help ensure AAAs create an emergency infrastructure that is responsive during a disaster.

Develop a State Disaster Legal Services Fund

Action: Statutory and Fiscal Change

Budget: One-Time/Upon Appropriation by the Legislature

State Stakeholders: Cal OES

The Federal Emergency Management Agency (FEMA) provides free legal services to low-income individuals affected by a federally declared disaster. Assistance is limited to cases that typically do not involve attorney fees, including help with insurance claims, home repair contracts, and FEMA appeals.[38] AAAs provide referral to similar legal services for older adults as part of their normal operations, funded through the OAA.[39] However, funding and the availability of legal services are limited during disasters, as legal support services are strained by increased workloads.

The legislature should develop a state legal services fund to aid local organizations that provide legal representation in response to disasters. The fund could be administered by the Cal OES and would only be made available during a major disaster declared by the Governor.

A one-time appropriation by the Legislature would be required to establish such a fund, with successive appropriations made as needed.

Require Reverse Mortgage Servicers to Provide Counseling Referrals

Action: Statutory Change

Budget: None

The Housing and Urban Development Act of 1968 directs HUD to provide grants to organizations offering housing counseling services to homeowners and tenants.[40] Reverse mortgage lenders are required by law to provide prospective borrowers with a list of no less than 10 HUD-approved counseling agencies. These agencies provide reverse mortgage counseling before finalizing the application. The lender cannot accept a complete application until the borrower has completed counseling.[41]

The legislature should require reverse mortgage servicers (the companies that manage the loan *after* it's made) to provide disaster-affected borrowers

with a list of HUD-approved counseling agencies to ensure access to impartial guidance. Many older adults lack resources for legal advocacy. Federally funded housing counselors can help them navigate complex processes such as reverse mortgage procedures. Without this information, borrowers may rely solely on their loan servicer or lender instead of receiving the independent advice needed to make informed decisions after a disaster.

Efforts In Progress

CCoA supports these ongoing legislative efforts to strengthen disaster planning and resiliency for older adults.

Assembly Bill 1069: Emergency services available during natural disasters

AB 1069, authored by Assemblymember Jasmeet Bains, requires the agency responsible for emergency sheltering duties to coordinate an MOU with either the local AAA or an Aging and Disability Resource Connection program to ensure that either organization can access emergency evacuation shelters.[42]

As the population of older adults in California continues to increase, AAAs must be tapped as a resource during emergencies. Beyond the intent of this bill, CCoA maintains that AAAs and ILCs be fully integrated into emergency planning to ensure those with access and functional needs are not overlooked.

Senate Bill 582: Health and care facilities: licensing during emergencies or disasters

SB 582, authored by Senator Henry Stern, requires SNFs to annually review their external disaster and mass casualty plans and seek input from county, regional, and local planning offices, including the medical health operational area coordinator.[43]

The bill strengthens disaster planning for SNFs by promoting best practices, encouraging lessons learned from past disasters, and fostering collaboration with local emergency officials. Clear, actionable disaster plans are especially critical in long-term care facilities, where vulnerable residents need extra support. By establishing accountability for SNF operators, the bill aims to reduce chaos during evacuations and emergency responses in future disasters.

Notes

[1] Note: Data was compiled by CCoA staff using public database from the Los Angeles County Medical Examiner's Office.

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[3] Terry Castleman, Salvador Hernandez, Matthew Ormseth, and Grace Toohey. "12 Hours Of Fire That Decimated Altadena." *Los Angeles Times*. January 18, 2025. https://www.latimes.com/california/story/2025-01-17/chaotic-first-hours-eaton-fire-timeline-maps

[4] Ally J. Levine, Clare Farley, Tiana McGee, and Daisy Chung. "Fast Fires." *Reuters*. January 24, 2025. https://www.reuters.com/graphics/CALIFORNIA-WILDFIRE/SPEED/akpeewrodpr/

[5] Sue Anne Bell, Dianne Singer, Erica Solway, Mattias Kirch, Jeffrey Kullgren, and Preeti Malani. "Predictors of Emergency Preparedness among Older Adults in the United States." *Disaster Med Public Health Prep,* Vol. 15, Issue 5 (October 2021): 624-630. https://doi.org/10.1017/dmp.2020.80

[6] Keith Mizuguchi. "Despite Three 911 Calls, Two Homebound Disabled Men Died In Eaton Fire." *KQED*. July 21, 2025. https://www.kqed.org/news/12048956/despite-three-911-calls-two-homebound-disabled-men-died-in-eaton-fire

[7] Dr. Laura Mosqueda, Professor of Family Medicine and Geriatrics, Keck School of Medicine of USC. Testimony to CCoA. May 22, 2025.

[8] Dr. Laura Mosqueda, Professor of Family Medicine and Geriatrics, Keck School of Medicine of USC. Testimony to CCoA. May 22, 2025.

[9] Aaron Schrank. "Nursing Home Evacuees Faced Cot Shortages In Pasadena, Medical Staff Say." *LAist*. https://laist.com/news/nursing-home-cot-shortages-pasadena-eaton-fire

[10] Dr. Laura Mosqueda, Professor of Family Medicine and Geriatrics, Keck School of Medicine of USC. Testimony to CCoA. May 22, 2025.

[11] Dr. Laura Trejo, Director, Los Angeles County Aging and Disabilities Department. Testimony to CCoA. May 22, 2025.

[12] Ibid.

[13] Federal Trade Commission. Consumer Advice. https://consumer.ftc.gov/articles/reverse-mortgages

[14] Bertha Sanchez Hayden, Associate Vice President, Bet Tzedek Legal Services. Testimony to CCoA. May 22, 2025.

[15] Note: Data on damaged/destroyed long-term care facilities was provided to CCoA staff by Rachel Tate.

[16] Rachel Tate, Vice President, Ombudsman Services, WISE & Healthy Aging. Testimony to CCoA. May 22, 2025.

[17] Rachel Tate, Vice President, Ombudsman Services, WISE & Healthy Aging. Written testimony to CCoA. Received May 19, 2025.

[18] TJ Hill, Executive Director, Disability Community Resource Center. Written testimony to CCoA. Received May 12, 2025.

[19] Center for Medicare & Medicaid Services. "Durable Medical Equipment, Prosthetics, Orthotics, and Supplies for Medicare Beneficiaries Impacted by an Emergency or Disaster." Fact Sheet. https://www.cms.gov/files/document/dmepos-emergency-or-disaster-fact-sheet-ogc-and-ccpg-approvedpdf

[20] Jacob Thompson, Maryam Vasefi. "Natural disaster-induced dementia and cognitive decline: A meta-analysis and systematic review." Social Science & Medicine, Vol. 371 (April 2025). https://doi.org/10.1016/j.socscimed.2025.117898

[21] John Burke, Corporate Safety Officer, Human Good. Testimony to CCoA. May 22, 2025.

[22] John Burke, Corporate Safety Officer, Human Good. Written testimony to CCoA. Received May 19, 2025.

[23] Bertha Sanchez Hayden, Associate Vice President, Bet Tzedek Legal Services. Written testimony to CCoA. Received May 20, 2025.

[24] Note: A full explanation of the applicable laws and design standards required for different housing types is provided by the Division of the State Architect.

Division of the State Architect. *Guide to Public Housing Regulated by Chapter 11B of the California Building Code.* https://www.dgs.ca.gov/-/media/Divisions/DSA/Publications/access/ch_11B/DSA_Public_Housing_Guidance.pdf

[25] Note: This is based on data compiled through the Homeless Data Integration System provided by the California Interagency Council on Homelessness. https://www.bcsh.ca.gov/calich/hdis.html

[26] Joseph Cobery, Executive Director, Passages Area Agency on Aging. Written testimony to CCoA. Received May 14, 2025.

[27] Blacki Migliozzi, Rukmini Callimachi and K.K. Rebecca. "'Unsafe to Inhabit': The Toxic Homes of L.A." *The New York Times*. June 24, 2025. https://www.nytimes.com/interactive/2025/06/24/realestate/los-angeles-fires-toxic-homes.html

[28] Katie Brandon, Executive Director, Pasadena Village. Written testimony to CCoA. Received May 13, 2025.

[29] Katie Brandon, Executive Director, Pasadena Village. Testimony to CCoA. May 22, 2025.

[30] California Government Code, Section 8593.3(a)(3)

[31] Miranda Green. "Los Angeles Weighs A Disaster Registry. Disability Advocates Warn Against False Assurances." CBS News. https://www.cbsnews.com/news/los-angeles-weighs-disaster-registry-disability-advocates/

[32] Office of the Attorney General. "Attorney General Bonta Opens Price Gouging Investigations, Deploys DOJ Disaster Relief Task Force in Southern California." *California Department of Justice*. Press Release. January 16, 2025. https://oag.ca.gov/news/press-releases/attorney-general-bonta-opens-price-gouging-investigations-deploys-doj-disaster

[33] Note: Eligibility and program policies are listed in the Department of Housing and Community Development's ReCoverCA Housing Programs Policies and Procedures. The 2020 handbook is available on the HCD website: https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/recoverca/recoverca-oor-pnp-2020.pdf

[34] Housing and Community Development Act of 1974, Title I. 42 U.S.C. 5301 et seq.

[35] California Specialized Training Institute. "Integrating Access & Functional Needs Into Emergency Management." Training Course Flyer. *Cal OES.* https://www.caloes.ca.gov/wp-content/uploads/AFN/Documents/General/G197-Course-Flyer-2024.pdf

[36] Note: CCoA staff based this finding on the list of courses in the CSTI Training Bulletin No. 10-2025.

[37] Note: The Older Americans Act lists the full requirements for receiving federal funds for aging services (42. U.S.C. 3021 et seq). A draft of the California Older Americans Act State Plan with a list of core programs to be provided by AAAs can be found on the California Department of Aging's website. https://aging.ca.gov/oaa_state_plan/

[38] Federal Emergency Management Agency. "Disaster Legal Services." Fact Sheet. January 21, 2025. https://www.fema.gov/fact-sheet/disaster-legal-services

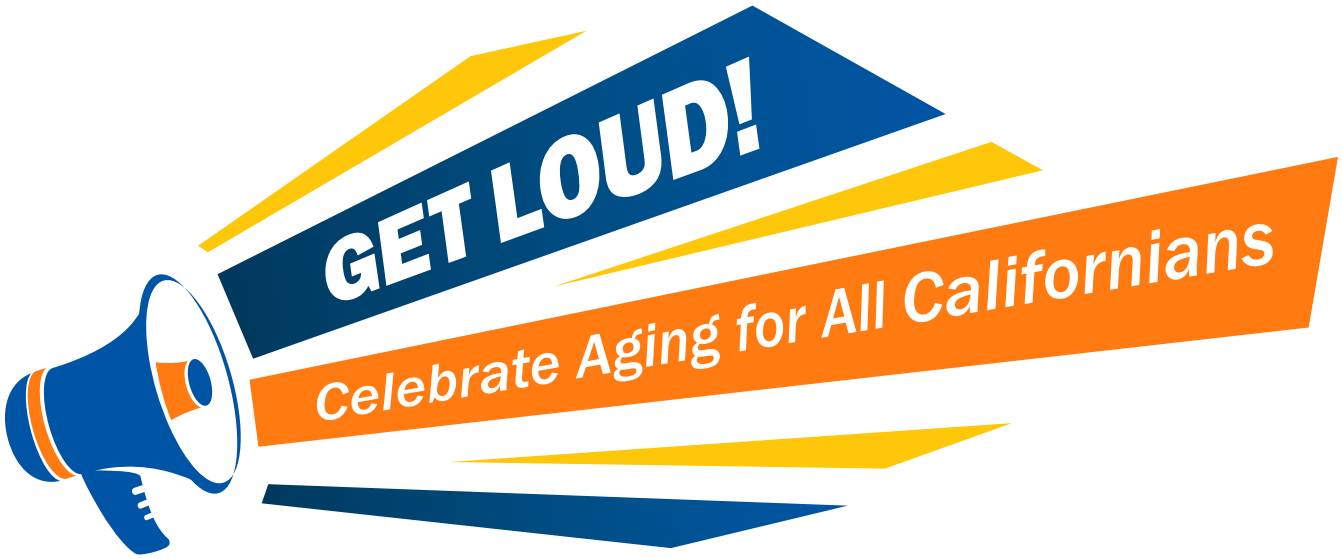
[39] California Department of Aging. "Supportive Services Program Older Americans Act Title III B." Program Narrative. March 2020.

[40] Title 24 Code of Federal Regulations Part 214 et seq.

[41] California Civil Code, Section 1923.2(j)

[42] Assembly Bill 1069 (Bains). 2025.

[43] Senate Bill 582 (Stern). 2025.



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