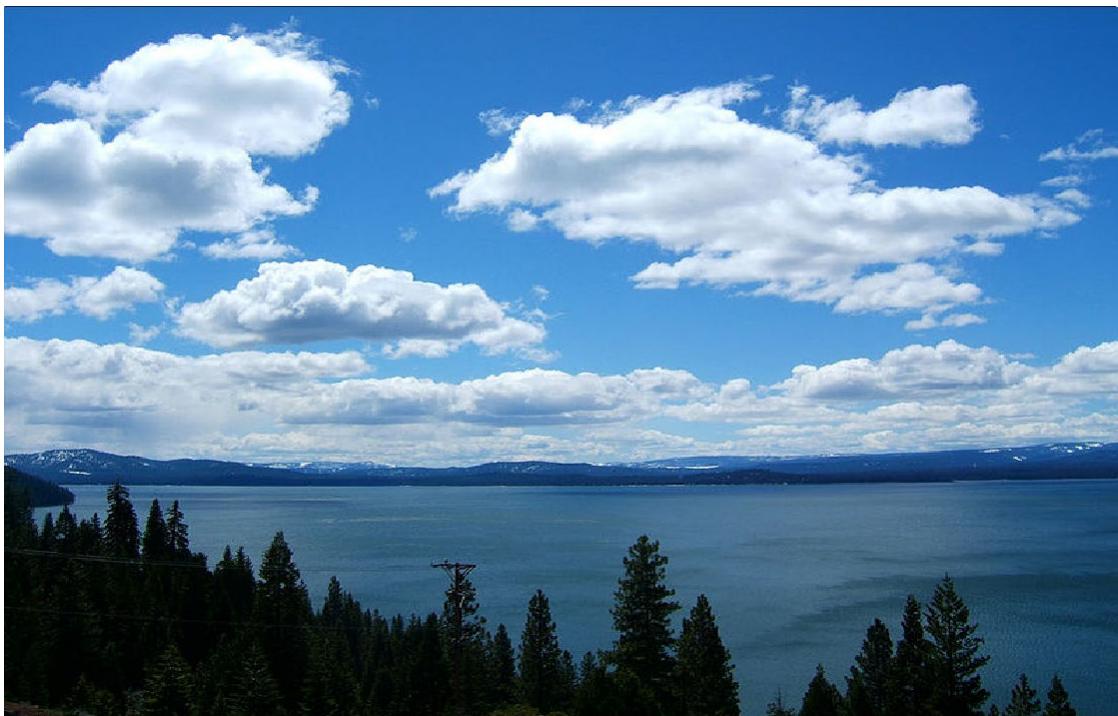
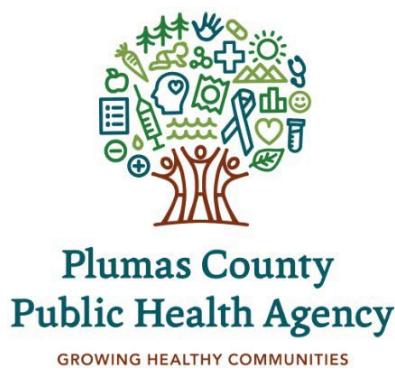


2022 Plumas County COVID-19 & Wildfire Health Impacts

Results and Analysis



Produced by the Plumas County Public Health Agency



Updates to 2022 Plumas County COVID-19 & Wildfire Health Impacts

04/15/2025: Changed the Name from "2022 Plumas County Health Assessment Addendum" to "2022 Plumas County COVID-19 & Wildfire Health Impacts"

Purpose of the Title Change

The updated title more accurately reflects the focus and intent of the document, which is to highlight and analyze the significant health impacts experienced by the community as a result of the COVID-19 pandemic and substantial regional wildfire events.

While the original title suggested a supplementary relationship to the Community Health Assessment (CHA), this report was developed as a stand-alone analysis, using separate data sources and addressing specific, time-sensitive public health emergencies. The new title ensures that its content is immediately recognizable and relevant to readers seeking information about these particular events.

This revision supports our goal of presenting information in a way that is both informative and appropriately framed, helping stakeholders, partners, and community members better understand the challenges faced and health local repercussions from COVID-19 and the extensive wildfires.

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Executive Summary

Introduction

This report describes the public health impacts of the Covid-19 pandemic and major wildfires during the years 2020-2022.

Methods

This report is based on quantitative and qualitative information collected from multiple sources. Narrative descriptions of the history of the Covid-19 pandemic and major wildfires in Plumas County are drawn from public information and records of county agencies. Those descriptions are supplemented by analyses of epidemiologic and environmental data obtained from governmental sources. Qualitative data on impacts of the pandemic and wildfires were obtained through key-informant interviews with 9 local leaders and 5 focus groups with affected groups. Additional information on the impacts of Covid and wildfire was obtained from 154 responses to a community survey.

Major Findings

Covid-19. The World Health Organization declared a pandemic in response to the spread of a new disease now known as Covid-19 in March 2020; state and local health emergencies were also declared in that month. Plumas County's first case of Covid-19 was identified March 28, 2020. Through December 31, 2022, the county experienced three major waves of Covid-19 incidence, resulting in 4305 recorded cases and 19 deaths. For a period beginning in August 2021, which coincided with the occurrence of the Dixie fire (see below), Plumas County's incidence of Covid was among the highest in California. The last major wave of Covid in Plumas County ended early in 2022. Although an end to the pandemic has not been declared as of this report's publication, its character has changed, allowing the public health role to transition from emergency response to routine management and facilitating the termination of California's state of emergency on February 28, 2023. In addition to the documented effects of Covid-19 on physical health, majorities of participants in focus groups and community surveys reported adverse effects on social connection and mental health. Key informants described challenges arising from Covid control measures, including reduced morale and difficulty maintaining operations.

Wildfire. Plumas County experienced three major wildfire events simultaneously with the Covid-19 pandemic: the North Complex fire in 2020 and the Beckwourth Complex and Dixie fires in 2021. No Plumas County residents died as a direct result of those incidents, but their large scale, long duration and overlap with Covid-19 affected life throughout the county. The Dixie fire was one of the largest wildfires in California history and the first to burn across the Sierra Nevada. It destroyed three Plumas County communities and about 5% of the county's housing units and spurred movements of thousands of people through evacuations, loss of housing and the arrival of responding personnel. The disruptions of housing and healthcare resulting from the fire may have facilitated spread of Covid-19. Air pollutant concentrations also reached unhealthy levels during the North Complex and Dixie fires. Majorities of survey respondents and focus group participants reported that the fires harmed their mental health. Loss of housing and property were reported by 12% and 17% of survey respondents, respectively.

Other impacts. Some of the effects of the Covid pandemic and wildfires are similar and consequently difficult to separate. About 25% of survey respondents reported that both events harmed their physical health, 20% reported loss of employment or income from both events, 15-18% reported lack of access to food and household needs, and 15-23% reported disrupted access to health services. Key informants described difficulties maintaining adequate staffing that affected their ability to maintain operations. Focus group participants and key informants also described needs for clear communication, access to information and coordination among responding agencies in connection with wildfires and the pandemic.

Conclusions

The Covid-19 pandemic and the wildfires of 2020-2022 were extraordinary events in the history of Plumas County. Their confluence in a short period profoundly affected the community's physical and mental health, disrupted social and economic life, and strained the ability of organizations to respond. Some of the effects of these events are likely to be long lasting. Plumas County's experience of prolonged simultaneous crises highlights the need to ensure preparedness for future disasters and build resilient organizations and communities.

Introduction

Impacts of the Covid-19 pandemic and Wildfires in Plumas County, 2020-2022

Introduction

This report examines the public health impacts of two major events that significantly affected Plumas County in recent years: the Covid-19 pandemic and the wildfires of 2020 and 2021. These overlapping crises have had far-reaching effects on health outcomes, access to care, stability, and community well-being. In particular, the Covid-19 pandemic—an historic global event—continues to shape the lives of residents in both visible and subtle ways. This report seeks to assess the local effects of that historic global event, alongside the compounded challenges brought on by widespread wildfire damage, to better understand the current health landscape and inform recovery and resilience efforts across the county.

As the pandemic continued into 2021, wildfires burned large areas of Plumas County, degrading air quality, displacing thousands of residents, and destroying communities. One of those fires, the Dixie Fire, overlapped in time with the pandemic's second major wave. During that period, Plumas County experienced the highest incidence of Covid cases and deaths seen up to that point. The simultaneous occurrence of these two major disasters and the potential for events related to the fire to have contributed to Covid transmission led us to conclude that the public health impacts of the fires should also be assessed.

Although an end to the Covid-19 pandemic has not yet been declared of this writing, it has changed character, and with it, the role of public health has transitioned from emergency response to regular management. California's Covid state of emergency, declared on March 4, 2020, ended February 28, 2023, signaling an end to the acute phase of the pandemic. In light of these changes, we judged that it was appropriate to undertake this update to capture the most severe effects of the pandemic and simultaneous wildfires.

In this report, we use a combination of quantitative and qualitative data to describe the major impacts of Covid-19 in 2020-2022 and wildfires in Plumas County in 2020-2021 in terms of direct health impacts, such as Covid cases, and impacts on external factors like housing and education that can affect health through indirect pathways. However, we recognize that a multitude of large and small impacts of these events cannot be adequately addressed in this brief report, in part because of a lack of systematic data for local jurisdictions.

With Gratitude

Plumas County Public Health Agency wishes to thank all the people and organizations that have made the 2022 Covid-19 and Wildfire Health Impacts report and process possible and meaningful. Your partnership is deeply valued and appreciated.

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Methods

This report is based on quantitative and qualitative information collected from multiple sources and analyzed with several methods. A brief summary of the sources and methods we employed for each section is presented below. Additional details are provided in the Appendix.

Covid and Wildfire History

The narrative descriptions of the Covid-19 pandemic and major wildfires and their effects were drawn largely from publicly available sources including government documents, scientific papers, academic and government websites, and news articles. Additional information not available elsewhere was obtained from the Plumas County Public Health Agency records and the Plumas County Office of Emergency Services. A bibliography of the sources we consulted is provided at the end of the report.

Covid-19 Epidemiology

The case information used in for epidemiologic analysis of Covid-19 was collected from two government sources, CalRedie and CalCONNECT. Both sources are used by the state of California to securely house Covid case and contact information. Information on vaccination was collected through the government data portal Snowflake, a program used to securely house and disseminate vaccination information. Data used for population counts was obtained from the California Department of Finance. All calculations were completed using Stata statistical software and graphs were made using the processed data in Excel.

Wildfire

Wildfire information, such as dates and damages, were collected from a variety of online sources. Air quality data including PM 2.5 were all collected from the US Environmental Protection Agency. A total of three EPA air monitoring stations are located across Plumas County. Daily means were calculated using all three testing stations for a full county picture. All calculations were completed using STATA, and all charts and graphs were made using the processed data in Excel.

Key Informant Interviews, Focus Groups, and Surveys

The information presented in these sections was obtained using a mix of qualitative and quantitative methods, including focus groups, key informant interviews, and community surveys. The key informant interviews were conducted with local decision-makers in health care and local government and with leaders from several different community-based organizations that played a role during the COVID-19 pandemic and wildfires throughout Plumas County. Focus groups were conducted in communities that were either most affected by COVID-19 and wildfires or played a role during these events. These groups included people who took part in trial addiction centers, clients and staff of Plumas Crisis Intervention and Resource Center (PCIRC), and medical professionals in Plumas District Hospital. Electronic surveys were disseminated across the community of Plumas County through connections from key stakeholders in the community. To assist those who could not access the electronic survey, paper surveys were distributed to senior services clients and community members.

The key informant interviews and focus groups were conducted online and in person. The questions for all three data-collection methods were generated from literature research on the effects of wildfires and COVID-19 in communities and an internal review with PCPHA staff rating the relevance of each question to the community. Data sources included the Journal of Forestry, Centers for Disease Control and Prevention (CDC), and the Simcoe Muskoka District Health Unit. Data analyses for the electronic and paper survey were done using the Survey Monkey tool. Inductive coding was used for the data analysis methods for focus groups and key informant interviews where the responses were grouped into general key themes.

History of Critical Events

COVID-19

The Covid-19 Pandemic in Plumas County, 2020-2022

Emergence and Initial Response: December 2019-March 2020

The disease now known as Covid-19 first emerged as a cluster of cases of pneumonia of unknown origin in Wuhan, China in December 2019. Chinese scientists identified the cause of the disease as a novel coronavirus. The origin of the virus remains unknown. By January 2020, the first confirmed cases outside of China were reported in Japan, Thailand and South Korea.

Facilitated by lack of human immunity, the newly emergent virus spread rapidly around the world in the early months of 2020. Scientific understanding of how the infection was transmitted was incomplete and neither vaccines or effective treatments existed, so the measures available initially to control the growing epidemic were non-pharmaceutical interventions similar to those used 100 years earlier in the global influenza pandemic of 1918-1919.

The World Health Organization (WHO) declared the rapidly growing outbreak a Public Health Emergency of International Concern on January 31, 2020. The WHO named the new disease Covid-19 for coronavirus disease, 2019. The virus that causes it was given the name SARS-CoV-2 for severe acute respiratory syndrome coronavirus 2.

The first known case of Covid-19 in the United States was reported January 20, 2020, in Washington state in an individual who had traveled to Wuhan, China. The first case in California (the third in the United States) was identified January 26, 2020, in another traveler recently returned from Wuhan.

The WHO declared the Covid-19 outbreak as a pandemic on March 11, 2020, followed in the United States by a presidential declaration of national emergency March 13.

The use of mass testing for infection combined with traditional infection-control approaches, such as isolation, contact tracing, and quarantine, in addition to nonpharmaceutical interventions, such as orders to stay home, business closures, and requirements for “social distancing” and the use of face masks, was widely adopted to “flatten the curve” (reduce the incidence of new cases) until a vaccine could be developed. However, basic control measures were hampered initially by global shortages of supplies and limited capacity for testing.

New York City emerged as the first major coronavirus hot spot in the United States. The healthcare system was severely impacted, and the fatality rate peaked at a level that still has not been exceeded by any other US state.

By April 2020, Covid-19 cases had been observed in most US states, and that month the United States surpassed Italy with the largest number of Covid-19 deaths recorded in any country. The CDC recommended that Americans should wear a face mask outside the home.

Covid-19 arrives in Plumas County: March-December 2020

Despite having some of the nation’s first cases, the first major waves of the Covid-19 pandemic arrived later in California than in the eastern states. California responded aggressively with measures aimed at containing the epidemic.

California Governor Gavin Newsom declared a state of emergency March 4, 2020, and ordered residents to stay at home on March 19, making California the first state to take that step.

Plumas County also responded promptly to the emerging situation, beginning well before Covid cases were identified in the county. The Plumas County Public Health Agency (PCPHA) activated a Departmental Operation Center in January 2020 and elevated it to the highest-level March 16. On March 17, the Board of Supervisors ratified the County Health Officer's proclamation of a public health emergency. During the same period, PCPHA began to develop materials for case investigation and contact tracing based on models from the CDC and created an electronic database for storing and analyzing case data.

Following the governor's stay-at-home order, Plumas County public schools moved to virtual instruction for most students. The 2019-2020 school year was terminated two weeks early and teachers received instruction in distance learning.

The first case of Covid-19 in Plumas County was identified on March 28, 2020, and announced in a March 31 press release advising the public about infection prevention. Three more cases were identified in early April, but no more were reported until late June. PCPHA's nursing staff began case investigation with the identification of the first cases and the Agency opened an Emergency Operations Center on April 1. The Plumas County Health Officer issued an order "generally requiring facial coverings" on May 13, which was superseded on June 18 by an order of the Governor requiring masks in public places statewide. [Figure C1](#) shows the evolution of the Covid epidemic-19 in Plumas County during 2020 and 2021.

Like most of the United States, Plumas County had limited ability to test for Covid-19 in the first months of the pandemic. However, PCPHA recognized early on that one of the keys to controlling the spread of infection was to get reliable PCR test results in less than 24 hours so infected people could be isolated before they spread the virus. By April 2020 Plumas County was leading all of the rural north state in the rate of PCR testing per capita, but specimens were still being sent out of the county for analysis, so results were still taking more than 24 hours, sometimes several days, to return. To address the time lag, PCPHA worked with hospital partners county-wide to implement local PCR testing that provided results in 24 hours or less.

During most of 2020, California and Plumas County followed the same general epidemic patterns as the rest of the United States with an incidence peak in July 2020 followed by several months of declining incidence. In August, PCPHA opened an online dashboard to provide the public with information about the local situation. The Covid incidence rate in Plumas County remained lower than the statewide average for most of the year, however.

In August, 2020, California introduced the "Blueprint for a Safer Economy" with the intention of providing a uniform statewide framework for loosening or tightening control measures according to the level of risk. Counties were placed into four color-coded tiers according to Covid incidence and test positivity and successively more stringent controls were imposed as counties moved up to higher risk tiers. Plumas County was assigned to the Blueprint's "minimal" (yellow) or "moderate" (orange) tiers during most of 2020 because of its relatively low incidence rates.

Plumas County public schools opened for in-person instruction in the fall of 2020 on a rotating schedule to comply with state requirements for 6-foot distancing between students. Face masks were also required indoors and out. Due to increasing case rates and staffing challenges, the schools closed early for the Thanksgiving break and did not resume in-person instruction until early in 2021.

Plumas County's first major pandemic wave occurred in the winter of 2020-2021. Covid incidence began rising in mid-October and peaked December 8 with a 7-day average over 60 per 100,000, before declining gradually through January (Figure C1). The county's first deaths from Covid occurred during this winter wave: 4 deaths occurred in December 2020, followed by four more in January and February 2021.

In response to the rapid rise in Covid cases, PCPHA hired four part-time contact tracers and a program coordinator between October 2020 and January 2021.

Due to the significant increase in Covid incidence statewide, the California State Health Officer issued a regional stay-at-home order December 5, 2020, that required non-critical businesses to close and residents to remain at home and avoid

gatherings in areas of the state where hospital bed capacity was limited. The order remained in force until January 25, 2021.

Vaccines against Covid-19 became available in Plumas County in December 2020, as they did elsewhere in the United States. PCPHA administered the first vaccine doses in the county beginning December 23.

Vaccination and Variants: 2021

Vaccine supplies were limited as 2021 began, so healthcare workers, first responders, older residents, and other groups judged to be at higher risk were initially given priority for vaccination according to criteria established by the state. To aid residents seeking vaccination, PCPHA opened an online portal for vaccination information January 27 and transitioned to the state's MyTurn vaccination scheduling platform March 8.

As supplies improved in the early months of 2021, vaccination coverage of the Plumas County population grew rapidly ([Figure C2](#)). PCPHA initially led the campaign to vaccinate the county. By June 16, 50% of the eligible population was fully vaccinated and the proportion of fully-vaccinated residents older than age 65, who were among the first in the general population to become eligible, was considerably higher.

The rate of vaccination reached a plateau in early June, however, and vaccine coverage grew slowly afterward ([Figure C2](#)). Uptake was notably slower among younger adults aged 18-64 and among adolescents, who became eligible in May 2021. Vaccination coverage was added to the Blueprint for a Safer Economy in March as an additional determinant of tier assignment.

Covid incidence in Plumas County declined significantly in the spring months of 2021 and remained low through July. Public schools resumed in-person instruction in stages during the spring months as state restrictions were relaxed, and all students were back on campus by April. Masking continued and student athletes and coaches were tested regularly for Covid, as the state had identified participation in sports as a high-risk activity.

With declining case numbers and increasing levels of vaccine protection across California, the Governor announced the termination of the Blueprint for a Safer Economy and related measures on June 15, 2021. On the final day of the Blueprint, Plumas County had been in the orange "moderate" tier for 14 weeks, since March 8, despite low Covid incidence because of slow growth in vaccination coverage.

On July 6, 2021, Plumas County's first Covid case known to be due to the delta variant of the coronavirus was reported. The delta-variant wave that followed in August would account for more Covid cases in Plumas County than had occurred since the beginning of the pandemic: the cumulative number of cases in the county more than doubled between August 1 and October 15. In contrast to most of California, Plumas County's Covid incidence rates then reached higher levels than at any previous time and did not peak until mid-October, when the 7-day average incidence rate surpassed 100 per 100,000 ([Figure C1](#)). At times during this period, Plumas County had the highest Covid incidence among all California counties. In response, the County Health Officer again issued an order requiring the use of face masks in indoor public spaces on August 30, 2021. Hospitalizations and deaths also reached a peak during the delta-variant wave ([Figure C3](#)). More Covid deaths (13) were recorded in Plumas County from August to November 2021 than had occurred since the start of the pandemic.

The Dixie Fire, which burned from July 13 to October 25, coincided with the delta wave of the pandemic in Plumas County ([Figure W1](#)). The fire and its impacts are described in more detail in the [Wildfire in Plumas County](#) section of this report. The movement of large numbers of people, including residents, visitors, and emergency responders, into, out of, and around the county during the fire is likely to have exacerbated the spread of Covid infection. Cases of the disease were recorded in firefighters and law enforcement personnel, in shelters, and among people evacuated to temporary housing.

During the fire, PCPHA personnel staffed key roles in the county Emergency Operations Center and provided support for vaccination and infection control in fire camps and evacuation shelters. The Agency's resources were severely taxed by the demands of responding to two simultaneous emergencies. The pandemic response was further hampered by

periodic power outages that interrupted operations, while evacuations and transportation disruptions exacerbated staffing challenges. In addition, most of the contact tracing team hired in the previous winter had left the agency when case numbers were low, so case investigation and contact tracing became particularly challenging due to large numbers of new infections, staff shortages, and fire-related disruptions.

The Dixie Fire also delayed the opening of K-12 schools in Plumas County. In contrast to the previous year, state policy for K-12 schools emphasized maintaining in-person instruction despite the risks related to the Covid pandemic, so when schools were able to open, they did so under state-mandated requirements that included universal use of face masks by students and staff. PCPHA provided Plumas County public schools with technical advice on testing and infection control and supported the schools' infection control efforts. Testing of athletes continued, initially by PCR at local hospitals and later with antigen tests by school nurses. The increasing availability and acceptance of antigen tests later in the school year facilitated regular testing of several hundred individuals. Although athletes are not necessarily representative of the general student population, the large number of repeated tests provided valuable information on the local epidemiologic situation. When school-related cases were identified, school nurses generally handled case investigation and contact tracing within the schools, while PCPHA performed those functions for contacts outside of school. Although several Covid outbreaks occurred and some classrooms were temporarily closed, Plumas County schools remained open throughout the 2021-22 school year.

Covid case numbers in Plumas County diminished gradually following the peak of the delta wave in October but were still above pre-delta levels when incidence began to increase again in conjunction with a new pandemic wave associated with the highly-transmissible omicron variant affecting California. The targets for lifting the local health order requiring face masks indoors had not yet been met at the time the omicron wave began, so that order was superseded by a statewide mandate effective from December 15, 2021, through February 28, 2022. As in the rest of California, in Plumas County, the omicron wave resulted in the highest Covid incidence rates yet recorded, peaking at over 200 per 100,000 late in January 2022 ([Figure C1](#)). Two additional deaths associated with the omicron wave were recorded in January and February 2022. The omicron wave was short-lived relative to previous epidemic surges and by March 2022 Covid incidence had returned to low levels. Nevertheless, the high incidence during omicron period accounted for nearly half of the Covid cases observed in Plumas County since the beginning of the pandemic.

A New Phase: Early 2022

By the early months of 2022, there were indications that the pandemic and the public health response to it were entering a new phase. Despite the high incidence of new cases, the omicron wave did not lead to significant increases in hospitalizations ([Figure C3](#)) or deaths, suggesting that partial immunity from vaccination and prior infection prevented severe disease, and perhaps that the virus was evolving to be less virulent. The arrival of new oral anti-viral medications that had been approved in December 2021 also offered the promise of treating infected individuals at home and avoiding hospitalization.

These developments in conjunction with expanding availability of over-the-counter antigen test kits offered the potential to transition infection control efforts from previous approaches based on public health orders to an approach emphasizing education, home testing, and individual responsibility. On February 18, 2022, PCPHA issued a press release announcing that it would shift the focus of its response from investigating all cases and their contacts, to controlling outbreaks, increasing access to vaccination, testing, and treatment, and informing the public.

From Emergency Response to Management: March-December 2022

The character of the pandemic continued to change in 2022. Subvariants of omicron, mainly BA.4 and BA.5, became dominant and were the probable cause of a wave of Covid cases that peaked in July. Data from various sources suggested that the new subvariants caused less severe disease but were more transmissible and able to evade immunity compared to earlier variants. Nevertheless, the incidence rate in the 2022 summer wave remained lower than during the Omicron and Delta waves before it.

Home antigen testing became progressively more common during the year. While self-testing can help to control disease transmission, its widespread adoption reduced the ability to track Covid incidence because, in contrast to hospital-based PCR testing, home test results are not usually reported to public health. Case counts and incidence rates

based on reported PCR test results in 2022 are believed to be valid indicators of trends but underestimate the true incidence of new cases.

As an alternative way to monitor the occurrence of new Covid cases, PCPHA initiated a partnership with the American Valley Community Service District in Quincy and the California Department of Public Health for surveillance of virus concentrations in wastewater. Wastewater surveillance has several advantages because it includes entire communities and does not depend on individuals' choices to seek testing. Concentrations of the SARS-CoV-2 virus in wastewater have been shown to be strongly correlated with Covid-19 incidence. The relationship between recorded Covid incidence and virus concentrations in wastewater for the Quincy area is shown in [Figure C4](#).

Consistent with the changed nature of the pandemic, PCPHA's approach to managing Covid in the latter months of 2022 emphasized public education for prevention and connecting eligible individuals with treatment. PCPHA continued to promote vaccination as the best means to prevent serious diseases. Overall vaccine coverage continued to grow slowly, reaching only 55% (61% of adults age 18 and older) by late December. However, the uptake of new, bivalent vaccine boosters, which became available during the year, was encouraging; approximately 20% of vaccinated individuals had received a bivalent booster by the end of December.

The number of reported Covid cases in Plumas County declined steadily in the Fall of 2022 and no significant new waves of infection were observed by the end of 2022. despite a modest increase in incidence starting in November in other parts of California and the United States.

By the end of 2022, state officials began to express optimism that the end of the Covid pandemic might be near. The Governor announced that the state of emergency he declared in March 2020 would be terminated after February 28, 2023, ending nearly 3 years of emergency response by PCPHA and other public health agencies.

Descriptive Statistics

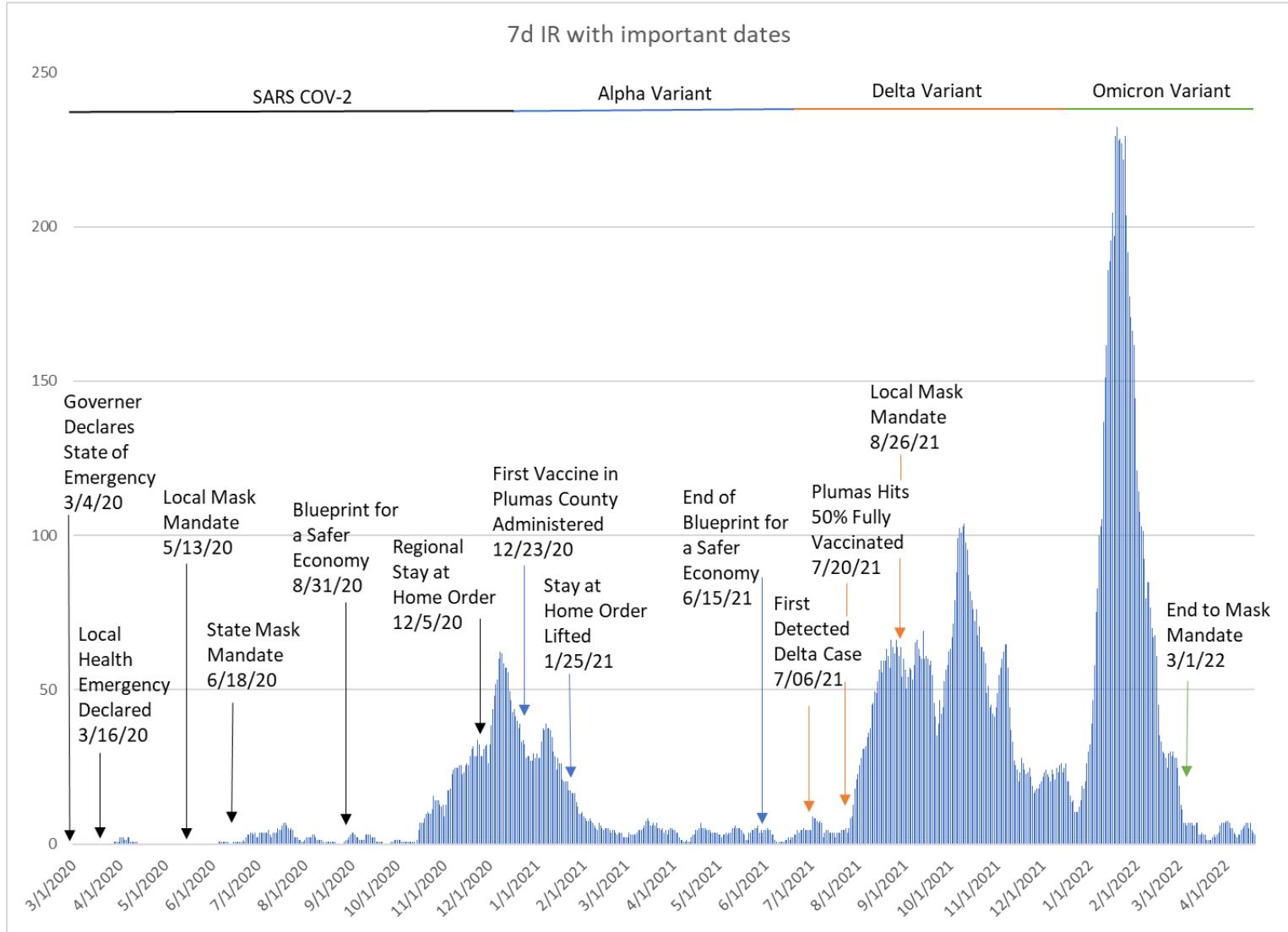
A statistical summary of the Covid-19 pandemic in Plumas County in 2021 and 2022 is given in the following charts and tables. Data from 2022 are not included unless otherwise noted because case counts from that year are significantly underestimated due to the increased use of home antigen testing.

As of December 31, 2022, 4305 Covid-19 cases and 19 Covid deaths had been reported in Plumas County. Covid became the third leading cause of death (after heart disease and cancer) in Plumas County in 2021. The actual number of cases, including those never reported to public health, is likely to have been higher, as noted above.

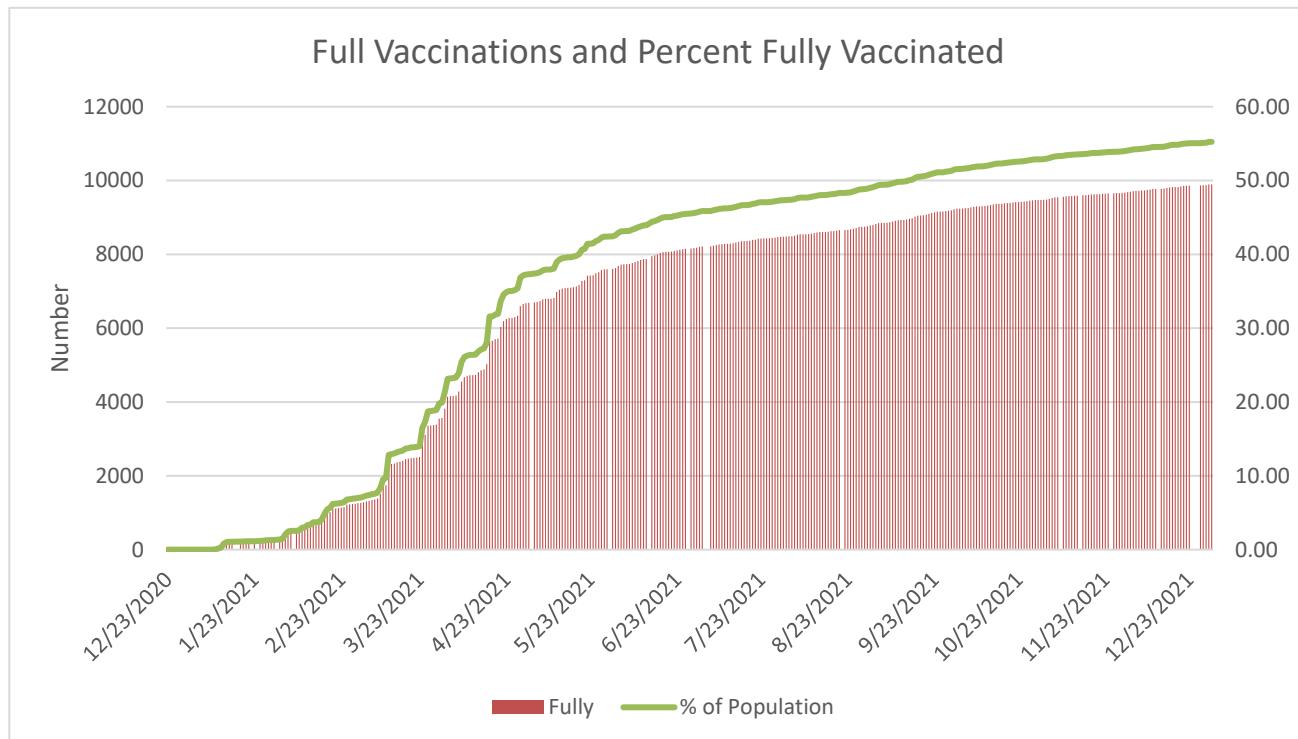
The incidence of Covid cases was higher among women than among men ([Figure C5](#)), and among both children and adolescents younger than 18 and adults age 35-44 compared to other adults ([Figure C6](#)). The lowest incidence was reported among adults age 65 and older. Covid incidence was similar for non-Hispanic white and Hispanic ethnic/race groups ([Figure C7](#)). Incidence was higher for other ethnic/race groups, particularly Native Hawaiians and Pacific Islanders ([Figure C7](#)), but population sizes and case numbers are small for all but non-Hispanic white and Hispanic groups, however, so their estimated incidence rates are uncertain, as indicated by wide 95% confidence intervals. Covid incidence varied geographically across the county, with the highest rates in the census tract that includes Quincy ([Figure C8](#)).

Figures

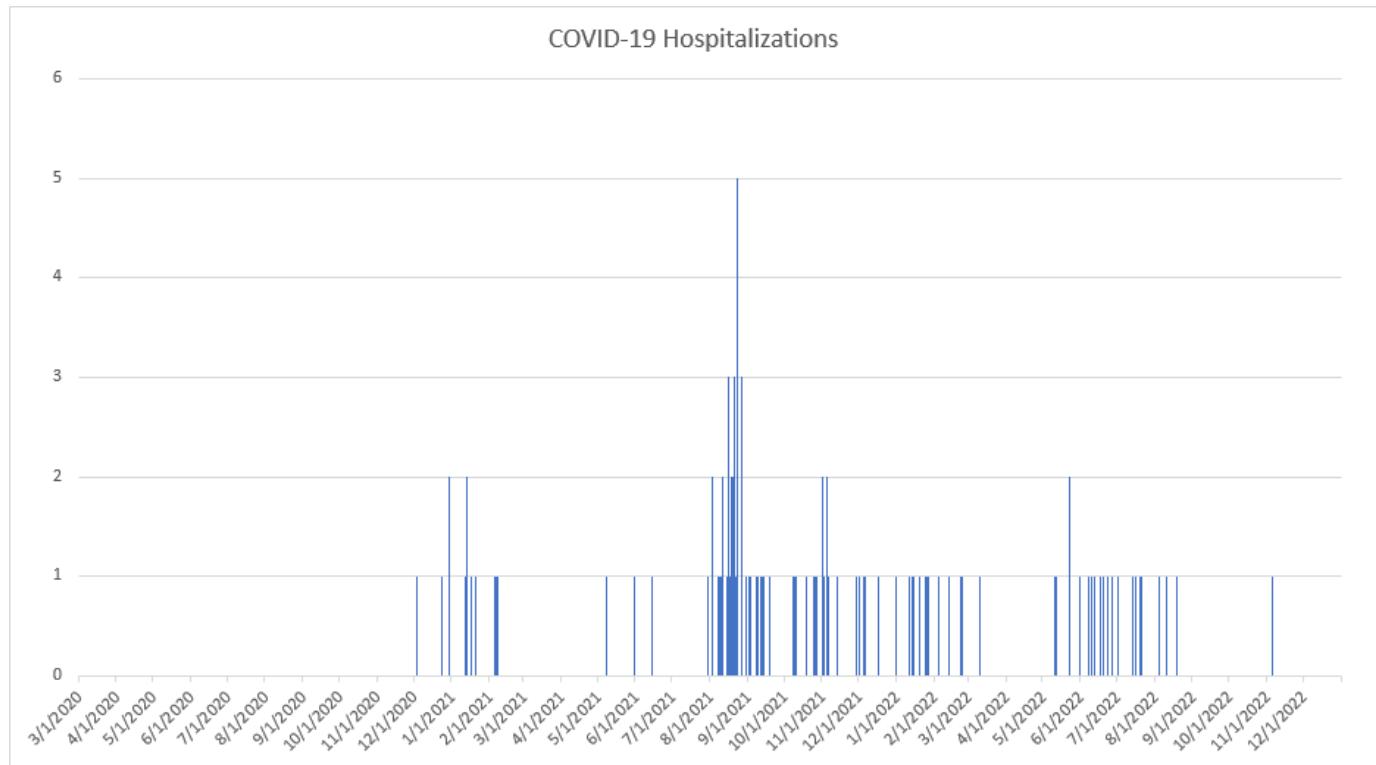
C1. Epidemic curve March 2020-March 2022 including milestone dates and variant timeline.



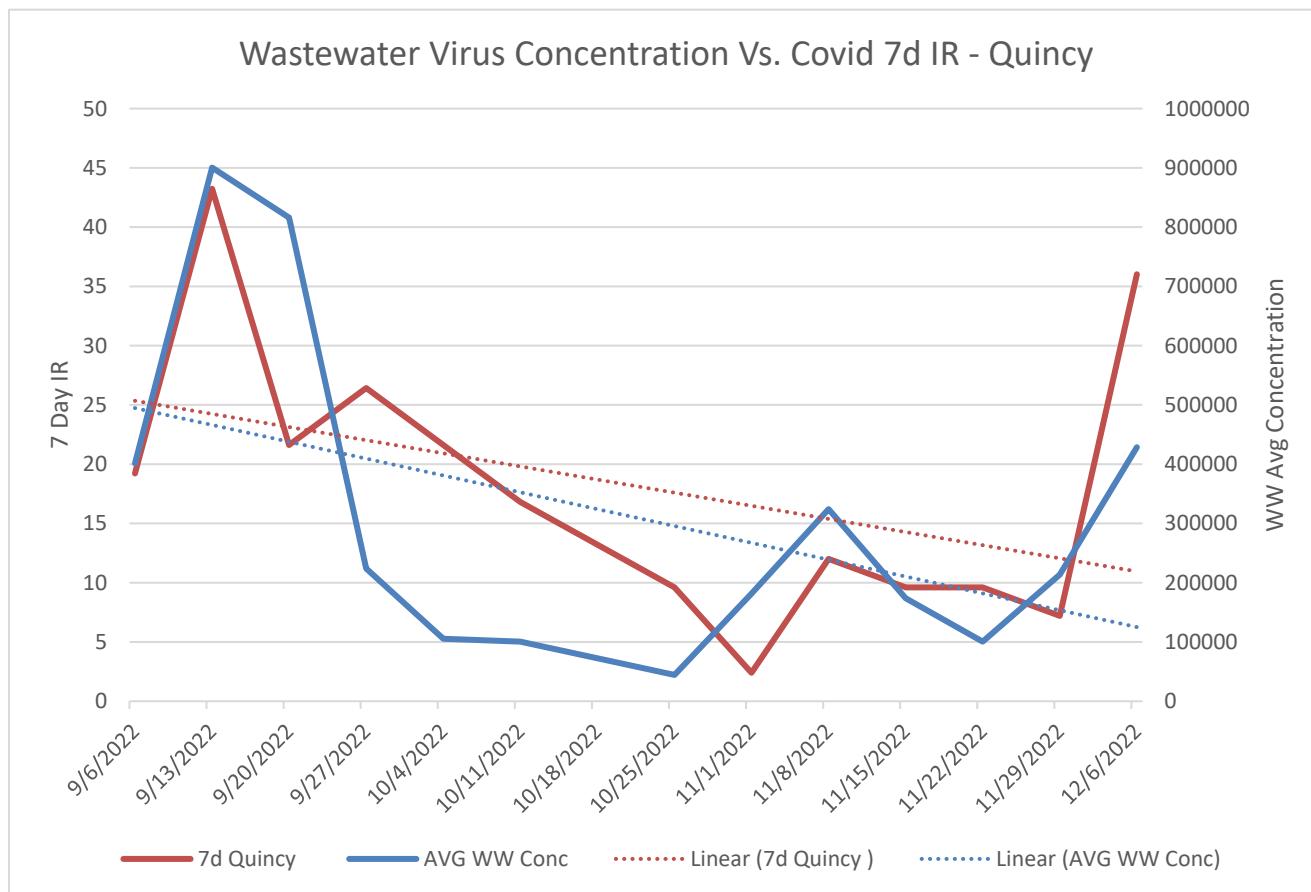
C2. Vaccination coverage, December 2020-December 2021



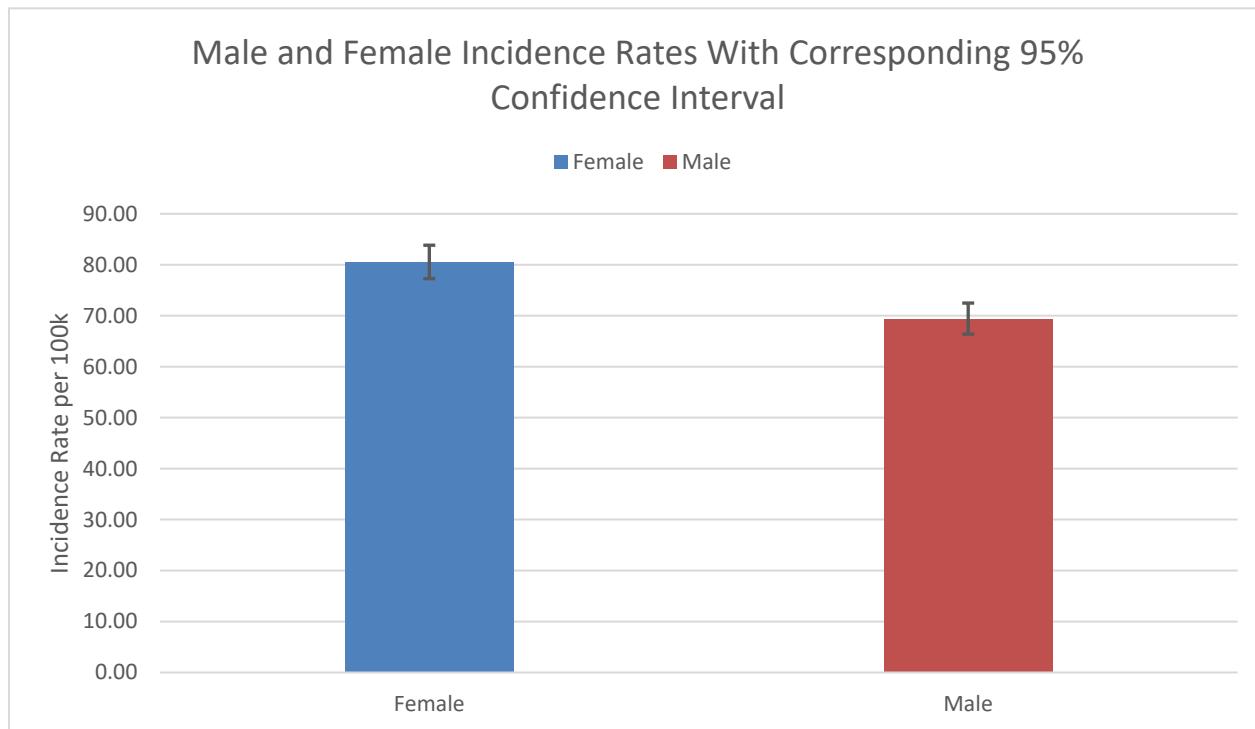
C3. Covid hospitalizations



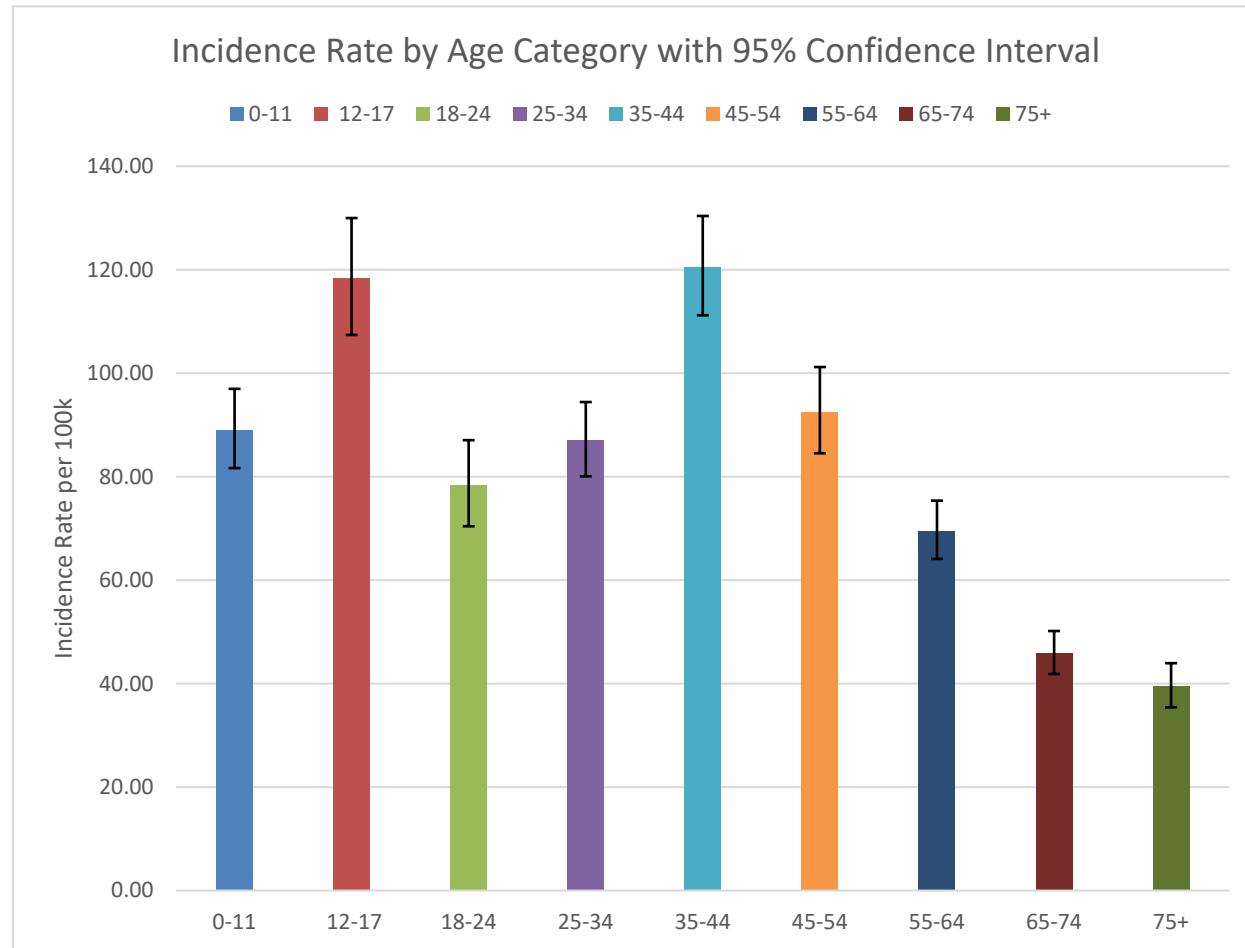
C4. Relationship of SARS-CoV-2 concentration in wastewater and reported Covid-19 incidence for Quincy, California



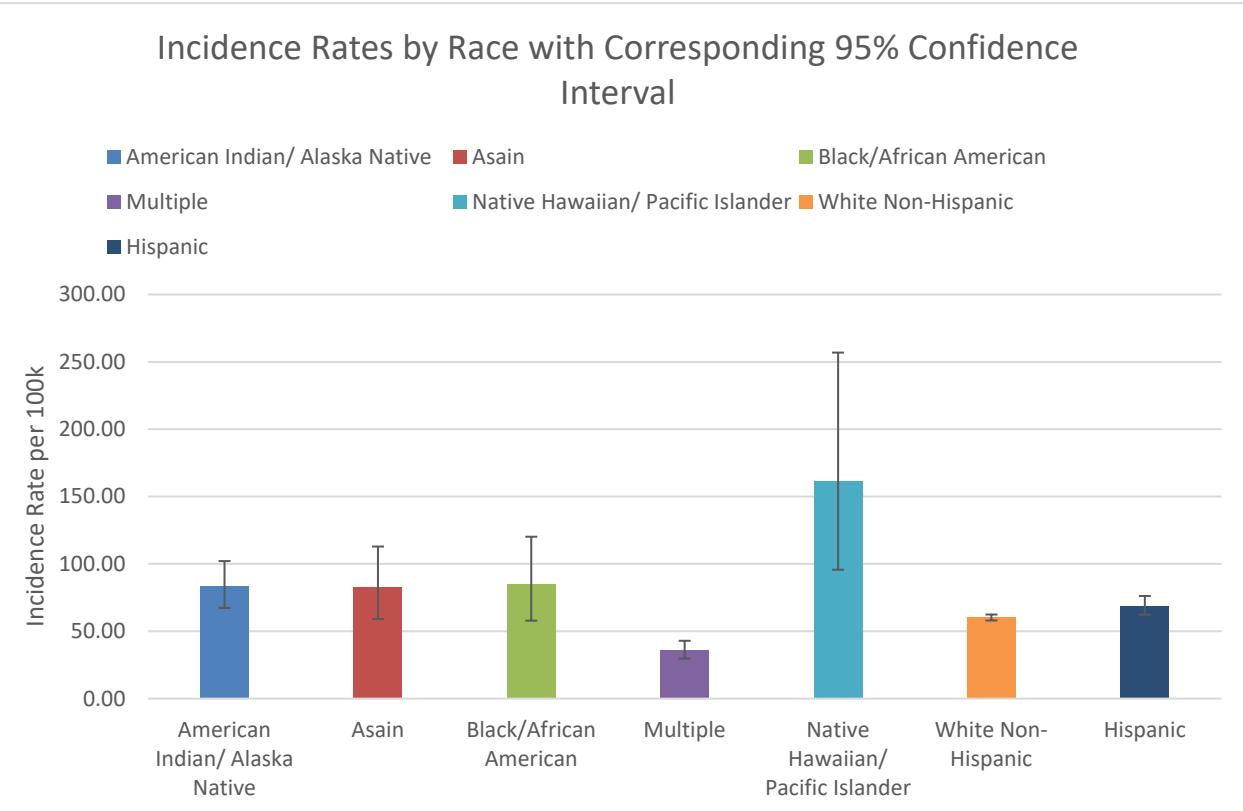
C5. COVID Case Rates by Sex



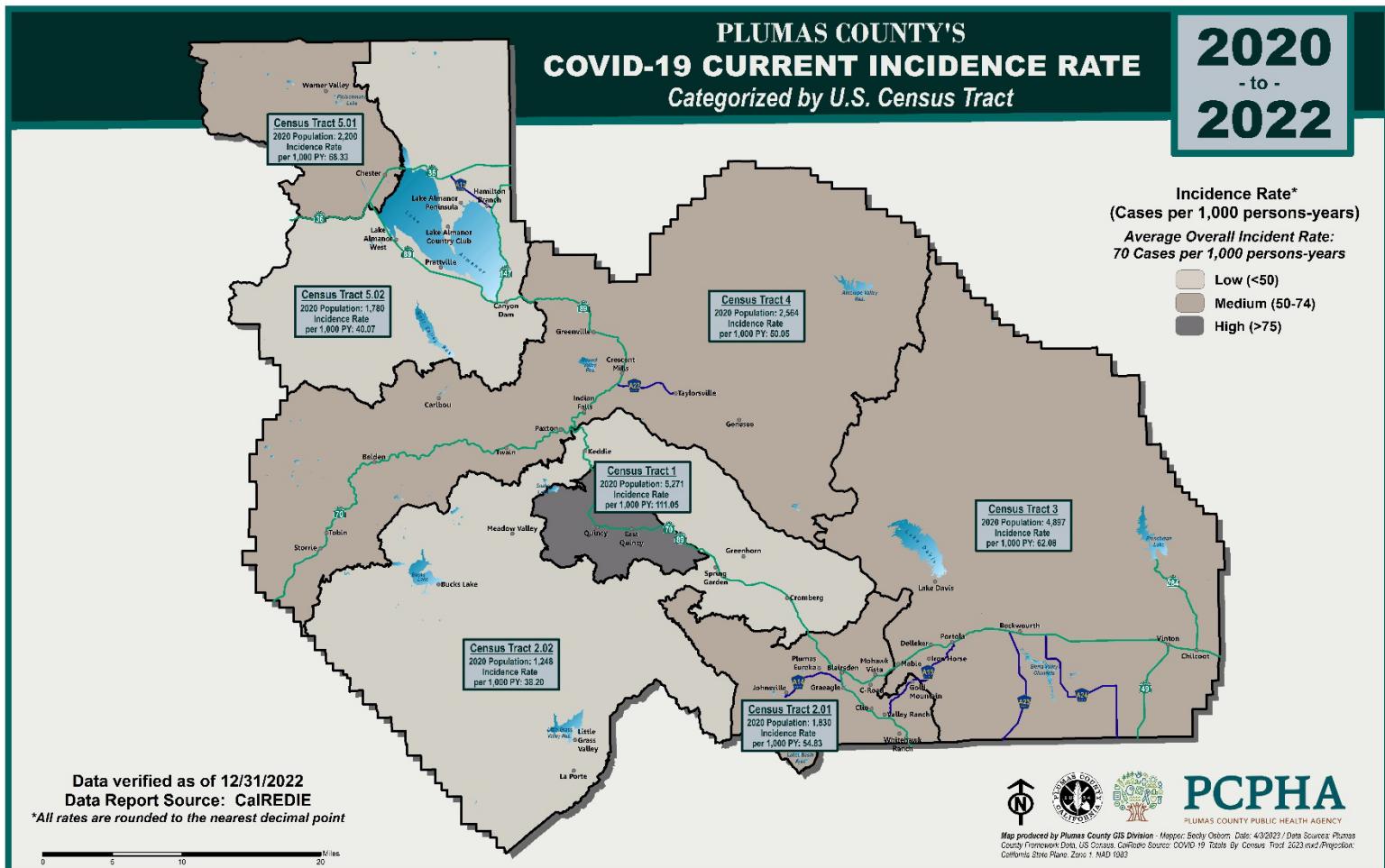
C6. COVID Case Rates by Age



C7. COVID Case Rates by Race



C8. COVID Rates by Geography



Wildfire in Plumas County

Wildfire in Plumas County, 2020-2022

The years 2020 and 2021 were extraordinary years for wildfires in California. Plumas County was impacted by major fires both years and their timing coincided with first years of the Covid-19 pandemic, as shown in [Figure C4](#).

Wildfire in 2020

The 2020 fire season was the most severe in California's modern history according to the California Department of Forestry and Fire Protection. Over 4.2 million acres burned across the state. Multiple fires were ignited by lightning August 16-17, including the state's largest recorded wildfire, the August complex fire, which burned over 1 million acres in 7 counties.

Plumas County experienced one major wildfire in 2020. The **North Complex** fire began from multiple fires started by lightning August 17, 2020, in the Plumas National Forest. The two largest fires, the Claremont and Bear fires, began near the Middle Fork of the Feather River. The Claremont fire initially burned toward the northeast, leading to mandatory evacuations in East Quincy, Spring Garden, Greenhorn and Sloat. The Bear fire was allowed to burn for a time because its relatively small size and remote location were considered to be lower priorities for limited firefighting resources. The Bear and Claremont fires merged September 5 and were driven rapidly to the southwest by strong winds. The Plumas County community of La Porte and several communities in Butte County were then evacuated. The fire destroyed the Butte County towns of Berry Creek and Feather Falls, and 16 residents of those communities died. The North Complex fire eventually burned 318,935 acres and destroyed 2471 structures in Plumas and Butte Counties before being contained November 30, 2020.

Wildfire in 2021

2021 was another exceptional year for wildfires in California. Multiple fires attributed to low snowpack, drought and heatwaves burned over 2.5 million acres in the state between January and November, resulting in loss or damage to over 3000 structures, 3 fatalities, and deteriorated air quality across wide areas.

In 2021, Plumas County experienced two major wildfire incidents. The **Beckwourth Complex** fire started as two separate incidents: the Dotta fire and the Sugar fire were ignited by lightning June 30 and July 3, respectively, near Beckwourth in eastern Plumas County. The Sugar fire became the largest incident and eventually burned northeastward into Lassen County. Most of the area affected in Plumas County was in the Plumas National Forest and adjacent sparsely-populated areas. However, evacuation orders were issued for the community of Beckwourth and for residential and recreational areas around Frenchman Lake. An evacuation shelter and a fire camp were established in Portola during the fire. Communities in Lassen County along US Highway 395 were also evacuated, and structures were destroyed in the community of Doyle. The Beckwourth Complex fire ultimately burned 105,670 acres and was fully contained September 22, 2021.

The **Dixie** fire started July 13, 2021, in the Feather River Canyon in Butte County and eventually burned 963,309 acres in Butte, Plumas, Lassen, Shasta and Tehama Counties before it was contained October 25, 2021. The area burned in Plumas County alone was 768,130 acres, equivalent to 47% of the county's land area. CalFire investigators subsequently determined that the fire was caused by power lines owned by Pacific Gas & Electric. The Dixie fire was the first wildfire known to have burned across the Sierra Nevada crest. It was largest single (non-complex) fire and the second-largest wildfire overall in California history after the August Complex fire of 2020.

Wildfire in 2022

No major wildfires occurred in Plumas County in 2022.

Wildfire Impacts

Although no Plumas County residents died as a result of the wildfires in 2020 and 2021, the long duration and massive size of the Dixie fire, in particular, affected every region and nearly every aspect of life in Plumas County.

Population and Housing

The Dixie Fire triggered major movements of people due to evacuations, destruction of housing, and an influx of responding personnel. At least 25,000 people were evacuated during the course of the fire, including summer visitors and a large proportion of the Plumas County population. Thousands more were subject to evacuation warnings. Shelters for evacuated residents were opened in Quincy, Portola and Chester. The Chester shelter was evacuated to Susanville when the fire threatened the Chester area. PCPHA's Senior Services Division provided transportation assistance to citizens in need during the evacuations.

The response to the fire also brought large numbers of people into Plumas County. On average, 5500 firefighters, most from outside the area, were deployed daily during the fire. The main fire camp in Plumas County operated at the Quincy Fairgrounds from July 24 until the fire was contained. Spike camps were set up in other areas, including near Taylorsville. In addition, 150 Law Enforcement Mutual Aid officers from outside the county and 75-150 National Guard troops assisted with the response.

The Dixie fire had significant impacts on housing. A total of 1311 structures, including 779 residential units--about 5% of the county's housing stock--were destroyed and the Plumas County communities of Greenville, Canyon Dam and Indian Falls were decimated. Approximately 550 housing units were lost in Greenville alone. These losses are particularly significant given that a lack of affordable housing was cited as a challenge in the 2020 CHA. Data from the annual Point in Time survey of homelessness indicate that total homelessness in Plumas County increased by 14% from January 2020 to January 2022, with 29 individuals (22.5% of the county's homeless) rendered homeless as a result of the fire. Although numbers are not available, displaced people were seen camping on public land and other undeveloped areas following the fire.

Health Care

Health care throughout the county was also affected by the Dixie Fire. Plumas District Hospital (PDH) was forced to close July 19-20 due to a power outage and generator failure. PDH inpatients were relocated to Eastern Plumas Health Care (EPHC) in Portola July 22-26, due to evacuation warnings. Evacuation warnings also required residents of Seneca Healthcare's skilled nursing facility (SNF) to be transferred to Chico from July 22-August 2. Emergency departments at PDH and Seneca remained open during these evacuations. However, mandatory evacuation orders issued August 3 required Seneca's nursing facility and hospital to close completely and all residents and patients to be transferred again. The hospital reopened August 21 followed by the SNF August 30. The Senior Services Division assisted in transporting hospital patients and SNF residents to safe facilities. EPHC was not directly affected by the fire but was at full capacity while PDH patients were housed there. The Greenville Rancheria's medical and dental clinics were completely destroyed, requiring patients to travel to Red Bluff for care. A Careflight ambulance facility in Greenville was destroyed.

Air Quality

The wildfires in 2020 and 2021 caused marked deteriorations in air quality in Plumas County and beyond. From the start of the North Complex fire in August 2020, the 24-hour average concentration of fine particulate matter (particles less than 2.5 micro-meters in diameter, known as PM-2.5) exceeded the EPA air quality standard on 44 days, including 21 consecutive days immediately after the start of the fire.

During the Dixie fire, the EPA air quality standard was exceeded on 54 days, including all but 3 days in July and August, 2021, immediately following ignition of the fire.

Plumas County experienced some of the worst air quality in the world during the North Complex and Dixie Fires, with maximum daily PM-2.5 concentrations more than 10 times the EPA standard (35 micrograms per cubic meter) on some days. Air quality data for Plumas County are overlaid with the dates of wildfires and Covid-19 case rates in Figure W1. Distant areas downwind of the fires, including San Francisco and Salt Lake City also registered dangerous levels of air pollution.

Exposures to wildfire smoke like Plumas County experienced in 2020 and 2021 can have short- and long-term consequences for health. Wildfire smoke is a complex mixture of gases and solids with hundreds of components, including known carcinogens. Fine particles are the most important component from a health perspective. Particulate air pollution can cause premature death, lung cancer, heart attacks, asthma attacks and other respiratory disorders. There is also evidence that exposure to particulate air pollution can increase the risk of Covid-19.

Other Impacts

The major wildfires in 2020 and 2021 significantly affected many other aspects of life in Plumas County. Portions of Plumas National Forest, including roads and trails, were closed during the fires, affecting opportunities for recreation, work in the forest, and access to public and private lands. Recreational areas at Bucks Lake, Lake Almanor, Lake Davis and Frenchman Lake also experienced closures.

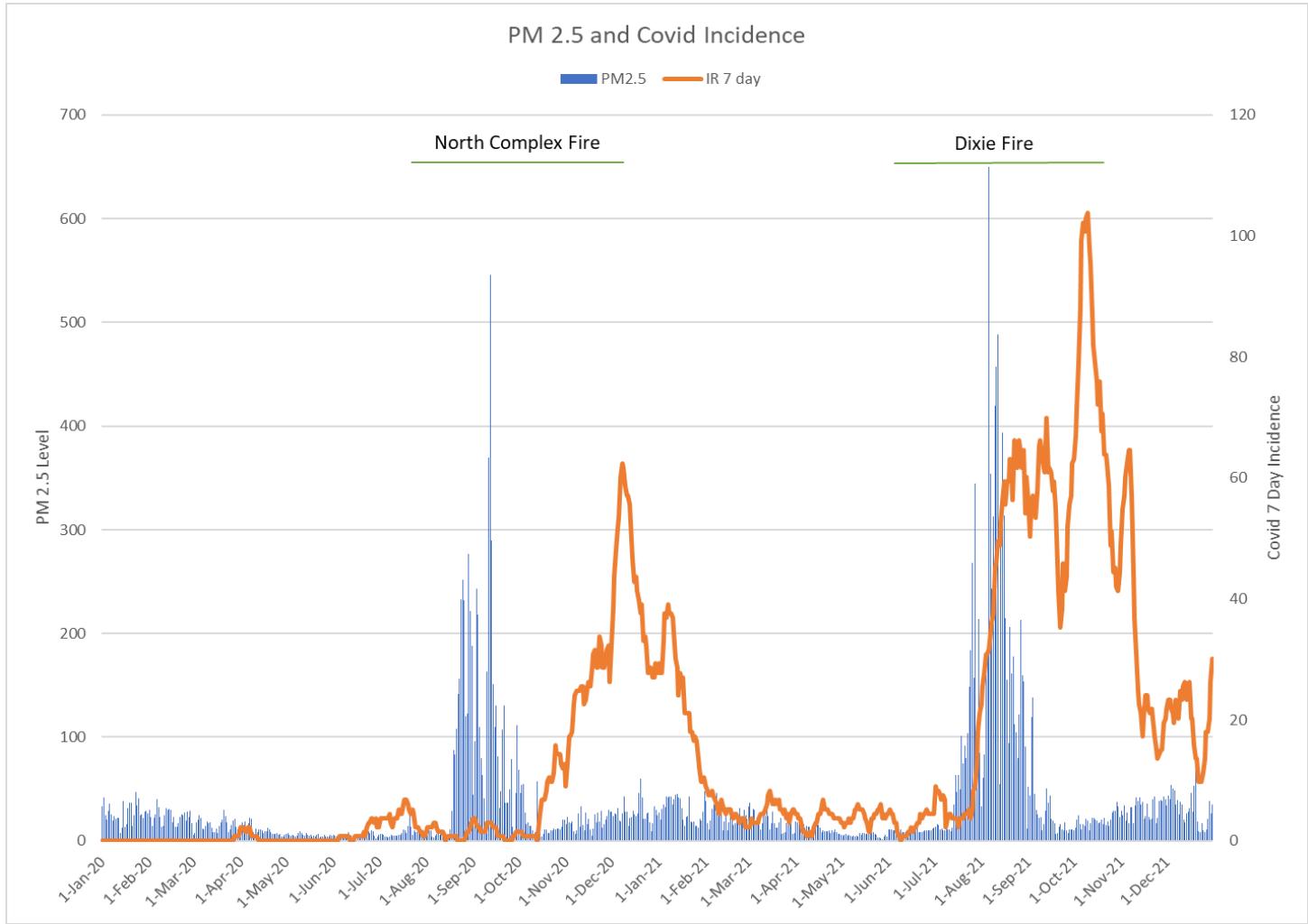
At various times during the Dixie Fire, most Plumas County schools were either evacuated or in evacuation warning zones. Some displaced students were assigned to attend other schools, while schools had difficulty locating others. Although the school buildings in Greenville survived the Dixie Fire, they remained closed for instruction for the school year following the fire while students attended school in Taylorsville or Quincy.

The fires caused widespread closures of roads and highways within and into Plumas County. At times, portions of US 395, state highways 70, 89 and 36, and numerous county roads were closed, with some closures lasting months. Road closures resulted in significant transportation delays during and after the fires, slowing evacuations and the transfer of hospital patients from affected areas, as well as travel and movement of goods.

Several areas of the county were also affected by power outages. Outages resulted from both damage to infrastructure and preemptive shutdowns by Pacific Gas & Electric. Health-related impacts of power outages included the temporary closure of Plumas District Hospital, noted above, and a one-day suspension of regular operations in the county Courthouse Annex Building, including the Public Health offices.

Figures

W1. Wildfire and Covid overlay, January 2020-December



Key Informant Interviews

SUMMARY

Nine key informant interviews (KII) were conducted between August 23, 2022, to October 12, 2022, in Plumas County to assess the effect of COVID-19 and wildfires in the community. The following organizations provided representatives to take part in the KII: Eastern Plumas Healthcare, District Attorney Office, Continuum of Care, Plumas Unified School District, Plumas Crisis Intervention and Resource Center, Plumas District Hospital, Plumas County Behavioral Health, and Rethink Industries. The key informant interviews asked questions relating to the change in daily operations, top concerns about COVID-19 and wildfires, and other factors that were either useful or needed during the COVID-19 pandemic and/or the wildfires, which will be the three main topics of discussion for this report.

Covid-19 control measures were the most frequent theme related to changes in daily operations for each organization. COVID-19 control measures would be defined here as any topic related to but not limited to quarantine, shutdowns, vaccine mandates, effects of in-person services, and any other policy that was enacted for controlling the spread of COVID-19 in the community.

For control measures relating to masking and getting vaccinated, the informants stated observations of frustration within their community and their employees, which created division and lower morale within the community. For social distancing control measures, telehealth and virtual services like zoom became a necessity; however, connectivity challenges became an issue for conducting services, and some tasks became difficult to conduct such as deploying hospital resources to areas low in provisions, according to the respondents. Informants also reported that many projects and services from their organizations were dropped or delayed due to COVID-19 regulations/restrictions. The lack of in-person services also caused stress for the interviewees, their coworkers, and their clients.

The second major theme was staffing. Services, overwork, and virtual/remote work were the other three themes that were expressed heavily in the KII, however, these topics overlap with staffing, so these three themes are discussed here in the context of staffing. With many activities shifting to virtual work, this created challenges for communication and working collaboratively within their respective organizations. Some were technologically adept, but others were not, which made things difficult for staff to keep up with services. There was also difficulty recruiting and retaining staff since many left during the pandemic and wildfires. Some lost their homes and never came back with the remaining staff, organizations that work for Plumas County were overburdened and had a heightened sense of anxiety and tension that took a major toll on employees' mental health.

With respect to Covid-19, informants commented that if they lost or continued to lose staff members from their organizations, they would have had to close down for a period of time. Some organizations were able to acquire staff outside of the county, but the cost was high and did not necessarily lead to higher-quality services.

Similar concerns were expressed about the effects of wildfires. Informants mentioned the difficulty of recruiting and retaining staff since few eligible applicants are available in Plumas County to fulfill the roles needed for each organization. They also expressed concern for their employees' mental health since some commented that their employees now have trauma-inducing triggers whenever they hear fire trucks. They explain that their employees fear for their loved ones and their possessions whenever there is a possibility of a wildfire in the community.

Housing was not a top concern for COVID-19, but it was the second concern for wildfires. According to the interviewees, many people, including staff, students, and clients, lost their homes during the wildfires, which caused displacement in

the community. The respondents mentioned that this displacement has made recruitment and operations difficult for their organization.

The top two services that every key informant thought were helpful and needed during the pandemic and the wildfires were communication and information. According to the informants, the COVID-19 response from the federal and state levels was confusing. County leadership was also slow to respond and not clear or timely with decisions in their opinion. They commented that a unitary voice from the county with helpful messages in response to COVID-19 would have been useful during the pandemic. They also stated that a public information officer at the county level to funnel communication, and faster real-time data would have been helpful to keep residents informed. According to the interviewees, it also would have been helpful to have people assist residents in navigating access to available resources and information. For example, housing navigation after the wildfires would have been helpful for survivors who lost their homes. Informants also commented on the challenges of accessing state resources. There was confusion about what resources an organization provided, which led to wasted hours on administrative work. They also explained that guidance on the use and reporting of COVID-19 funding resources would be helpful as well. The informants stated that accurate information that was shared with the public during the pandemic and that weekly meetings with public health, quick communication with the governor through CalOES, and daily debriefs with public health were helpful during the pandemic and wildfires.

[See Appendix I for Key Informant Interview Data Analysis](#)

Focus Groups

SUMMARY

A total of five focus groups were conducted throughout the county between October 2022 to November 2022. These five focus groups included populations who were directly or indirectly affected by the wildfires or COVID-19 or who cared for people affected by these events, including clients from Plumas Crisis Intervention and Resource Center (PCIRC); staff from Plumas District Hospital (PDH), Eastern Plumas Healthcare (EPHC), and PCIRC; and people who participated in Plumas County's trial addiction center. The groups were asked to assess how COVID-19 and/or the wildfires have affected their lives personally and the lives of their community. Questions on what would have been helpful during the pandemic and/or wildfires was also asked during the focus groups. Because the pandemic and wildfires overlapped in time, the questions did not attempt to separate their effects.

The top three concerns voiced in all 5 focus groups, were mental health, fear, and stress; lack of resources, services, and amenities; and communication, information, and coordination.

The topic of mental health, fear, and stress came up whenever the question of how group participants were affected by COVID-19 and/or the wildfires was introduced. Of the wildfire events that had occurred in the previous 3 years, participants indicated anxiety and stress if there were any potential indications of a wildfire outbreak. Feelings of anxiety, stress, fear, grief, depression, and post-traumatic stress disorder (PTSD) were mentioned when recounting these events. Participants also mentioned that COVID-19 prevented them from connecting or reaching out to family or friends to cope or working through loss. According to focus group participants, the pandemic also instilled fear of contracting the disease in the minds of children, adults, and the elderly. Focus group participants also recounted the lack of mental health and social services in the area to help them after the traumatic events had passed. They also stated that due to these events, people who still have work have been overwhelmed due to the lack of staffing in their workplaces, which has caused mental fatigue, stress, and burnout.

The topic of the lack of resources, services, and amenities also came up in connection with the effects of COVID-19 and/or wildfires. In all the focus groups, participants mentioned that there was a lack of resources for daily necessities to the point that people had to travel long distances to buy essential supplies for their daily lives due to the loss of local services and amenities, such as grocery stores and manufacturing and delivery services from the effects of COVID-19 and/or the wildfires. Participants also mentioned that prices for daily necessities have gone up as shortages of food and household items continue to occur and items continue to be backordered. Lack of services also continued to be a concern as participants reported waiting 6 months for appointments for mental health, dental, medical or social service needs and having difficulty reaching service providers on the phone.

The topic of communication, information, and coordination came up during the conversations about COVID-19 and wildfires as well. The majority of participants agreed that, during the events of Covid-19 and the wildfires, strong communication about what the community needs to do and coordination between government at the local, state, and federal levels and nonprofit organizations would have been helpful. At a personal level, participants described receiving mixed messages from federal, state, and local governments on what to do during the pandemic and little to no information on the services that they could go to after the wildfires. Participants suggested that ongoing unity and collaboration between these entities before, during, and after the wildfires and COVID-19 would have been helpful since the community still needs help recovering after the major disaster events have passed.

[See Appendix II for Focus Group Data Analysis](#)

Community Survey

SUMMARY

An electronic survey about the effects of COVID-19 and wildfires in the years 2020-2022 was disseminated to the Plumas County community with the help of Public Health's community partners. This survey was available between November 2022 and December 2022. Respondents to the electronic survey could choose to respond for themselves personally, or for a business or organization. A paper version of the personal survey was distributed by Senior Services staff home visiting nurses to selected community members who were thought less likely to have access to electronic surveys.

A total of 455 electronic and paper surveys were distributed throughout the county, and a total of 186 participants answered the survey (40% response). Out of 186 participants who responded to the survey, 154 (83%) completed it. 173 respondents filled out the personal survey, and 13 respondents filled out the survey for their business/organization.

The majority of respondents to the personal survey reported that both wildfires and COVID-19 resulted in harm to mental health ([Figures S1](#) and [S2](#)). The majority also reported a loss of social connection due to COVID-19 ([Figure S3](#)). A minority of respondents reported that they were not affected by wildfire or COVID ([Figure S4](#) and [S5](#)).

Harm to mental health was the most frequently reported impact of the wildfires (61.7%), followed by a loss of social connection (35.7%) and harm to physical health (25.3%). Other wildfire impacts reported included a lack of access to food and household supplies (18.8%) and loss of employment or income (20.1%). Loss of housing was reported by 12.3% of respondents, but people who lost their housing may have left Plumas County and could not respond to the survey. [Figure S4](#) shows the respondents' reports on the wildfire's effects.

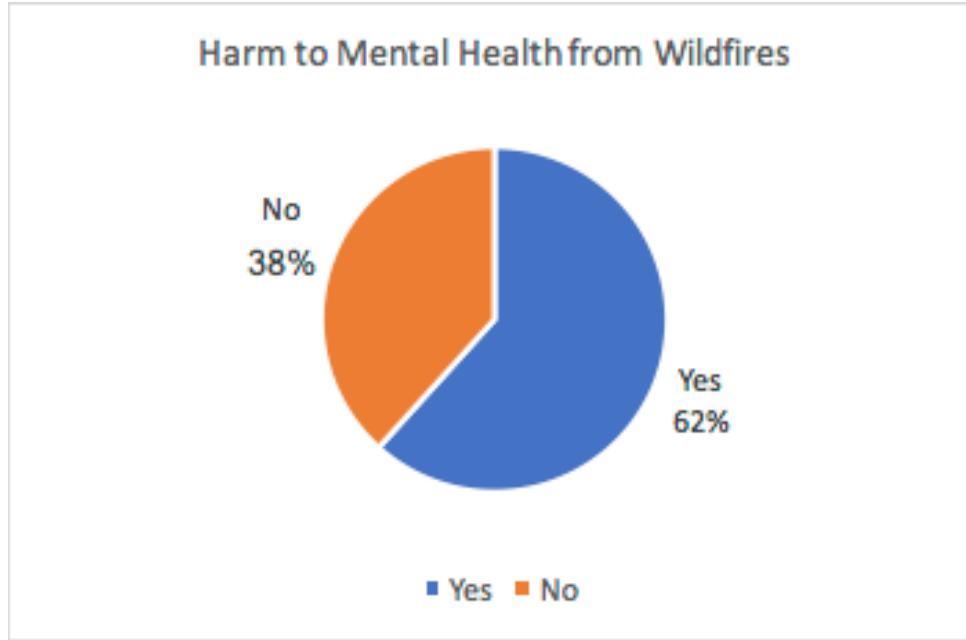
For COVID-19, the effects were similar to those of wildfires, but the loss of social connections (63%) was reported more frequently than harm to mental health (50.7%). Harm to physical health (26%), loss of healthcare access (22.7%), and loss of employment or income (20.8%) due to COVID were also reported. [Figure S5](#) shows reported effects of COVID-19.

The Business survey reported that access to information (82%) and receiving financial aid (55%) were helpful during the COVID-19 pandemic and wildfires. The answers to the other questions for the business survey were distributed almost evenly from a small pool of respondents, so the results are considered inconclusive and are omitted from this report. The total number of respondents who answered the business survey is small, so the responses may not represent the entirety of Plumas County businesses and organizations.

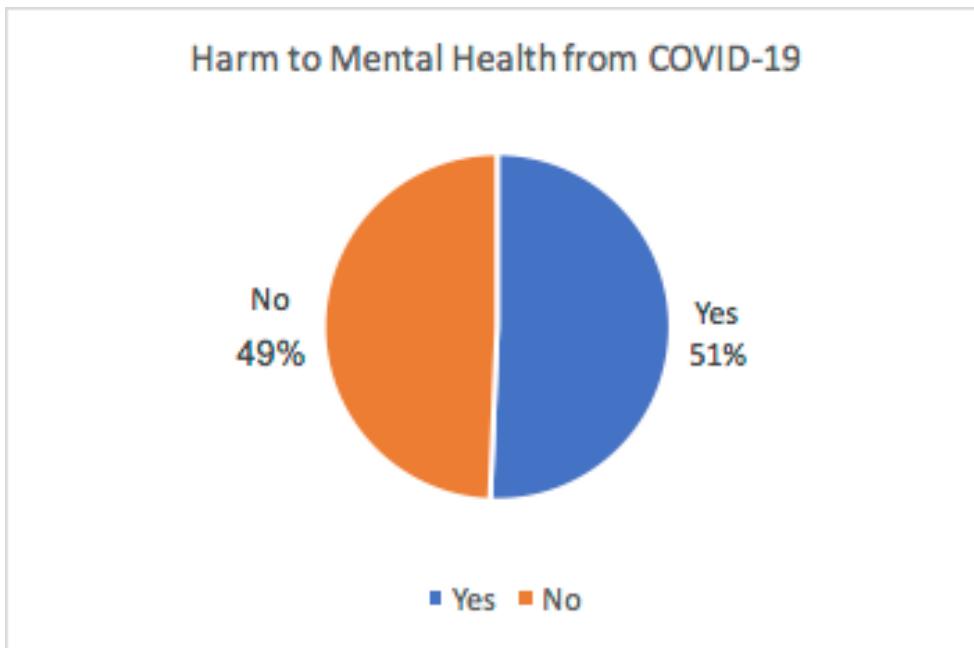
[See Appendix III for Survey Data Analysis](#)

Figures

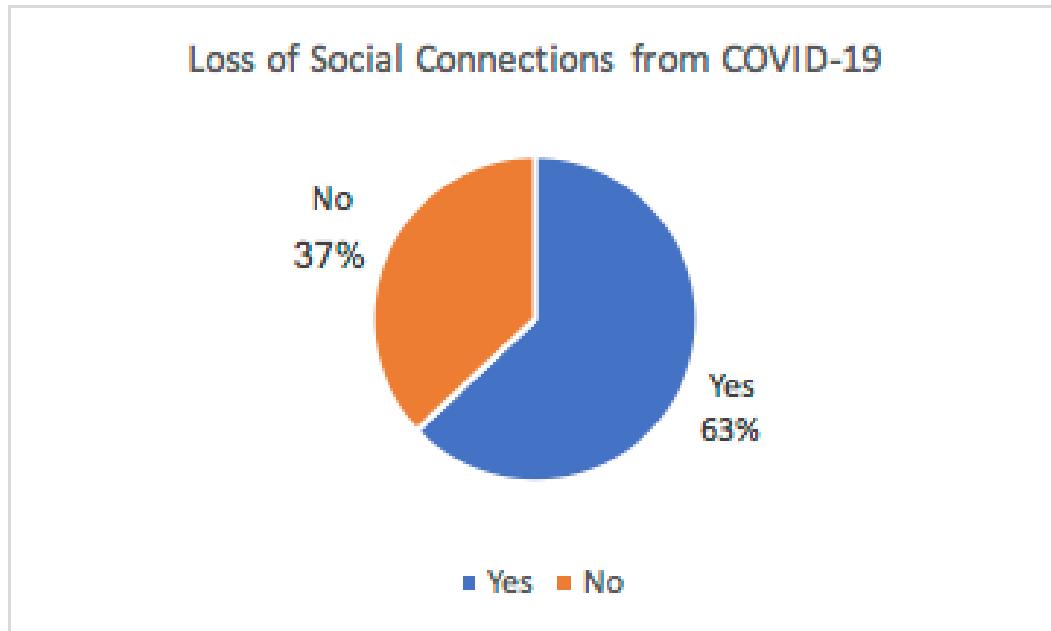
S 1. Harm to Mental Health from Wildfires



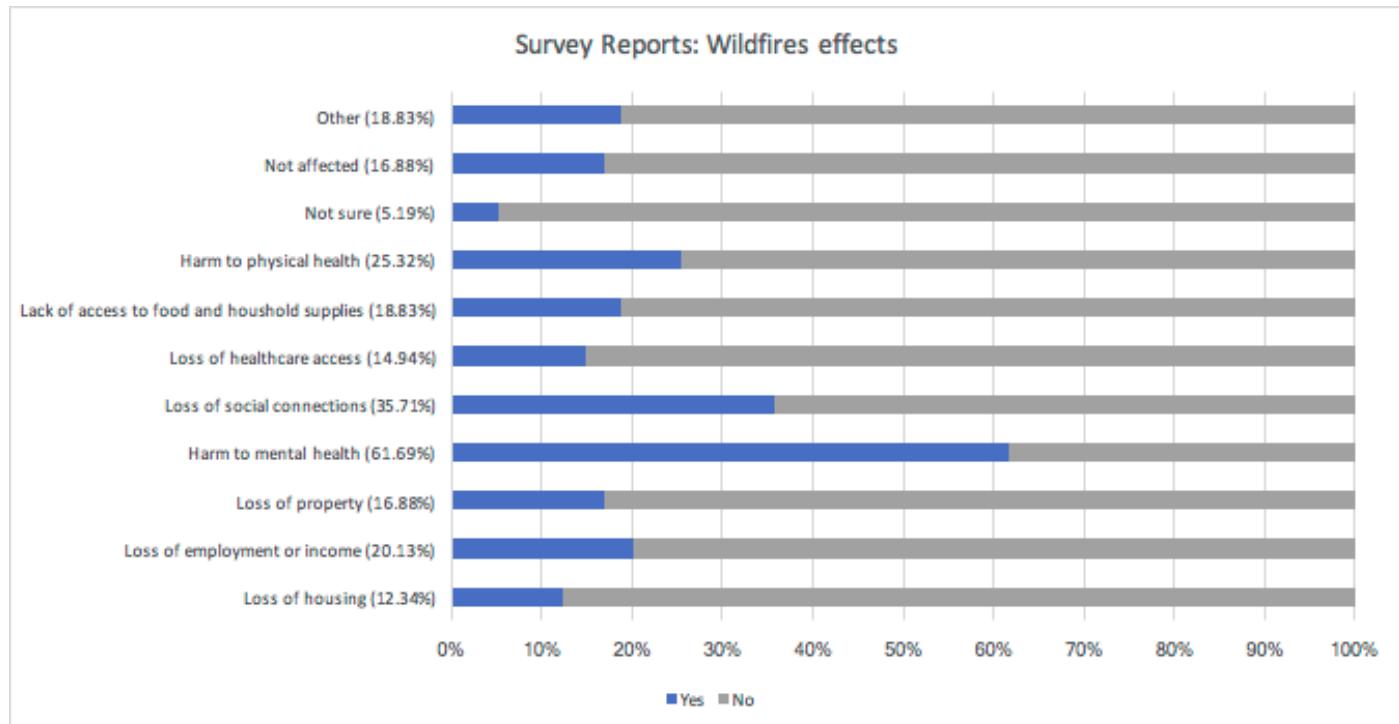
S 2. Harm to Mental Health from COVID-19



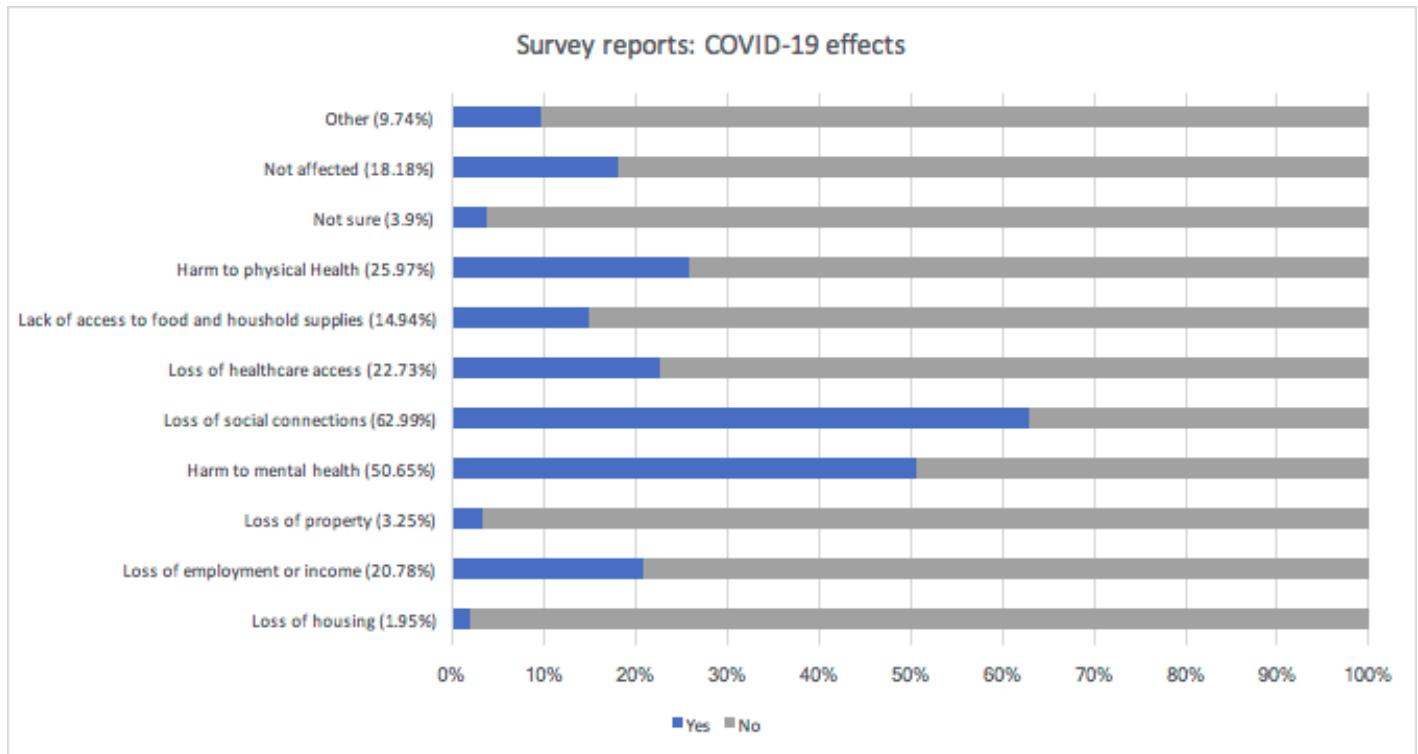
S 3. Loss of Social Connections from COVID-19



S 4. Survey Reports Wildfire Effects



S 5. Survey Reports COVID-19 Effects



Conclusion

The Covid-19 pandemic and the wildfires of 2020-2022 were extraordinary events in the history of Plumas County. Those events profoundly affected the health and well-being of Plumas communities. The impacts of the wildfires or the pandemic alone would have been significant, but their simultaneous occurrence in a three-year period affected the community's physical and mental health, disrupted social and economic life, and strained the ability of organizations to respond effectively to prolonged disasters. During several months in 2021, Plumas County concurrently experienced one of California's largest wildfires and the state's highest incidence of Covid-19, which was likely facilitated by disruptions ensuing from the fire.

Some of the effects of the Covid pandemic and the wildfires are similar and consequently difficult to separate: a variety of data indicate that both events led to harm to physical and mental health, as well as social and economic losses and exacerbation of longstanding concerns, such as difficulty accessing health services and lack of affordable housing. Some of these effects are likely to persist for many years. While the interruptions of social and economic life by Covid control measures had eased significantly by the end of the Covid state of emergency in February, 2023, the disease's long-term physical and mental health effects are not yet known. The mental health effects of wildfire may also be lasting, while the fires' damage to housing, communities and economic life will certainly take years to repair and burned landscapes will take generations to recover.

Plumas County's experience of prolonged simultaneous crises highlights the need to ensure preparedness for future disasters and build resilient organizations and communities. Maintaining public health capacity to respond to a wide range of health emergencies, along with sustaining and strengthening collaboration among government at all levels, health care institutions and community organizations, are essential elements of readiness for future events.

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Appendix I

Key Informant Interview Analysis

District Attorney: DA

Housing: Continuum of Care: CoC

PUSD-Plumas County Office of Education: PUSD

Plumas Crisis Intervention and Resource Center: PCIRC

Plumas District Hospital COO: PDH

Plumas County Behavioral Health Clinical Unit Supervisor: PCBH

Eastern Plumas Healthcare District CEO: EPHCNorcal Continuum of Care: NCoC

Rethink: (RT)

General KII Questions asked during the interview.

- How did the COVID-19 pandemic and/or wildfires change the daily operations of your institution? Staff? Clients?
 - (Question 1 for all)
- What was your most important concern for your organization during the COVID-19 pandemic between 2020 and 2021? Your staff? Clients?
 - (Question 2 for all)
- What was the most important concern during the Wildfires between 2020 and 2021 for your organization? Your staff? Your Clients?
 - (Question 3 for all)
- What resources were accessible to you during COVID-19 and/or the wildfires at the time? What resources were helpful?
 - Question 4: CoC, PCBH, PCIRC, NCoC, RT
 - Question 5: DA, PUSD, PDH, EPHC
- What resources would you have wanted at the time during COVID-19 and/or the wildfires to allow your institution to run smoothly or serve your clients more effectively?
 - Question 5: CoC, PCBH, PCIRC, NCoC, RT
 - Question 6: DA, PUSD, PDH, EPHC
- Anything else that you would like to share regarding COVID-19 and/or Wildfires?
 - Question 8: DA, CoC, NCoC
 - Question 9: PCBH, PCIRC
 - Question 10: PUSD, PDH, EPHC
- Was your organization ever understaffed during the COVID-19 pandemic and/or wildfires?
 - Question 7: CoC, RT
 - Question 9: PUSD, PDH, EPHC
 - Prompts asked during the interview

- (Note: may have been worded differently between interviews but had the same concept)
- Policies/programs that were effective in COVID-19 and/or Wildfires
 - Question 6: CoC, RT, PCBH, PCIRC
 - For PCIRC: focus was on completing organizational objectives
 - Question 7: PUSD, PDH, EPHC, NCoC
 - Question 8: PCIRC
 - For PCIRC: focus was on helping clients to be more self-sufficient
- Navigation of challenges
 - Question 7.1: CoC, NCoC, PCBH, PCIRC
 - Question 9.1: PUSD, PDH, EPHC
- Able to resolve concerns for COVID-19:
 - Question 2.1: PUSD, PDH, EPHC
- Able to resolve concerns for wildfires:
 - Question 3.1: PUSD, PDH, EPHC
- Organizational Performance
 - Question 4: PUSD, PDH, EPHC
- Policies that would have been effective if implemented
 - Question 8: PUSD, PDH, EPHC
 - Questions for specific KIIs
- Were there any changes in the crime rates in Plumas County during the COVID-19 pandemic and/or the wildfires in 2020-2021? If so, what do you believe caused this change?
 - Question 4: DA
- What was the most common mental health issue for your clients during the COVID-19 pandemic and/or wildfires?
- Question 8: PCBH

Explanation of the data analysis

Each statement said during the interview was grouped into themes. The numbers that are directly next to the statement represent the question that prompted the response and the abbreviations represent who reported that response.

Key Themes

1. **COVID-19 Control measures (Quarantine, Closing, in-person services, vaccine mandates, etc.)**
 - 1.1. 1. Vaccine mandates – significant ones in California (Q3 2021); community is very polarized on vaccines – both for staff and community members; low vaccine rate among vaccinated was concerning; pressure to Morale and engagement from a staff perspective – burnout, great resignation, staffing has been significantly impacted EPHC
 - 1.2. 1. Mask mandates, PPE mandates, had to work through both with staff and community not used to having to be masked, social distancing, was very challenging for them initially, had community members that would

get angry and unhappy about having to go through expectations of COVID management, has become routine as have progressed through the pandemic EPHC

- 1.3. 1. Wildfires – coming off the masking requirements (there were daily challenges that staff did not want to wear a mask—it was a nuisance). It was required to be worn in congregate spaces and around the public. They did encourage the policy to be followed, but there was masking reluctance and policing. CoC
- 1.4. 1. As pandemic started to scale back, resuming some in-person services such as at the jail observation; but sometimes there would be outbreaks there, so balancing that and having to go back to telehealth Challenge: not good service in the county, makes connectivity challenging For example, have one client that has to walk a mile to get cell reception (in the northern part of the county) Not always easy for clients to have cell reception/internet – and sometimes in drops in the middle of a session PCBH
- 1.5. 1. Clients A lot of people had a lot of misinformation in housing and covid-19 A lot of people stop paying rent People were 10,000 dollars behind their rent They had to go through the covid state help Not very efficient Did not work out for some people got evicted Affected schooling, etc. PCIRC
- 1.6. 1. Patients: early in 2020, didn't want to seek medical treatment for fear of COVID transmission; ended up coming in with more severe conditions because weren't doing routine care – telemedicine was a big, important step Operationally: hospital setting is one of the safer settings (had to communicate that – community education) COVID testing tents, vaccination events, community outreach and education: a lot of EPHC
- 1.7. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more “old school” and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don't have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH
- 1.8. 1. Previously was special ed director – now student services director Lots of programs like homeless and foster youth, English learners In bigger districts would be whole departments – but here it's just one person Those people had to shoulder their own admin When you're having to do all these other things then other work gets pushed aside and put off Knows other work isn't getting done and that creates constant stress Also worry about getting deadlines, and had to miss a lot of them Him personally: an in-person kind of person, when he could not come back to the office, that creates another layer of stress PUSD
- 1.9. 1. As they were ready to come back, had the fire, and the school start date was delayed at least 2 weeks in every community Greenville burned during that time and had to re-route all those kids to Taylorsville The school was pretty much the only thing left standing in Greenville And it became even more important to the community Maybe became the icon of the rebuilding effort Trying to get space out to different agencies like recovery agencies and library People who didn't before have jobs that have anything to do with leasing real estate Superintendent, secretary, you name it was busy trying to get space out to the library for the recovery agencies and to all kinds of things that wanted to move in. PUSD
- 1.10. 1. MHSA coordinator: Was the process of doing 3-year plan; shut down the planning process Has a significant stakeholder process Very rigid in how it can be done Need community meetings and KIIS Everything slowed down to shut down Transitioned ongoing projects to other staff until able to find another coordinator; gave 7 weeks notice NCoC
- 1.11. 1. Fundamentally altered every aspect of their business Everything they had been planning to and wanting to do – got delayed, postponed, or modified Project delivery and service line standpoint Disrupted staffing Quality of life Have since seen the impact of the pandemic and the deferral of care Seeing sicker people that didn't receive their ongoing preventative care Acuity levels have been higher Have seen that in own staff Increased utilization of medical insurance services PDH
- 1.12. 1. It felt like we were suffering without the public interaction and the public was frustrated as well (not able to get the same level of business done with the office). CoC
- 1.13. 1. The pandemic caused the following changes in Rethink Industries' daily operations: we increased Telehealth services to Plumas County residents, altered all in-person groups to large telehealth platform

groups, daily safety screenings of all employees and patients entering the building. And of course, masking up. The pandemic caused a severe increase in the need for mental health services, for adults but the biggest impact that we saw were on our youth. (RT)

- 1.14. 1. Tried to continue maintaining some services such as lunches and still being a strong community partner
Tried to maintain connections with the community even if it was virtual. PUSD
- 1.15. 1. When COVID hit in March of 2020 – based on Gov Executive orders and county government (public health director and PH officials) the office (public counter) was closed for sometime CoC
- 1.16. 1. Because everything was virtual, couldn't deploy resources in the same way (eg, SNF in Loyalton), would have to minimize the amount of personnel resources could funnel there bc minimizing transmission risk
Different service lines became insulated; weren't spending much time bringing transmission issue EPHC
- 1.17. 1. Staff: COVID-19 – everything shifting to Zoom format (also impacts patients), large increase in tele-med visits, patients felt it was safer, staff had to do everything virtually, creates challenges with communication, community & staff, not in the same location, Graeagle, Loyalton, Portola; inability to be in same in-person location, difficulty with working collaboratively together and having same interactions as before EPHC
- 1.18. 1. March 2020: BH provides direct services, in person, one-to-one, and group therapy and substance abuse disorder group Significant impact when the shutdown occurred Personally quickly transitioned to working from home at BH (March 2020-July 2020 [left the department]) County was able to pivot quickly to providing services online and through telehealth Already had some telehealth pre-pandemic NCoC
- 1.19. 1. In Plumas in particular, school districts are very intertwined with the community Unique due to geography, distance, and historical relationships between communities School district becoming unified school district in the 60s (integrated factor that must have happened in the 60s) – previously each distinct school district back in the early 20th century People either love or hate the school district School ends up being the center of the community in a lot of towns A lot of the things that used to hold communities together have fallen apart (churches, granges) – schools have filled that void (whether intentional or unintentional) Relationship with district and community was severely altered with COVID-19 pandemic started (when we had to shut the schools down) PUSD
- 1.20. 1. Personnel was still physically in office working and wearing PPE. Not having the public interaction was nice at first because there is so much public counter work that interrupts day-to-day duties, even though working for the public is our job as well. Still answered phones. CoC
- 1.21. 1. COC Chair: The meetings were sustained virtually—they did not have to shut down and were able to shift to the virtual environment. Because of the virtual environment the daily operations were able to continue, but it did start weighing on them to not have the human interaction. CoC
- 1.22. 1. As time went on the staff/office missed the public—the lack of social interaction did weigh on the staff and myself. CoC
- 1.23. 1. The wildfires caused the following changes in Rethink Industries' daily operations: we opened an immediate online "Emergency Connection" support group for all fire survivors, we also sent our Trauma Counselors to the Plumas County fairgrounds where emergency shelter was held. We wanted to provide NO CHARGE services to all who were affected by the fires and assist with the immediate trauma that resulted because of the Dixie Fire. We have since set up a Fundraiser where all proceeds and donations go to the direct cost of servicing community members who do not have insurance. (RT)
- 1.24. 10. Still concerned about the COVID situation Still seeing case rates with staff and general pop Everyone is tired of COVID Saw massive impacts with Omicron variant 35% of staff within 4 weeks Much less severe illness, but still have mandated quarantine periods Seeing more significant illness with the new strains of COVID Not done with the pandemic yet, and a lot of the interventions have scaled back/been dropped EPHC
- 1.25. 6. COVID: how to access staffing (esp. with vaccination mandate), at risk of losing half of staff due to them being unvaccinated, some state resources available but very challenging to access them (confusion on if EPHC has to pay, or if they're provided) Having a more easily organized and understood staffing resource tool – state level Resources easier to manage for COVID-19 reporting: vaccination, testing, etc. MyVax, Blue Cross, A lot of administrative labor time that they didn't have Programs as organizationally efficient as possible, and looking at what's the benefit Hours of time to input info vs. how is the data be using/what for

Ordering vaccination, testing kits, etc. – systems were challenging and hard to use Not beneficial for patients Wildfires: similar issues – resource management and ordering As much real time, available information as possible Challenging EPHC

- 1.26. 2.1 Vaccination: no – people have strongly held beliefs in our county; were able to do a lot of education, yet very difficult to change people's deeply held opinions Staffing: able to tap into temporary staff, some staff picked up additional shifts EPHC
- 1.27. 2. Vaccination issue: very polarizing Seeing the impacts of patients were not vaccinated and the severity of diseases, yet it was a very polarizing and charged issue politically Couldn't afford to be losing 40% of staff, and had to be compliant with regulations EPHC
- 1.28. 2. Staffing & access to staff In quarantine situation, losing a staff member for up to 10 days In a small, rural setting, have had to close down a department bc had to be out per CDC guidelines Ability to maintain operations consistently was one of the biggest concerns EPHC
- 1.29. 9. Staff started getting more tired from working on video calls all day long vs. in person PCBH
- 1.30. 6. When you're not supposed to see people in person, and they don't have phone reception, it becomes very limited what you can do Trying to balance universal precautions with clients needs For example, if a client needs to go to the hospital, you still had to drive them Still under some mandates for COVID-19 when the fire was occurring Going out and trying to find the clients Applying the preventative measures, such as masking and vaccination, to protect staff Cooperating with and being flexible to access certain populations, such as the jail clients Sending people out to find clients Having staff assist clients with getting connected via phone and video calls PCBH
- 1.31. 2. Organization Losing the building to losing the staff Loss 75% of staff. Staff Hard for staff to sanitize, mask Had to wash down things when people touch stuff Losing staff was huge, that was the most important concern PCIRC
- 1.32. 8. Anxiety (initially) Depression as things dragged out, and, for example, having to drive through Greenville after it burned down More hypervigilance People wouldn't go to regular sessions during COVID-19, and then there would be a crisis (not necessarily 51/50), but a lot more interventions and services needed A little more hypersensitivity with staff – which then extends to clients For example, with seeing smoke PCBH
- 1.33. 8. Overall we cannot underestimate the mental health, social disinteraction with COVID and trauma with the wildfires and the devastation of the forest and people's homes. It's not going to go away anytime soon. Smelling smoke or wind can be difficult- triggers. Addressing the stress is important. CoC
- 1.34. 4. Had to let certain things slip, and so some people were unhappy because their "thing" slipped – like with masking, testing, unvax employees Some choices weren't theirs to make and still had to deal with disgruntled employees Had to let certain things go If people did not like it, had to be strong and show them out the door. They did not make the rules, they just had to abide by them because that is what the congressman issued. PUSD
- 1.35. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH
- 1.36. 4. Whole COVID-19 response was a bit confusing More due to public health response from the state/national levels Local level handled it much better As good as it could be Public health leadership did what they could with the resources they had Confusion about Q/I – esp. at the beginning Federal response was appalling Response to COVID-19 has shifted and morphed a lot Lots of change in knowledge Interesting to think about on personal experience pre-vaccine, later loosening of measures NCoC
- 1.37. 5. COVID-19 there were a lot of resources available Feds realized supplemental funding would be necessary to allow healthcare providers to respond effectively Elective, high dollar procedures were postponed That's typically what makes the hospitals a lot of money Spend a lot of time and resources on the pandemic, are going to need quick, supplemental funding – and that happened, were able to respond and keep doors open

The state resourced public health departments so poorly on a local level to respond to a pandemic Should have been able to respond in a more similar way to the hospitals (testing, etc) Staff and resource public health agencies appropriately to be able respond better PDH

1.38. 4. Staff did an extraordinary job We did the best they could and strategically left off things that would have the least impact on the kids. Good on getting everything in place from CALOES – like air scrubbers, get playground back together. Did everything they could to bring money and attention to the community PUSD

1.39. 2.1 To a certain extent yes – people leaped and changed roles to do what they had to do to make it work For example, bus drivers taking food out to kids Cafeteria staff coming back and making the food Teachers and admins going out to students Setting up hubs on campus out for kids when they come back as soon as they could because kids without internet could not due remote work. Were able to get some of the highest needs kids back to campus (eg, special needs, homeless youth) within one month Brought kids back in cohorts in Fall 2020 – had two cohorts of kids (morning and afternoon) Continuity shattered with the fires – threw everyone into chaos PUSD

1.40. 6. COVID Unitary voice from county would be helpful Dissent conversation discussion is likely But must have unitary voice No productive conversation happening from experts Better leadership needed DA

1.41. 6. Policies/Programs/Services that we implemented: Covid screenings of employees and patients each time they come in/out of the office. Volunteers for mentoring groups-teens, children, adults. "Emergency Connection" support group that ran daily from July-September of 2021, and our New Fundraiser-we are taking donations and selling RI merchandise. All proceeds will go directly to assisting the uninsured population within Plumas County. (RT)

1.42. 2. The most important concern that RI had during the pandemic between 2020-2021 was: the loneliness and helplessness that our patients would experience during this time. Also keeping all our staff Covid free and healthy to provide these services to our community. (RT)

1.43. 2. Safety was the number one concern: for staff and for clients Department had to rethink intakes Cancelling groups Client and staff safety Keeping those most vulnerable healthy and away from infection NCoC

1.44. 3. Having the centers re-opened and being able to support clients that way Having their IT person on site and with their equipment – easier to resolve issues Still able to do things virtually, and at their local wellness center (don't have to travel as far) Some of the issues, such as connectivity, cell phones, technology, is outside of BH control PCBH

1.45. 2. Maintain contact – staying in contact with clients Part of it was in the skills of the clients and staff How to work Zoom, .z, etc. Infrastructure to support telehealth (for example, some can call into meetings but you can't call them) Only have a phone call is not the same as seeing clients in person Pick up on other cues when you see people in person Doing a hybrid for some groups is very helpful, such as the SUD group Can have people go into the centers (satellite campus) and then do a video call Can include them in the main group via video call, whereas otherwise they wouldn't be able to attend because don't have the resources to support groups in every population centers multiple times per week Has opened up some avenues and access PCBH

1.46. 6. COC: People in Greenville were suddenly homeless. PCIRC was the place everyone referred to. We supported PCIRC in whatever ways the county could. The county did apply on behalf of PCIRC to support homeless clients. CoC

1.47. 8. Vaccine confidence grant through HRSA Couldn't be used for supplies, but could be used for education and outreach Trying to coach and educate staff to get vaccinated, so that they can coach and educate the community What are some practical applications to be able to educate the community more? Relating to resources The more politically charged it became, the more people were going to stick to their side and the less they wanted to hear info EPHC

1.48. 5. Wildfires: daily debriefs Weekly calls with PCPHA regarding COVID situation CDC => CDPH => PCPHA => Healthcare districts A lot of frequent changes throughout the pandemic that trying to response to EPHC

1.49. 5. COVID Funding resources: national, CARES act funding Significant increases in cost for PPE, lab testing, etc Sometimes a lot of funding coming in without a lot of specifics on how it could be utilized, how it has to be reported, etc. – question of if funding was going to the places where it was needed, rush/push to get funds out there, but not a lot of guidance on how can be used EPHC

1.50. 4. Their IT person and helping everyone get onto Zoom and .z and getting that set up quickly In satellite offices, already had equipment in most of them In one office, didn't have it set up, and it was challenging to obtain the equipment due to supply chain issues In 2018, started working on satellite offices – having one in each community Made it easier for people to have a place to connect to in their community without having to travel, especially when roads were closed or major delays Especially for providing services and meeting people where they are Also became information center during fire (eg, Camp Fire) for evacuees Having the answering service that wasn't local Keeping operations as normal as possible Having those services already in place Just happened that way and ended up being really good because they weren't evacuated/directly affected by the fires PCBH

1.51. 2. People: They did not understand the physical impact of it, the need to make them understand was the main concern Population (People who don't trust gov or social service Slow income, age could be a factor Non vax people Combination of people) People became unemployed Got unemployment checks Created no incentive for income people to search for jobs Kept building on themselves Gov kept trying to help, made things worse People ignoring her bills until she can't ignore it anymore Educating them to say we can help but not take care of all your problems May be due to years of generational poverty PCIRC

1.52. 7. Policy document (Appendix B) – based on Cal OSHA and CDC Able to utilize to communicate with staff and parents Always vetted by Dr. Satterfield and later Dr. Loomis Basically a serious of questions about Here are questions that people had and questions from staff and community How will we be addressing those questions. It was really helpful because it allowed them to be consistent. Updated every time guidance would get updated – and then it'd be reissued So, whenever people had questions, we show them what we are doing. This year that policy has been pretty much eliminated and just have one page info session on what they're doing – unsure how that will be received PUSD

1.53. 5. County perspective On their own Message from county not really helpful Created challenges with covid Getting compliance from public good was harder County spectrum (were on their own) Used public health and CDC policies to operate DA

1.54. 8. A lot of the restrictions and mandates were that were put into place at various times were sold by maintaining healthcare capacity Frustrates them to be the recipient of that policy but not have a seat at the table to shape the policy Result of trying to do something for them, yet they aren't able to weigh in Still have to spend a lot of resources on keeping things at the "pandemic level" Public health policy makers - Incorporate voices of the providers more equitably in the future PDH

1.55. 6. New programs COVID-19 Did phone intakes and shorter inperson interactions Easier for clients More money for gas and to do more clients in a day New building is now opening (just moving this week oct 5) PCIRC

1.56. 5. Planning Department: there was a temporary telecommute that was developed for those who needed to work remotely could. Not sure the lessons learned. There are departments who want to have a permanent telecommute work policy. CoC

1.57. 6. Planning department – obeyed. Planning department didn't implement services in COVID Wildfire we were and are involved. Writing policies, etc. Debris removal, emergency housing ordinances, providing flexibility in building codes and fed/state laws. Rulebook was developed post wildfire. Reducing barriers to expedite fire recovery and get people into temporary housing as quickly as possible. CoC

1.58. 7. Infection control: most effective, retooling all policies specific to infectious disease due to COVID-19, but extend to many other diseases Outbreaks, Rewritten for COVID-19 Policies much more effective now: norovirus, flu, etc. – helped by developing those for COVID-19 through CDC EPHC

1.59. 10. Re-emphasize that the school district is so braided into the communities The disconnect and damage to the relationship because of the disconnect (having to follow guidelines from higher ups at state) and perception in the community which really created tension and increased the tension between community and school district. Relationship that needs to be repaired PUSD

1.60. 3. Maintain contact – staying in contact with clients & staff in an effective, more efficient was When lines are down and cell towers are being burned PCBH

2. Housing

- 2.1. 5. Resources we wish we would have had: Emergency-Hotel Housing and more providers to give a helping hand. (RT)
- 2.2. 3. The most important concern that RI had during the wildfires between 2020-2021 was: Housing! So many people in recovery lost their housing, their stability, and their security to remain sober and healthy. For a lot of people, the trauma of wildfires was reoccurring. We had several patients that were Carr Fire/Camp Fire victims who came to Plumas County, seeking housing and safety and then again lost their homes from the Dixie Fire. Lots of repetitive trauma, PTSD. (RT)
- 2.3. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuilds Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC
- 2.4. 3. Tony lost his home in the Camp Fire Impacted how the provided services to those in the community – pretty much leveled Greenville Need for resources from clients and the greater community there was a large need Contributed to homeless population Overnight significant increase Major disruption in lives, livelihoods and jobs Hard to measure Infrastructure impacted – both clients and staff Wellness center burned NCoC
- 2.5. 7.1 Since January, have lost 4 therapists Fires have made it more challenging to recruit staff from out of the area and they're not interested in moving to this area Difficult to keep staffing Difficult to recruit staff when salary is so low (county could adjust, but it's not happening) Not as competitive in benefits and pay Don't have a very large pool to pull from locally Housing is also very scarce and has gotten worse since Greenville burned down PCBH
- 2.6. 6. Wildfires: tragedy to watch it unfold in such a slow motion way So devastating to watch it: 1 million acres of 3 months Have transformed public perception of Plumas County, as well as destroying communities, housing, infrastructure, etc. Would like to see real, actionable policies to recognize that what we're doing, isn't working, and that people in rural areas matter enough to change policy to salvage what we have left PDH
- 2.7. 3. Operations could never be shut down You might be evacuated or your house may have burned down, and staff still had to show up – and they did Had an influx of several thousand first responders – and demand increased Staff kept showing up and keeping the hospital running, while everyone else was running away Even through really poor air quality Communication from the command center was poor when critical information was needed Cannot recruit and retain staff With the loss of Greenville lost a lot of housing for staff May have longer term effects for the community than the pandemic PDH
- 2.8. 9. What they are doing Building a navigation center Build a trailer park area This brought to light what is needed Three part work Building Dormitory for people Cabins for transitional house H staff housing disability assistance program Take homeless with no benefits to give them aid Have a home safe grant Working with homeless citizens and seniors Funded by BSCC Navigation center Reentry site for clients Has a cafe area To help with getting people to jobs Culinary training program Weeks to learn how to cook and be an entrepreneur To develop things and sell things 3 days a week, it is a restaurant Sat., Sun., and Mon. open for meals Place for events, baby showers. Book clubs, etc. PCIRC
- 2.9. 8. Having the funds to find housing, do motel sheltering Intensive care managing is also needed The more times you can touch a person, the more successful you will be Have to move that around with staff and clients until you find the right clicks Have to build their self-esteem, confidence, and grief to get them going again. If you don't have the connection with people, can't make things move PCIRC

2.10. 7.1 Yes, they were understaffed Not solved yet Would like to have had a bigger building after their building got burned it If we had more housing, bring in more people Need to build in a retention program to keep people to stay in the work and in the county. How do you put the work ethic into the young people Young people nowadays, do the least work, and get the most out. Ground work is needed to get people going (it is necessary to understand and care for people with compassion) PCIRC

2.11. 6. Expand CalWorks housing program Got more money to help out with housing Cost of program person was lost Was good since a reconstruction need to happen Talked about why can't we be a preventative program to care for people who may lose their children Recruitment of people to help do the preventative program Doing whole systems change Previous COSA directors Did not understand parents and kids are the same populations that they serve Rapid rehousing money was helpful Homeless prevention money was hard Barriers to keep people in their homes is their top priority Food and security is also huge Well stocked food pantry at the resource center 10 days before the end of the food stamp People ran out of food This was the buffer to help them PCIRC

2.12. 6. Emergency motel sheltering was huge Landlord development Landlord to help rent to them Helped in housing and regulations Housing crisis has gone up Low-income housing People can't pay rent if it is not subsidized Took some people out of the system Do not have assistant living for people any more. Had a run of pregnant teenagers again They fall through the cracks Uptick of homeless veterans Multiple populations PCIRC

2.13. 5. More housing and emergency shelter Buses, vans, more food All of the basic needs More staff to counsel and to bring down Just more coordination More pockets of people doing different things But the lack of coordination made it difficult to use it well. Foundations helped them during these tough times The relationships built made a huge difference PCIRC

2.14. 4. Partnership with CalWork Came with these huge boxes of gift card Brought people to them Sleeping bags and tents, clothes, hygiene products, and food to give to them At the immediate fire People were sheltered by them in motels Got a great deal at reno at nugget to help their clients Housing navigation after the fact Household items Connected with the church with reno to help Generators and chest freezers, air conditioners, and gift cards PCIRC

2.15. 3. Staff: Welfare, executive director loss house One of the main employees loss her house in a camp fire Another almost were close to losing their house Triggers to employees hearing fire truck Panic who suffered losing things in the fire now have some trauma Working to be a trauma-informed facility More training and tools for staff will help Got a small grant to do first response training. PCIRC

2.16. 1. Did a lot of work on grief for people. Calfire foundation worked with them 75,000 gift cards to help people 7500 dollars for gift cards to help them CalWork, CalWork housing support Serve a hundred people a year including families Homeless count 86 unsheltered and other people sheltered Count doubled since last time. Changed Plumas as a whole Barrier is housing A lot of people to care for PCIRC

2.17. 1. Dixie fire Very difficult A lot of people that they served in the dixie fire 520 intakes, 1170 survivors served Everyone has not successfully restructure and rebuild Some people think that they can be supported forever, but not true PCIRC

2.18. 1. Dealing with covid and losing building We couldn't bring people in Homeless shelter gone We have air and mask Most of the staff had covid She later got it Most people got it twice Ohana house Run Ohana house for several years But couldn't make it last From the heightened stress to huge number of people to serve Housing clients in motels Housed the homeless Worked with behavioral health Still work 7 days a week: Sheltering people with covid-19 Deliver food, and boxes to communities that were isolated Clothing Sanitizing, masks PCIRC

2.19. 3. Students and staff – had so many people who lost homes PUSD

2.20. 1. Massive departures of staff due to COVID and fires Short on staff Trying to recruit people from outside – cannot give increases in salary due to union contract (regardless of experience from 90 to 50K) Some couldn't because they could not find housing Or find housing but need more money How can you come to an area with less pay and higher cost of living? Union does not want to compromise giving those extra years of service higher pay. PUSD

- 2.21. 1. Several people from the office lost their home and/or had close relatives that lost their home Also had people off due to evacuations – some have never come back Ex: food service manager: went to Susanville, never came back. PUSD
- 2.22. 6. Planning department – obeyed. Planning department didn't implement services in COVID Wildfire we were and are involved. Writing policies, etc. Debris removal, emergency housing ordinances, providing flexibility in building codes and fed/state laws. Rulebook was developed post wildfire. Reducing barriers to expedite fire recovery and get people into temporary housing as quickly as possible. CoC
- 2.23. 6. PIT (point in time surveys): homelessness has been increasing and has spiked post wildfire. Homekey – some communities were buying hotels to house their homeless population – Plumas County passed on this. CoC
- 2.24. 2. COC Clients: Those most vulnerable who could not shelter/isolate in place – the county had the responsibility to house these people. CoC
- 2.25. 1. Fire lessened house availability and inc housing price; Reason they do not come here (people going to plumas county) DA

3. Staffing (lack of, etc.)

- 3.1. 7. Was our institution understaffed: I am not sure of any business within PC that was not understaffed. Our community is small, and resources are lacking. However, I believe that when our community experiences traumatic events such as the pandemic and wildfires that we all come together to support one another as fellow community residents. (RT)
- 3.2. 5. Resources we wish we would have had: Emergency-Hotel Housing and more providers to give a helping hand. (RT)
- 3.3. 2. The most important concern that RI had during the pandemic between 2020-2021 was: the loneliness and helplessness that our patients would experience during this time. Also keeping all our staff Covid free and healthy to provide these services to our community. (RT)
- 3.4. 7. Larger question regarding staffing and capacity in a small county Have had pretty unstable periods of staffing Umbrella of DHCS (Department of Health Care Services) is a very difficult org and department to deal with on the state level Makes life for staff of a small county very difficult Fully staffed at the beginning of COVID (atypical) Has a pretty high turnover in BH in 2018 Very volatile staffing prior to Tony He was able to stabilize and manage relationships between staff, BOS, and state funders Having enough staff to meet the needs of clients is always tricky NCoC
- 3.5. 10. Still concerned about the COVID situation Still seeing case rates with staff and general pop Everyone is tired of COVID Saw massive impacts with Omicron variant 35% of staff within 4 weeks Much less severe illness, but still have mandated quarantine periods Seeing more significant illness with the new strains of COVID Not done with the pandemic yet, and a lot of the interventions have scaled back/been dropped EPHC
- 3.6. 9. Not as understaffed as other locations in Northern California – both with pandemic and wildfires Have gone through several significant wage increases to attract and retain staff Used travel nurses/temp staff Did incentives for extra shifts Premium pay portion Did have periods of understaffing Never had a situation where it negatively impacted service delivery Have more patient capacity, but don't have the staff to meet that capacity May have beds for patients, but not staff, for example, Could offer more to the community with more EPHC
- 3.7. 9.1 Better temporary staffing resources – statewide resource lacking EPHC
- 3.8. 6. COVID: how to access staffing (esp. with vaccination mandate), at risk of losing half of staff due to them being unvaccinated, some state resources available but very challenging to access them (confusion on if EPHC has to pay, or if they're provided) Having a more easily organized and understood staffing resource tool – state level Resources easier to manage for COVID-19 reporting: vaccination, testing, etc. MyVax, Blue Cross, A lot of administrative labor time that they didn't have Programs as organizationally efficient as possible, and looking at what's the benefit Hours of time to input info vs. how is the data be using/what for Ordering vaccination, testing kits, etc. – systems were challenging and hard to use Not beneficial for

patients Wildfires: similar issues – resource management and ordering As much real time, available information as possible Challenging EPHC

3.9. 2.1 Vaccination: no – people have strongly held beliefs in our county; were able to do a lot of education, yet very difficult to change people's deeply held opinions Staffing: able to tap into temporary staff, some staff picked up additional shifts EPHC

3.10. 2. Vaccination issue: very polarizing Seeing the impacts of patients were not vaccinated and the severity of diseases, yet it was a very polarizing and charged issue politically Couldn't afford to be losing 40% of staff, and had to be compliant with regulations EPHC

3.11. 2. Staffing & access to staff In quarantine situation, losing a staff member for up to 10 days In a small, rural setting, have had to close down a department bc had to be out per CDC guidelines Ability to maintain operations consistently was one of the biggest concerns EPHC

3.12. 1. Vaccine mandates – significant ones in California (Q3 2021); community is very polarized on vaccines – both for staff and community members; low vaccine rate among vaccinated was concerning; pressure to Morale and engagement from a staff perspective – burnout, great resignation, staffing has been significantly impacted EPHC

3.13. 1. Staff: COVID-19 – everything shifting to Zoom format (also impacts patients), large increase in tele-med visits, patients felt it was safer, staff had to do everything virtually, creates challenges with communication, community & staff, not in the same location, Graeagle, Loyalton, Portola; inability to be in same in-person location, difficulty with working collaboratively together and having same interactions as before EPHC

3.14. 9. Staff started getting more tired from working on video calls all day long vs. in person PCBH

3.15. 7.1 Since January, have lost 4 therapists Fires have made it more challenging to recruit staff from out of the area and they're not interested in moving to this area Difficult to keep staffing Difficult to recruit staff when salary is so low (county could adjust, but it's not happening) Not as competitive in benefits and pay Don't have a very large pool to pull from locally Housing is also very scarce and has gotten worse since Greenville burned down PCBH

3.16. 7.1 Have a very good staff who are willing to work as a team and step up and cover for one another For example, if someone was out sick, would have another team member to step up and fill in For example, if the therapist is out, counting on the case manager to stay in contact with the client PCBH

3.17. 6. When you're not supposed to see people in person, and they don't have phone reception, it becomes very limited what you can do Trying to balance universal precautions with clients needs For example, if a client needs to go to the hospital, you still had to drive them Still under some mandates for COVID-19 when the fire was occurring Going out and trying to find the clients Applying the preventative measures, such as masking and vaccination, to protect staff Cooperating with and being flexible to access certain populations, such as the jail clients Sending people out to find clients Having staff assist clients with getting connected via phone and video calls PCBH

3.18. 4. Their IT person and helping everyone get onto Zoom and .z and getting that set up quickly In satellite offices, already had equipment in most of them In one office, didn't have it set up, and it was challenging to obtain the equipment due to supply chain issues In 2018, started working on satellite offices – having one in each community Made it easier for people to have a place to connect to in their community without having to travel, especially when roads were closed or major delays Especially for providing services and meeting people where they are Also became information center during fire (eg, Camp Fire) for evacuees Having the answering service that wasn't local Keeping operations as normal as possible Having those services already in place Just happened that way and ended up being really good because they weren't evacuated/directly affected by the fires PCBH

3.19. 3. Having the centers re-opened and being able to support clients that way Having their IT person on site and with their equipment – easier to resolve issues Still able to do things virtually, and at their local wellness center (don't have to travel as far) Some of the issues, such as connectivity, cell phones, technology, is outside of BH control PCBH

3.20. 3. Having the staff to be able to cover Mostly shifted to emergency services only because had a lot of staff out Only 2-3 staff that were able to be in the office and working PCBH

3.21. 1. BH has a small staff (~9 therapists at the time) Staff needing to be off to deal with personal matters related to the fires Needing to cover their shifts/clients Needing to cover shelters as DSWs Becomes very challenging PCBH

3.22. 1. Crisis plan not as set until you have to try and implement it Affected different staff at different times, depending on their own circumstances Staff aren't present at work if they're worried about their families/homes Had several staff that lived in Greenville and were severely affected Lost staff through wildfire – from Greenville, had to leave PCBH

3.23. 1. Staff: majority of staff has been out for 5-10 days for isolation or quarantine; a lot longer time out of the office than with illness pre-pandemic (2-3 days); having to cover staff when out is very challenging both for the staff at the office and for the clients because their therapist is out of the office Have had staff who have had it (COVID) more than once PCBH

3.24. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more "old school" and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don't have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH

3.25. 9.1 Supplemental staff that didn't cost 3-4x of a permanent, full time individual Percentage of staff that were working for healthcare agencies to go to traveling agencies Much higher pay, and people are driven by that – which shouldn't be what you got into healthcare for, should be there for the patients Increase cost of healthcare = increase cost to patient Always get deferred back to patients, including patients that can't afford it PDH

3.26. 9. Yes – and still are Have 45-50 openings currently Took a bad situation and made it worse Haven't recovered from it PDH

3.27. 3.1 Unsure if additional resources would have been helpful You just show up with the team you have and do your best Having staff tied into county emergency operations center Sometimes that county gets county-centric and forgets about exterior partners Push & pull of critical info gets lost Good & timely info alleviates a lot of anxiety If not, hard to answer questions from staff as leadership (and on down) PDH

3.28. 3. Operations could never be shut down You might be evacuated or your house may have burned down, and staff still had to show up – and they did Had an influx of several thousand first responders – and demand increased Staff kept showing up and keeping the hospital running, while everyone else was running away Even through really poor air quality Communication from the command center was poor when critical information was needed Cannot recruit and retain staff With the loss of Greenville lost a lot of housing for staff May have longer term effects for the community than the pandemic PDH

3.29. 2. Increase in expenses – a lot Had to hire a lot more people Had to supplement labor with traveling staff Much higher rate and not necessarily higher quality (and often lower quality) What is the normal? What's sustainable? What can and should we provide Looking at how pandemic is stabilizing Relationships with partners has grown closer PDH

3.30. 2. Community – to respond to the need Instant gap in diagnostic ability for COVID-19 that was immediately filled Was both a blessing and a curse Massive amount of human and financial resources Had a PhD in molecular biology running the lab at the time – was able to do 24 hour turnaround for PCR by June 2020 Really provide that resource for the community PDH

3.31. 1. Doubt that things will ever really be the same again In Healthcare in particular has been especially challenging and will continue to be challenging to recruit and retain qualified staff Will be an ongoing challenge Mass exodus, pool of qualified applicants is smaller Smaller supply and increased demand Cost of care has gone up Healthcare providers are experiencing some of the largest financial impacts Tremendous amount of cost reduction Has impact on staff morale Patient will feel that impact as well PDH

3.32. 1. Mental health aspect from both COVID and fires Especially delta surge and Dixie Fire overlapping Significantly deteriorated Uptick in patients in crisis Central repository for individuals placed on mental health hold Especially in adolescents in youth – more and more frequent Can also see in staff Heightened

sense of anxiety Experiencing the after effects Finally feeling free to release tension and anxiety Manifests in different ways PDH

3.33. 1. Fundamentally altered every aspect of their business Everything they had been planning to and wanting to do – got delayed, postponed, or modified Project delivery and service line standpoint Disrupted staffing Quality of life Have since seen the impact of the pandemic and the deferral of care Seeing sicker people that didn't receive their ongoing preventative care Acuity levels have been higher Have seen that in own staff Increased utilization of medical insurance services PDH

3.34. 7.1 Yes, they were understaffed Not solved yet Would like to have had a bigger building after their building got burned it If we had more housing, bring in more people Need to build in a retention program to keep people to stay in the work and in the county. How do you put the work ethic into the young people Young people nowadays, do the least work, and get the most out. Ground work is needed to get people going (it is necessary to understand and care for people with compassion) PCIRC

3.35. 5. More housing and emergency shelter Buses, vans, more food All of the basic needs More staff to counsel and to bring down Just more coordination More pockets of people doing different things But the lack of coordination made it difficult to use it well. Foundations helped them during these tough times The relationships built made a huge difference PCIRC

3.36. 3. Staff: Welfare, executive director loss house One of the main employees loss her house in a camp fire Another almost were close to losing their house Triggers to employees hearing fire truck Panic who suffered losing things in the fire now have some trauma Working to be a trauma-informed facility More training and tools for staff will help Got a small grant to do first response training. PCIRC

3.37. 3. Capacity to be there for everyone 24/7 Evacuations and the high-risk population to create a b and c plan during the fires For transportation for them Had people in motels, how were they going to leave Evacuate ohana house once PCIRC

3.38. 2. Organization Losing the building to losing the staff Loss 75% of staff. Staff Hard for staff to sanitize, mask Had to wash down things when people touch stuff Losing staff was huge, that was the most important concern PCIRC

3.39. 1. Loss staff, hats got wider Staff got more positions Nonstop need of the community Lay people off, absorb positions, challenge by space due to loss of building Ability or plans to reduce workload No plans to reduce Not getting any staff applicants Covid-19 Not getting enough people to work, there is this state of not working in the community A month of services 175 walk ins in ohana house Distributed food to 42 families Everybody has been challenged PCIRC

3.40. 1. Dealing with covid and losing building We couldn't bring people in Homeless shelter gone We have air and mask Most of the staff had covid She later got it Most people got it twice Ohana house Run Ohana house for several years But couldn't make it last From the heightened stress to huge number of people to serve Housing clients in motels Housed the homeless Worked with behavioral health Still work 7 days a week: Sheltering people with covid-19 Deliver food, and boxes to communities that were isolated Clothing Sanitizing, masks PCIRC

3.41. 1. Building burdened down after fire Homeless day shelter Crisis shelter We had to pick up with nothing and keep going No commercial space Took over three rooms in Ohana house Loss 10 staff members during the covid fire PCIRC

3.42. 9. Chronic and continuing Quincy high school still significantly understaffed. PUSD

3.43. 6. Staffing Especially sub staffing Sometimes half would be out and now we are stuck scrambling to get things moving. If CALOES had a cauldron of trained substitutes that they could just deploy, that would be great. But that doesn't exist. People would get COVID or be close contact Trained subs that could be deployed by the state PUSD

3.44. 4. Staff did an extraordinary job We did the best they could and strategically left off things that would have the least impact on the kids. Good on getting everything in place from CALOES – like air scrubbers, get playground back together. Did everything they could to bring money and attention to the community PUSD

3.45. 3. Biggest need: high school kids from Greenville displaced – had to go to Chester or Quincy – that's where the options were – therapists available went there Elementary kids in Taylorsville – couldn't get therapist in person there So had to do remote and tele therapy and started setting that up for children, but then the

forum (parents/teachers) decided they did not want that. So tried to again to get in-person therapy, but couldn't, then people said not kind things (harsh) about him. Understands, part of the job as an administrator. Also hard, especially trying to work hard for them but they seem ungrateful no matter what you do. And when you don't have to stay, you get exhausted from it and may want to leave. Tried to change or get them to understand, but really hard to remove their worldviews on things. PUSD

3.46. 3. Lots of trauma for families – struggled to provide mental health services for students Access to basic human needs and mental health needs Trying to hire a therapist at every school Couldn't find people to hire People could not come here; from here, they were displaced. PUSD

3.47. 2.1 To a certain extent yes – people leaped and changed roles to do what they had to do to make it work For example, bus drivers taking food out to kids Cafeteria staff coming back and making the food Teachers and admins going out to students Setting up hubs on campus out for kids when they come back as soon as they could because kids without internet could not due remote work. Were able to get some of the highest needs kids back to campus (eg, special needs, homeless youth) within one month Brought kids back in cohorts in Fall 2020 – had two cohorts of kids (morning and afternoon) Continuity shattered with the fires – threw everyone into chaos PUSD

3.48. 1. Massive departures of staff due to COVID and fires Short on staff Trying to recruit people from outside – cannot give increases in salary due to union contract (regardless of experience from 90 to 50K) Some couldn't because they could not find housing Or find housing but need more money How can you come to an area with less pay and higher cost of living? Union does not want to compromise giving those extra years of service higher pay. PUSD

3.49. 1. Several people from the office lost their home and/or had close relatives that lost their home Also had people off due to evacuations – some have never come back Ex: food service manager: went to Susanville, never came back. PUSD

3.50. 7.1 Staffing challenges – especially the wildfires. There's mutual aid where other communities can come in post disaster can help supplement (so having contracts in places pre disaster would be helpful—even understanding who would be helpful in those situation). Fire and law enforcement mutual aid came in droves, but many other soft skills like environmental health, etc would be helpful. Emergency ordinances had to be prepared (they did get templates from like counties). Doing a lot of preparedness—including the time and effort to be prepared instead of playing catch up. We don't know what we don't know. CoC

3.51. 7. COC – 5 voting members and 1 vacant seat. Everyone wears so many hats and the capacity of everyone is limited. Through COVID etc, the volunteerism has been impacted. The understaffed nature of the advisory board (including subcommittees) has a hard time meeting the quorum and take action. I'm not sure how to address that. We need more capacity. CoC

3.52. 7. The Dixie Fire Collaborative (long term recovery group) – is anyone from public, etc, provides capacity for response to the wildfires. It provides more eyes and ears and familiarity to the community and is the impacted community (neighbors who understand vs government). Being understaffed the collaborative is really important. CoC

3.53. 7. Yes – understaffed pre and post COVID and wildfires.

3.54. 7. COVID-19 did not impact or exacerbate the nature of the planning department, we may have been even more productive on "work" without interruptions. CoC

3.55. 8. Wildfires: We still need to operate and recruit Have visitors here Promote the whole county DA

3.56. 6. Navigating through these challenges Going to any emergency with resources More staff Was with an experienced and talented office People did more than expected in the office Quiet quitters None were there From the goodwill and hard work of people helped navigate this DA

3.57. 6. Understaffed Continually Staffing challenges It is not as acute in Plumas County Starting point was bad Starting below the baseline You really get hit hard Not being able to prosecute crimes Obligation of county government Almost was not able to do this DA

3.58. 3. Work through the fire and recover through the fire The continued emphasis of the fire Disservice to the fire Don't see the good side of Plumas County No CAO no auditor DA

3.59. 3. Did not expect the level of impact Only one prosecutor with 8 months with no applicant DA

- 3.60. 2. Coworkers Staff need to be healthy Staggered our staff Never in a situation where one got sick, all got sick DA
- 3.61. 2. Organization Staying open (minimally staff) If pros get sick, we have to shutdown DA
- 3.62. 1. Since the fire Should have 5 prosecutors, had 3, now only Dave Only one prosecutor Horrible time recruiting due to the impact of the fire. DA

4. Stress

- 4.1. 2. The most important concern that RI had during the pandemic between 2020-2021 was: the loneliness and helplessness that our patients would experience during this time. Also keeping all our staff Covid free and healthy to provide these services to our community. (RT)
- 4.2. 8. Anxiety (initially) Depression as things dragged out, and, for example, having to drive through Greenville after it burned down More hypervigilance People wouldn't go to regular sessions during COVID-19, and then there would be a crisis (not necessarily 51/50), but a lot more interventions and services needed A little more hypersensitivity with staff – which then extends to clients For example, with seeing smoke PCBH
- 4.3. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH
- 4.4. 4. Proud of how everyone responded There were times that tensions were high Had gone through various moments of forming a cohesive team Pandemic brought out some of the best aspects of what happens when these groups work together Taking the resources we have and having the biggest impact for the community PDH
- 4.5. 1. Mental health aspect from both COVID and fires Especially delta surge and Dixie Fire overlapping Significantly deteriorated Uptick in patients in crisis Central repository for individuals placed on mental health hold Especially in adolescents in youth – more and more frequent Can also see in staff Heightened sense of anxiety Experiencing the after effects Finally feeling free to release tension and anxiety Manifests in different ways PDH
- 4.6. 3. Staff: Welfare, executive director loss house One of the main employees loss her house in a camp fire Another almost were close to losing their house Triggers to employees hearing fire truck Panic who suffered losing things in the fire now have some trauma Working to be a trauma-informed facility More training and tools for staff will help Got a small grant to do first response training. PCIRC
- 4.7. 3. Biggest need: high school kids from Greenville displaced – had to go to Chester or Quincy – that's where the options were – therapists available went there Elementary kids in Taylorsville – couldn't get therapist in person there So had to do remote and tele therapy and started setting that up for children, but then the forum (parents/teachers) decided they did not want that. So tried to again to get in-person therapy, but couldn't, then people said not kind things (harsh) about him. Understands, part of the job as an administrator. Also hard, especially trying to work hard for them but they seem ungrateful no matter what you do. And when you don't have to stay, you get exhausted from it and may want to leave. Tried to change or get them to understand, but really hard to remove their worldviews on things. PUSD
- 4.8. 1. Coming into this year: things are back to "normal" and that's very hard because there's been so much going on There is a lot of these funding streams that we did not have before, so I have to keep on top of that now. Lots of extra money, keeping track of the reporting and grants There's more deadlines Data reporting is behind a year for special ed due to computer glitch Not being able to keep up with communicating with parents about what is going on. Parents get angry and upset Teachers are tired of it PUSD
- 4.9. 1. Diffuseness – creates loss of morale and culture That sense trickles down to staff (eg, teachers) and

clients (eg, parents) Sense things that are out of control. When things are like that, tend to blame people Ex; teachers blame administration. So you are shouldering that and take that stress on too. PUSD

- 4.10. 1. Previously was special ed director – now student services director Lots of programs like homeless and foster youth, English learners In bigger districts would be whole departments – but here it's just one person Those people had to shoulder their own admin When you're having to do all these other things then other work gets pushed aside and put off Knows other work isn't getting done and that creates constant stress Also worry about getting deadlines, and had to miss a lot of them Him personally: an in-person kind of person, when he could not come back to the office, that creates another layer of stress PUSD
- 4.11. 1. Personal experience: Challenging to get up to work – coming out of COVID due to fires, Never ending struggle – first COVID and then the fires PUSD
- 4.12. 8. Overall we cannot underestimate the mental health, social disintegration with COVID and trauma with the wildfires and the devastation of the forest and people's homes. It's not going to go away anytime soon. Smelling smoke or wind can be difficult- triggers. Addressing the stress is important. CoC
- 4.13. 6. Have baseline of resources we can count on As well as people being there Would remove a lot of the stress DA
- 4.14. 1. Fire: Tremendous stress in the office and crime justice system DA
- 4.15. 1. Staff: Pandemic Stress high in office (performed well) DA

5. Overwork:

- 5.1. 1. Vaccine mandates – significant ones in California (Q3 2021); community is very polarized on vaccines – both for staff and community members; low vaccine rate among vaccinated was concerning; pressure to Morale and engagement from a staff perspective – burnout, great resignation, staffing has been significantly impacted EPHC
- 5.2. 3. Operations could never be shut down You might be evacuated or your house may have burned down, and staff still had to show up – and they did Had an influx of several thousand first responders – and demand increased Staff kept showing up and keeping the hospital running, while everyone else was running away Even through really poor air quality Communication from the command center was poor when critical information was needed Cannot recruit and retain staff With the loss of Greenville lost a lot of housing for staff May have longer term effects for the community than the pandemic PDH
- 5.3. 1. Loss staff, hats got wider Staff got more positions Nonstop need of the community Lay people off, absorb positions, challenge by space due to loss of building Ability or plans to reduce workload No plans to reduce Not getting any staff applicants Covid-19 Not getting enough people to work, there is this state of not working in the community A month of services 175 walk ins in ohana house Distributed food to 42 families Everybody has been challenged PCIRC
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- 5.5. 3. Biggest need: high school kids from Greenville displaced – had to go to Chester or Quincy – that's where the options were – therapists available went there Elementary kids in Taylorsville – couldn't get therapist in person there So had to do remote and tele therapy and started setting that up for children, but then the forum (parents/teachers) decided they did not want that. So tried to again to get in-person therapy, but couldn't, then people said not kind things (harsh) about him. Understands, part of the job as an administrator. Also hard, especially trying to work hard for them but they seem ungrateful no matter what you do. And when you don't have to stay, you get exhausted from it and may want to leave. Tried to change or get them to understand, but really hard to remove their worldviews on things. PUSD
- 5.6. 1. A lot of people get burned out and leave – the community drives them out Teachers and parents driving the administration out PUSD

- 5.7. 1. Coming into this year: things are back to “normal” and that’s very hard because there’s been so much going on There is a lot of these funding streams that we did not have before, so I have to keep on top of that now. Lots of extra money, keeping track of the reporting and grants There’s more deadlines Data reporting is behind a year for special ed due to computer glitch Not being able to keep up with communicating with parents about what is going on. Parents get angry and upset Teachers are tired of it PUSD
- 5.8. 1. Previously was special ed director – now student services director Lots of programs like homeless and foster youth, English learners In bigger districts would be whole departments – but here it’s just one person Those people had to shoulder their own admin When you’re having to do all these other things then other work gets pushed aside and put off Knows other work isn’t getting done and that creates constant stress Also worry about getting deadlines, and had to miss a lot of them Him personally: an in-person kind of person, when he could not come back to the office, that creates another layer of stress PUSD
- 5.9. 1. As they were ready to come back, had the fire, and the school start date was delayed at least 2 weeks in every community Greenville burned during that time and had to re-route all those kids to Taylorsville The school was pretty much the only thing left standing in Greenville And it became even more important to the community Maybe became the icon of the rebuilding effort Trying to get space out to different agencies like recovery agencies and library People who didn’t before have jobs that have anything to do with leasing real estate Superintendent, secretary, you name it was busy trying to get space out to the library for the recovery agencies and to all kinds of things that wanted to move in. PUSD
- 5.10. 7. COC – 5 voting members and 1 vacant seat. Everyone wears so many hats and the capacity of everyone is limited. Through COVID etc, the volunteerism has been impacted. The understaffed nature of the advisory board (including subcommittees) has a hard time meeting the quorum and take action. I’m not sure how to address that. We need more capacity. CoC
- 5.11. 1. Planning Director – was not part of the response, but is involved in recovery. When fire ended in Oct 2021 am now working on both wildfire recovery and as Planning Director. Every day it’s a big job to do both. CoC
- 5.12. 1. Staff: Could not close down (not their reality): Always have to be here DA

6. Things getting dropped/delayed

- 6.1. 2. Safety was the number one concern: for staff and for clients Department had to rethink intakes Cancelling groups Client and staff safety Keeping those most vulnerable healthy and away from infection NCoC
- 6.2. 1. MHSAs coordinator: Was the process of doing 3-year plan; shut down the planning process Has a significant stakeholder process Very rigid in how it can be done Need community meetings and KIIs Everything slowed down to shut down Transitioned ongoing projects to other staff until able to find another coordinator; gave 7 weeks notice NCoC
- 6.3. 1. Fundamentally altered every aspect of their business Everything they had been planning to and wanting to do – got delayed, postponed, or modified Project delivery and service line standpoint Disrupted staffing Quality of life Have since seen the impact of the pandemic and the deferral of care Seeing sicker people that didn’t receive their ongoing preventative care Acuity levels have been higher Have seen that in own staff Increased utilization of medical insurance services PDH
- 6.4. 4. Had to let certain things slip, and so some people were unhappy because their “thing” slipped – like with masking, testing, unvax employees Some choices weren’t theirs to make and still had to deal with disgruntled employees Had to let certain things go If people did not like it, had to be strong and show them out the door. They did not make the rules, they just had to abide by them because that is what the congressman issued. PUSD
- 6.5. 4. Staff did an extraordinary job We did the best they could and strategically left off things that would have the least impact on the kids. Good on getting everything in place from CALOES – like air scrubbers, get playground back together. Did everything they could to bring money and attention to the community PUSD
- 6.6. 1. Coming into this year: things are back to “normal” and that’s very hard because there’s been so much going on There is a lot of these funding streams that we did not have before, so I have to keep on top of that now. Lots of extra money, keeping track of the reporting and grants There’s more deadlines Data reporting is behind a year for special ed due to computer glitch Not being able to keep up with communicating with

parents about what is going on. Parents get angry and upset Teachers are tired of it PUSD

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6.9. 1. It felt like we were suffering without the public interaction and the public was frustrated as well (not able to get the same level of business done with the office). CoC

6.10. 6. Understaffed Continually Staffing challenges It is not as acute in plumas county Starting point was bad Starting below the baseline You really get hit hard Not being able to prosecute crimes Obligation of county government Almost was not able to do this DA

6.11. 3. Organization: Staff in a level to operate and meet obligations DA

6.12. 1. Staff: Cases that should be pros get dismissed if no one there DA

7. Mental Health

7.1. 3. The most important concern that RI had during the wildfires between 2020-2021 was: Housing! So many people in recovery lost their housing, their stability, and their security to remain sober and healthy. For a lot of people, the trauma of wildfires was reoccurring. We had several patients that were Carr Fire/Camp Fire victims who came to Plumas County, seeking housing and safety and then again lost their homes from the Dixie Fire. Lots of repetitive trauma, PTSD. (RT)

7.2. 1. The wildfires caused the following changes in Rethink Industries' daily operations: we opened an immediate online "Emergency Connection" support group for all fire survivors, and we also sent our Trauma Counselors to the Plumas County fairgrounds where an emergency shelter was held. We wanted to provide NO CHARGE services to all who were affected by the fires and assist with the immediate trauma that resulted because of the Dixie Fire. We have since set up a Fundraiser where all proceeds and donations go to the direct cost of servicing community members who do not have insurance. (RT)

7.3. 1. The pandemic caused the following changes in Rethink Industries' daily operations: we increased Telehealth services to Plumas County residents, altered all in-person groups to large telehealth platform groups, daily safety screenings of all employees and patients entering the building. And of course, masking up. The pandemic caused a severe increase in the need for mental health services, for adults but the biggest impact that we saw were on our youth. (RT)

7.4. 8. Anxiety (initially) Depression as things dragged out, and, for example, having to drive through Greenville after it burned down More hypervigilance People wouldn't go to regular sessions during COVID-19, and then there would be a crisis (not necessarily 51/50), but a lot more interventions and services needed A little more hypersensitivity with staff – which then extends to clients For example, with seeing smoke PCBH

7.5. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff

when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH

- 7.6. 1. Some of the more recent clients were relocated here after the Paradise fire, and then they were affected by another fire Rise in anxiety and trauma due to the fires, reacting to the alerts, both clients and staff PCBH
- 7.7. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH
- 7.8. 1. Mental health aspect from both COVID and fires Especially delta surge and Dixie Fire overlapping Significantly deteriorated Uptick in patients in crisis Central repository for individuals placed on mental health hold Especially in adolescents in youth – more and more frequent Can also see in staff Heightened sense of anxiety Experiencing the after effects Finally feeling free to release tension and anxiety Manifests in different ways PDH
- 7.9. 8. Having the funds to find housing, do motel sheltering Intensive care managing is also needed The more times you can touch a person, the more successful you will be Have to move that around with staff and clients until you find the right clicks Have to build their self-esteem, confidence, and grief to get them going again. If you don't have the connection with people, can't make things move PCIRC
- 7.10. 3. Staff: Welfare, executive director loss house One of the main employees loss her house in a camp fire Another almost were close to losing their house Triggers to employees hearing fire truck Panic who suffered losing things in the fire now have some trauma Working to be a trauma-informed facility More training and tools for staff will help Got a small grant to do first response training. PCIRC
- 7.11. 9.1 Community wellness centers on the campuses Student health center on every high school campus Expanded nurse's office at elementary schools Some successful models in SoCal and Bay Area Would like to see Wellness center Have access to mental health, reproductive health, and other health needs services Nurse, NP/PA, therapist These people waiting for kids to come see them would be so ideal. Money not there yet Have a grant that they applied for, but only got it at CRC elementary school Received funds for it at Portola elementary – only place that met the metric on poverty level PUSD
- 7.12. 3. Biggest need: high school kids from Greenville displaced – had to go to Chester or Quincy – that's where the options were – therapists available went there Elementary kids in Taylorsville – couldn't get therapist in person there So had to do remote and tele therapy and started setting that up for children, but then the forum (parents/teachers) decided they did not want that. So tried to again to get in-person therapy, but couldn't, then people said not kind things (harsh) about him. Understands, part of the job as an administrator. Also hard, especially trying to work hard for them but they seem ungrateful no matter what you do. And when you don't have to stay, you get exhausted from it and may want to leave. Tried to change or get them to understand, but really hard to remove their worldviews on things. PUSD
- 7.13. 3. Lots of trauma for families – struggled to provide mental health services for students Access to basic human needs and mental health needs Trying to hire a therapist at every school Couldn't find people to hire People could not come here; from here, they were displaced. PUSD
- 7.14. 1. Previously was special ed director – now student services director Lots of programs like homeless and foster youth, English learners In bigger districts would be whole departments – but here it's just one person Those people had to shoulder their own admin When you're having to do all these other things then other work gets pushed aside and put off Knows other work isn't getting done and that creates constant stress Also worry about getting deadlines, and had to miss a lot of them Him personally: an in-person kind of person, when he could not come back to the office, that creates another layer of stress PUSD
- 7.15. 8. Overall we cannot underestimate the mental health, social disinteraction with COVID and trauma with the wildfires and the devastation of the forest and people's homes. It's not going to go away anytime soon. Smelling smoke or wind can be difficult- triggers. Addressing the stress is important. CoC
- 7.16. 3. Planning Director – we're public servants: concern for staff and for public. mental health concerns at the

end of the day. Everyone is dealing with triggers. Set up LAC (local assistance center) during the early days of the wildfire. Provide the necessary resources for people on how to move forward with aftereffects of the wildfire with lots of resources. Learned LOVE (L – Listen, O – Observe, V – Validate, E – Educate) unless you've been through the level of trauma you won't know what people are going through. But first and foremost people are going through trauma, and they can't process all the information. County staff even lost their homes, or their families did. County staff is all directly or indirectly impacted. CoC

- 7.17. 1. The stress and anxiety of COVID (being exposed, etc.)- mental health became a challenge. Wanted to keep people's lives private but be there for them and support them as well. CoC
- 7.18. 4. Mental health and substance abuse increase Jail and criminal justice system Last op for these issues DA
- 7.19. 2. Clients? Defendants in rehabilitation programs Not Punishment See improv when have active and aggressive management When they couldn't go to court, got worse They are recovering though DA
- 7.20. 1. Mental health of Plumas County has degraded DA

8. Substance Abuse

- 8.1. 4. Mental health and substance abuse increase Jail and criminal justice system Last op for these issues DA
- 8.2. 1. A heightened amount of substance abuse DA

9. Crime

- 9.1. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH
- 9.2. 4. Statistically: saw a drop in crime (it wasn't enforced) Enforcement engage again A little bit of a boost (not sure until a year has past to check) DA
- 9.3. 1. We see folks who do not commit crimes have commit crimes People on the low spec of crime are more active now We are seeing this daily DA

10. Staying open

- 10.1. 3.1 Patients primary question/concern was if EPHC would remain open and operational Things you don't learn in tabletop, but you then have to apply in real life EPHC
- 10.2. 2. Staffing & access to staff In quarantine situation, losing a staff member for up to 10 days In a small, rural setting, have had to close down a department bc had to be out per CDC guidelines Ability to maintain operations consistently was one of the biggest concerns EPHC
- 10.3. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more "old school" and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don't have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH
- 10.4. 1. Building burdened down after fire Homeless day shelter Crisis shelter We had to pick up with nothing and keep going No commercial space Took over three rooms in Ohana house Loss 10 staff members during the covid fire PCIRC
- 10.5. 1. Tried to continue maintaining some services such as lunches and still being a strong community partner Tried to maintain connections with the community even if it was virtual. PUSD
- 10.6. 1. When COVID hit in March of 2020 – based on Gov Executive orders and county government (public health director and PH officials) the office (public counter) was closed for sometime CoC

- 10.7. 8. Wildfires: We still need to operate and recruit Have visitors here Promote the whole county DA
- 10.8. 3. Organization Being able to operate DA
- 10.9. 2. Concern: Organization Staying open (minimally staff) DA

11. Management/Coordination

- 11.1. 5. County leadership was slow to respond and didn't take it as seriously as they should have Should have been more proactive BH boss was very responsive and quick, paying attention to and heeding PH advise But county leadership was less than effective NCoC
- 11.2. 4. Whole COVID-19 response was a bit confusing More due to public health response from the state/national levels Local level handled it much better As good as it could be Public health leadership did what they could with the resources they had Confusion about Q/I – esp. at the beginning Federal response was appalling Response to COVID-19 has shifted and morphed a lot Lots of change in knowledge Interesting to think about on personal experience pre-vaccine, later loosening of measures NCoC
- 11.3. 4. Wildfires: constant daily meetings, wanting to be as responsive as possible Very pleased with performance in 2020 wildfire Had things positioned to receive more patients When it occurs, have very limited amount of time to act and move Were able to absorb 20 patients from Loyalton location, if they hadn't, where would they have gone? Getting patients transported out to other locations is very challenging (bed availability and staffing) ER physician might call 30 hospitals before they find someone who can accept one patient If have to offload 25-30 patients, where do those patients go? EPHC
- 11.4. 1. More changes on facility operations due to wildfires than in the facility/community Did an evacuation in Loyalton (first time ever had to evacuate campus in 35 years) Looking at IC, fire management, etc. Not a tabletop exercise – large event occurring quickly Doing daily incident command meetings last summer (2021) bc never knew what was going to happen with the fire PDH evacuated twice & Seneca evacuated once Increasing coordination and collaboration with other local hospitals Working closely with Firewise council in Portola Trying to reduce impact around the campus Anytime see a lightening strike, just hoping EPHC
- 11.5. 1. Because everything was virtual, couldn't deploy resources in the same way (eg, SNF in Loyalton), would have to minimize the amount of personnel resources could funnel there bc minimizing transmission risk Different service lines became insulated; weren't spending much time bringing transmission issue EPHC
- 11.6. 7.1 Have a very good staff who are willing to work as a team and step up and cover for one another For example, if someone was out sick, would have another team member to step up and fill in For example, if the therapist is out, counting on the case manager to stay in contact with the client PCBH
- 11.7. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH
- 11.8. 1. Wildfires: annex was under warning for evacuation during the fire Have staff that live all over the county (Chester, Portola, Greenville, Meadow Valley, Quincy) As the fire moved, the evacuations and evacuation warnings constantly changing Confusing about mandatory vs. warning evacuation Also confusion about being a designated disaster service worker and those implications, esp. if trying to evacuate family (eg, elderly family members) Receiving mixed messages about whether or not needed to evacuate, and if they were allowed to take time off to go evacuate (personal) PCBH
- 11.9. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had

30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH

11.10. 7. Able to stand up IC in hospital Increases communication, makes them more nimble Heightened response to the emergencies Were able to quickly respond to financial needs Quickly acquire equipment, supplies, etc. without needing to go through a very bureaucratic process to do so Infection control, response, and policies PDH

11.11. 5. COVID-19 there were a lot of resources available Feds realized supplemental funding would be necessary to allow healthcare providers to respond effectively Elective, high dollar procedures were postponed That's typically what makes the hospitals a lot of money Spend a lot of time and resources on the pandemic, are going to need quick, supplemental funding – and that happened, were able to respond and keep doors open The state resourced public health departments so poorly on a local level to respond to a pandemic Should have been able to respond in a more similar way to the hospitals (testing, etc) Staff and resource public health agencies appropriately to be able respond better PDH

11.12. 3. Operations could never be shut down You might be evacuated or your house may have burned down, and staff still had to show up – and they did Had an influx of several thousand first responders – and demand increased Staff kept showing up and keeping the hospital running, while everyone else was running away Even through really poor air quality Communication from the command center was poor when critical information was needed Cannot recruit and retain staff With the loss of Greenville lost a lot of housing for staff May have longer term effects for the community than the pandemic PDH

11.13. 5. More housing and emergency shelter Buses, vans, more food All of the basic needs More staff to counsel and to bring down Just more coordination More pockets of people doing different things But the lack of coordination made it difficult to use it well. Foundations helped them during these tough times The relationships built made a huge difference PCIRC

11.14. 1. Loss staff, hats got wider Staff got more positions Nonstop need of the community Lay people off, absorb positions, challenge by space due to loss of building Ability or plans to reduce workload No plans to reduce Not getting any staff applicants Covid-19 Not getting enough people to work, there is this state of not working in the community A month of services 175 walk ins in ohana house Distributed food to 42 families Everybody has been challenged PCIRC

11.15. 4. Staff did an extraordinary job We did the best they could and strategically left off things that would have the least impact on the kids. Good on getting everything in place from CALOES – like air scrubbers, get playground back together. Did everything they could to bring money and attention to the community PUSD

11.16. 2.1 To a certain extent yes – people leaped and changed roles to do what they had to do to make it work For example, bus drivers taking food out to kids Cafeteria staff coming back and making the food Teachers and admins going out to students Setting up hubs on campus out for kids when they come back as soon as they could because kids without internet could not due remote work. Were able to get some of the highest needs kids back to campus (eg, special needs, homeless youth) within one month Brought kids back in cohorts in Fall 2020 – had two cohorts of kids (morning and afternoon) Continuity shattered with the fires – threw everyone into chaos PUSD

11.17. 5. Wildfire: our EOC was open, but it was not organized very well. The leadership did not have a clear plan of roles and responsibilities. Since there wasn't a clear directive people just assumed roles (chaotic). In the next disaster – having deliberate EOC center, org chart, EOP delineated and filled out with incident command structure of what human resources would do what jobs. EOC chain of command would have been helpful. CoC

11.18. 8. Importance of local gov is emphasized Expertise that they rely on is local gov As well as leadership Point to covid Do better at that front We did fairly well in comparison to other counties But there are things that we could have prevented, so fix in gov needs to happen DA

11.19. 6. COVID Unitary voice from county would be helpful Dissent conversation discussion is likely But must have unitary voice No productive conversation happening from experts Better leadership needed DA

11.20. 3. Work through the fire and recover through the fire The continued emphasis of the fire Disservice to the fire Don't see the good side of plumas county No CAO no auditor DA

11.21. 2. Navigate through covid (staff at base level) (most important concern DA)

12. Services

12.1. 6. Policies/Programs/Services that we implemented: Covid screenings of employees and patients each time they come in/out of the office. Volunteers for mentoring groups-teens, children, adults. "Emergency Connection" support group that ran daily from July-September of 2021, and our New Fundraiser-we are taking donations and selling RI merchandise. All proceeds will go directly to assisting the uninsured population within Plumas County. (RT)

12.2. 2. The most important concern that RI had during the pandemic between 2020-2021 was: the loneliness and helplessness that our patients would experience during this time. Also keeping all our staff Covid free and healthy to provide these services to our community. (RT)

12.3. 1. The wildfires caused the following changes in Rethink Industries' daily operations: we opened an immediate online "Emergency Connection" support group for all fire survivors, we also sent our Trauma Counselors to the Plumas County fairgrounds where emergency shelter was held. We wanted to provide NO CHARGE services to all who were affected by the fires and assist with the immediate trauma that resulted because of the Dixie Fire. We have since set up a Fundraiser where all proceeds and donations go to the direct cost of servicing community members who do not have insurance. (RT)

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12.5. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuild Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC

12.6. 3. Tony lost his home in the Camp Fire Impacted how the provided services to those in the community – pretty much leveled Greenville Need for resources from clients and the greater community there was a large need Contributed to homeless population Overnight significant increase Major disruption in lives, livelihoods and jobs Hard to measure Infrastructure impacted – both clients and staff Wellness center burned NCoC

12.7. 2. Safety was the number one concern: for staff and for clients Department had to rethink intakes Cancelling groups Client and staff safety Keeping those most vulnerable healthy and away from infection NCoC

12.8. 1. March 2020: BH provides direct services, in person, one-to-one, and group therapy and substance abuse disorder group Significant impact when the shutdown occurred Personally quickly transitioned to working from home at BH (March 2020-July 2020 [left the department]) County was able to pivot quickly to providing services online and through telehealth Already had some telehealth pre-pandemic NCoC

12.9. 4. Wildfires: constant daily meetings, wanting to be as responsive as possible Very pleased with performance in 2020 wildfire Had things positioned to receive more patients When it occurs, have very limited amount of time to act and move Were able to absorb 20 patients from Loyalton location, if they hadn't, where would they have gone? Getting patients transported out to other locations is very challenging (bed availability and staffing) ER physician might call 30 hospitals before they find someone who can accept

one patient If have to offload 25-30 patients, where do those patients go? EPHC

12.10. 4. COVID-19: Very successful, managing both community education, resurgence of patience back to campus to let them know this is a safe location to In 2021, saw a significant increase in patients utilizing services at the hospital – speaks to outreach and education Good COVID community resource: education to vaccination Three significant increases in COVID cases over past 1.5 years in Eastern part of the county: initial COVID impact (early 2020) – didn't see anything until late in the year, everyone knew it was happening, but wasn't happening locally, saw a big impact in cases in middle part of 2021 (Omicron) – really impacted (Oct/Nov 2021 to Jan 2022); second one April/May 2022 Big push on patient bed needs, staff transmission, Have done a good job keeping transmission rates down, pharmaceutical therapies, EPHC

12.11. 3.1 Patients primary question/concern was if EPHC would remain open and operational Things you don't learn in tabletop, but you then have to apply in real life EPHC

12.12. 3. Would the Portola area have to evacuate, and if so, where would the patients go? Had taken some patients from PDH, but had limited capacity Were the last, unaffected district hospital Have a limited number of beds Had people that needed care that were being pushed into that area, and having to absorb and take care of them If evacuated: how able to continue to provide services? For example, Loyalton evacuation of 2020: staff having to evacuate at the same time that SNF had to evacuate too and take care of patients EPHC

12.13. 2. Staffing & access to staff In quarantine situation, losing a staff member for up to 10 days In a small, rural setting, have had to close down a department bc had to be out per CDC guidelines Ability to maintain operations consistently was one of the biggest concerns EPHC

12.14. 1. Because everything was virtual, couldn't deploy resources in the same way (eg, SNF in Loyalton), would have to minimize the amount of personnel resources could funnel there bc minimizing transmission risk Different service lines became insulated; weren't spending much time bringing transmission issue EPHC

12.15. 8. Anxiety (initially) Depression as things dragged out, and, for example, having to drive through Greenville after it burned down More hypervigilance People wouldn't go to regular sessions during COVID-19, and then there would be a crisis (not necessarily 51/50), but a lot more interventions and services needed A little more hypersensitivity with staff – which then extends to clients For example, with seeing smoke PCBH

12.16. 6. When you're not supposed to see people in person, and they don't have phone reception, it becomes very limited what you can do Trying to balance universal precautions with clients needs For example, if a client needs to go to the hospital, you still had to drive them Still under some mandates for COVID-19 when the fire was occurring Going out and trying to find the clients Applying the preventative measures, such as masking and vaccination, to protect staff Cooperating with and being flexible to access certain populations, such as the jail clients Sending people out to find clients Having staff assist clients with getting connected via phone and video calls PCBH

12.17. 4. Their IT person and helping everyone get onto Zoom and .z and getting that set up quickly In satellite offices, already had equipment in most of them In one office, didn't have it set up, and it was challenging to obtain the equipment due to supply chain issues In 2018, started working on satellite offices – having one in each community Made it easier for people to have a place to connect to in their community without having to travel, especially when roads were closed or major delays Especially for providing services and meeting people where they are Also became information center during fire (eg, Camp Fire) for evacuees Having the answering service that wasn't local Keeping operations as normal as possible Having those services already in place Just happened that way and ended up being really good because they weren't evacuated/directly affected by the fires PCBH

12.18. 3. Have an answering service for 24/7 crisis line based out of Auburn Still had someone who was able to receive the phone calls and they (BH) had a point they could contact to still receive the information Was more effective than having someone locally trying to cover the emergency PCBH

12.19. 3. Having the centers re-opened and being able to support clients that way Having their IT person on site and with their equipment – easier to resolve issues Still able to do things virtually, and at their local wellness center (don't have to travel as far) Some of the issues, such as connectivity, cell phones, technology, is outside of BH control PCBH

12.20. 2. Maintain contact – staying in contact with clients Part of it was in the skills of the clients and staff How

to work Zoom, .z, etc. Infrastructure to support telehealth (for example, some can call into meetings but you can't call them) Only have a phone call is not the same as seeing clients in person Pick up on other cues when you see people in person Doing a hybrid for some groups is very helpful, such as the SUD group Can have people go into the centers (satellite campus) and then do a video call Can include them in the main group via video call, whereas otherwise they wouldn't be able to attend because don't have the resources to support groups in every population centers multiple times per week Has opened up some avenues and access PCBH

- 12.21. 1. Regular services were disrupted, for example, people weren't showing up to appointments because they were evacuated/relocated Had to try and track down more vulnerable clients and make connection with them when they could Crisis services were ramped up and regular, routine services were slowed down (based on memory, not data) PCBH
- 12.22. 1. BH has a small staff (~9 therapists at the time) Staff needing to be off to deal with personal matters related to the fires Needing to cover their shifts/clients Needing to cover shelters as DSWs Becomes very challenging PCBH
- 12.23. 1. Satellite office in Greenville that burned – office, equipment, and vehicles that burned and were lost in the fire Created a large gap between Quincy and Chester to deliver services to clients in that area County is very spread out and so had offices in different locations to help better meet the needs of clients – big loss Satellite office in Portola affected by Beckwourth fire, but Quincy was able to cover and carry out a lot of the major operations since Quincy is the hub – not as disruptive as the Dixie Fire PCBH
- 12.24. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more "old school" and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don't have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH
- 12.25. 10. Fires: it's hotter, drier, and the fuel load is more dense, we aren't reducing fuels at the rate we used to There must be a recognition on all sides of the political spectrum Yes, climate is changing and it is impacting the way see and do things Spending resources to try and increase services Is it worth it? Will the community build back? PDH
- 12.26. 2. Community – to respond to the need Instant gap in diagnostic ability for COVID-19 that was immediately filled Was both a blessing and a curse Massive amount of human and financial resources Had a PhD in molecular biology running the lab at the time – was able to do 24 hour turnaround for PCR by June 2020 Really provide that resource for the community PDH
- 12.27. 1. Fundamentally altered every aspect of their business Everything they had been planning to and wanting to do – got delayed, postponed, or modified Project delivery and service line standpoint Disrupted staffing Quality of life Have since seen the impact of the pandemic and the deferral of care Seeing sicker people that didn't receive their ongoing preventative care Acuity levels have been higher Have seen that in own staff Increased utilization of medical insurance services PDH
- 12.28. 9. Expanding our partnerships with people such as public health Would be big to help do what they need to do to care for the populations that they serve. Workforce development, job search Onsite behavioral health specialist and other health positions to help them out. School clinics and doing outreach stuff to help their clients Did they get health fresh healthy living Calfresh program (they are enrolled) PCIRC
- 12.29. 8. Having the funds to find housing, do motel sheltering Intensive care managing is also needed The more times you can touch a person, the more successful you will be Have to move that around with staff and clients until you find the right clicks Have to build their self-esteem, confidence, and grief to get them going again. If you don't have the connection with people, can't make things move PCIRC
- 12.30. 9.1 Community wellness centers on the campuses Student health center on every high school campus Expanded nurse's office at elementary schools Some successful models in SoCal and Bay Area Would like to see Wellness center Have access to mental health, reproductive health, and other health needs services Nurse, NP/PA, therapist These people waiting for kids to come see them would be so ideal. Money not there

yet Have a grant that they applied for, but only got it at CRC elementary school Received funds for it at Portola elementary – only place that met the metric on poverty level PUSD

12.31. 3. Biggest need: high school kids from Greenville displaced – had to go to Chester or Quincy – that's where the options were – therapists available went there Elementary kids in Taylorsville – couldn't get therapist in person there So had to do remote and tele therapy and started setting that up for children, but then the forum (parents/teachers) decided they did not want that. So tried to again to get in-person therapy, but couldn't, then people said not kind things (harsh) about him. Understands, part of the job as an administrator. Also hard, especially trying to work hard for them but they seem ungrateful no matter what you do. And when you don't have to stay, you get exhausted from it and may want to leave. Tried to change or get them to understand, but really hard to remove their worldviews on things. PUSD

12.32. 3. Lots of trauma for families – struggled to provide mental health services for students Access to basic human needs and mental health needs Trying to hire a therapist at every school Couldn't find people to hire People could not come here; from here, they were displaced. PUSD

12.33. 2.1 To a certain extent yes – people leaped and changed roles to do what they had to do to make it work For example, bus drivers taking food out to kids Cafeteria staff coming back and making the food Teachers and admins going out to students Setting up hubs on campus out for kids when they come back as soon as they could because kids without internet could not due remote work. Were able to get some of the highest needs kids back to campus (eg, special needs, homeless youth) within one month Brought kids back in cohorts in Fall 2020 – had two cohorts of kids (morning and afternoon) Continuity shattered with the fires – threw everyone into chaos PUSD

12.34. 2. Kids with special needs don't have access to the services needed and sometimes need to travel out of the area Limited access to services for children who need extra or special care within the Plumas area. Struggle for people wanting to move in cuz to get these services, need to go back out to where they were before to get those services. PUSD

12.35. 1. As they were ready to come back, had the fire, and the school start date was delayed at least 2 weeks in every community Greenville burned during that time and had to re-route all those kids to Taylorsville The school was pretty much the only thing left standing in Greenville And it became even more important to the community Maybe became the icon of the rebuilding effort Trying to get space out to different agencies like recovery agencies and library People who didn't before have jobs that have anything to do with leasing real estate Superintendent, secretary, you name it was busy trying to get space out to the library for the recovery agencies and to all kinds of things that wanted to move in. PUSD

12.36. 1. Tried to continue maintaining some services such as lunches and still being a strong community partner Tried to maintain connections with the community even if it was virtual. PUSD

12.37. 1. It felt like we were suffering without the public interaction and the public was frustrated as well (not able to get the same level of business done with the office). CoC

12.38. 1. When COVID hit in March of 2020 – based on Gov Executive orders and county government (public health director and PH officials) the office (public counter) was closed for sometime CoC

12.39. 2. Clients? Defendants in rehabilitation programs Not Punishment See improv when have active and aggressive management When they couldn't go to court, got worse They are recovering though DA

13. Teamwork/Collaboration

13.1. 7. Was our institution understaffed: I am not sure of any business within PC that was not understaffed. Our community is small, and resources are lacking. However, I believe that when our community experiences traumatic events such as the pandemic and wildfires that we all come together to support one another as fellow community residents. (RT)

13.2. 1. More changes on facility operations due to wildfires than in the facility/community Did an evacuation in Loyalton (first time ever had to evacuate campus in 35 years) Looking at IC, fire management, etc. Not a tabletop exercise – large event occurring quickly Doing daily incident command meetings last summer (2021) bc never knew what was going to happen with the fire PDH evacuated twice & Seneca evacuated once Increasing coordination and collaboration with other local hospitals Working closely with Firewise council in Portola Trying to reduce impact around the campus Anytime see a lightening strike, just hoping EPHC

13.3. 1. Staff: COVID-19 – everything shifting to Zoom format (also impacts patients), large increase in tele-med visits, patients felt it was safer, staff had to do everything virtually, creates challenges with communication, community & staff, not in the same location, Graeagle, Loyalton, Portola; inability to be in same in-person location, difficulty with working collaboratively together and having same interactions as before EPHC

13.4. 7.1 Have a very good staff who are willing to work as a team and step up and cover for one another For example, if someone was out sick, would have another team member to step up and fill in For example, if the therapist is out, counting on the case manager to stay in contact with the client PCBH

13.5. 4. Proud of how everyone responded There were times that tensions were high Had gone through various moments of forming a cohesive team Pandemic brought out some of the best aspects of what happens when these groups work together Taking the resources we have and having the biggest impact for the community PDH

13.6. 3.1 Unsure if additional resources would have been helpful You just show up with the team you have and do your best Having staff tied into county emergency operations center Sometimes that county gets county-centric and forgets about exterior partners Push & pull of critical info gets lost Good & timely info alleviates a lot of anxiety If not, hard to answer questions from staff as leadership (and on down) PDH

13.7. 9. Expanding our partnerships with people such as public health Would be big to help do what they need to do to care for the populations that they serve. Workforce development, job search Onsite behavioral health specialist and other health positions to help them out. School clinics and doing outreach stuff to help their clients Did they get health fresh healthy living Calfresh program (they are enrolled) PCIRC

13.8. 9. What they are doing Building a navigation center Build a trailer park area This brought to light what is needed Three part work Building Dormitory for people Cabins for transitional house H staff housing disability assistance program Take homeless with no benefits to give them aid Have a home safe grant Working with homeless citizens and seniors Funded by BSCC Navigation center Reentry site for clients Has a cafe area To help with getting people to jobs Culinary training program Weeks to learn how to cook and be an entrepreneur To develop things and sell things 3 days a week, it is a restaurant Sat, sun, and mon open for meals Place for events, baby showers. Bookclubs, etc. PCIRC

13.9. 9.1 Partnering with Public health Needs funding for the centers that aren't competitive that are just a given when it's such a big need and especially in rural areas Advocacy in Sacramento to understand the unique needs in rural areas PUSD

13.10. 5. Public Health – press releases, info could be shared out to the public with accurate information, weekly meeting, when to come out On tracking and tracing and trying to communicate that to parents. PUSD

13.11. 5. Butte and Sonoma provided a lot of assistance – operational and spiritual Showing how to file waivers with the state for the money, etc. Here's what you need to do, here's who you need to contact PUSD

13.12. 5. CalOES was very responsive during wildfires When they needed something, they would bring it the next day if not sooner. Had a hotline of the governor. PUSD

13.13. 7. The Dixie Fire Collaborative (long term recovery group) – is anyone from public, etc, provides capacity for response to the wildfires. It provides more eyes and ears and familiarity to the community and is the impacted community (neighbors who understand vs government). Being understaffed the collaborative is really important. CoC

13.14. 6. COC: People in Greenville were suddenly homeless. PCIRC was the place everyone referred to. We supported PCIRC in whatever ways the county could. The county did apply on behalf of PCIRC to support homeless clients. CoC

13.15. 6. Situation where we were not aware: From forces outside of the county helped out DA

13.16. 5. COVID Excellent relationship with public health Dealing with big pic policy Enforcement of public health orders Recognition Of continuing to operate Help from public health DA

14. Communication/information

14.1. 5. County leadership was slow to respond and didn't take it as seriously as they should have Should have been more proactive BH boss was very responsive and quick, paying attention to and heeding PH advise But county leadership was less than effective NCoC

14.2. 4. Whole COVID-19 response was a bit confusing More due to public health response from the

state/national levels Local level handled it much better As good as it could be Public health leadership did what they could with the resources they had Confusion about Q/I – esp. at the beginning Federal response was appalling Response to COVID-19 has shifted and morphed a lot Lots of change in knowledge Interesting to think about on personal experience pre-vaccine, later loosening of measures NCoC

14.3. 8. Vaccine confidence grant through HRSA Couldn't be used for supplies, but could be used for education and outreach Trying to coach and educate staff to get vaccinated, so that they can coach and educate the community What are some practical applications to be able to educate the community more? Relating to resources The more politically charged it became, the more people were going to stick to their side and the less they wanted to hear info EPHC

14.4. 7. Wildfires: goes beyond the annual tabletop drill Policies as related to communication Narrowing down the number of people in IC, but expanding communication throughout the campus Who should be notified of Patients that may be affected, Communications plan EPHC

14.5. 6. COVID: how to access staffing (esp. with vaccination mandate), at risk of losing half of staff due to them being unvaccinated, some state resources available but very challenging to access them (confusion on if EPHC has to pay, or if they're provided) Having a more easily organized and understood staffing resource tool – state level Resources easier to manage for COVID-19 reporting: vaccination, testing, etc. MyVax, Blue Cross, A lot of administrative labor time that they didn't have Programs as organizationally efficient as possible, and looking at what's the benefit Hours of time to input info vs. how is the data be using/what for Ordering vaccination, testing kits, etc. – systems were challenging and hard to use Not beneficial for patients Wildfires: similar issues – resource management and ordering As much real time, available information as possible Challenging EPHC

14.6. 5. Wildfires: daily debriefs Weekly calls with PCPHA regarding COVID situation CDC => CDPH => PCPHA => Healthcare districts A lot of frequent changes throughout the pandemic that trying to response to EPHC

14.7. 5. COVID Funding resources: national, CARES act funding Significant increases in cost for PPE, lab testing, etc Sometimes a lot of funding coming in without a lot of specifics on how it could be utilized, how it has to be reported, etc. – question of if funding was going to the places where it was needed, rush/push to get funds out there, but not a lot of guidance on how can be used EPHC

14.8. 4. COVID-19: Very successful, managing both community education, resurgence of patience back to campus to let them know this is a safe location to In 2021, saw a significant increase in patients utilizing services at the hospital – speaks to outreach and education Good COVID community resource: education to vaccination Three significant increases in COVID cases over past 1.5 years in Eastern part of the county: initial COVID impact (early 2020) – didn't see anything until late in the year, everyone knew it was happening, but wasn't happening locally, saw a big impact in cases in middle part of 2021 (Omicron) – really impacted (Oct/Nov 2021 to Jan 2022); second one April/May 2022 Big push on patient bed needs, staff transmission, Have done a good job keeping transmission rates down, pharmaceutical therapies, EPHC

14.9. 1. More changes on facility operations due to wildfires than in the facility/community Did an evacuation in Loyalton (first time ever had to evacuate campus in 35 years) Looking at IC, fire management, etc. Not a tabletop exercise – large event occurring quickly Doing daily incident command meetings last summer (2021) bc never knew what was going to happen with the fire PDH evacuated twice & Seneca evacuated once Increasing coordination and collaboration with other local hospitals Working closely with Firewise council in Portola Trying to reduce impact around the campus Anytime see a lightening strike, just hoping EPHC

14.10. 1. Patients: early in 2020, didn't want to seek medical treatment for fear of COVID transmission; ended up coming in with more severe conditions because weren't doing routine care – telemedicine was a big, important step Operationally: hospital setting is one of the safer settings (had to communicate that – community education) COVID testing tents, vaccination events, community outreach and education: a lot of EPHC

14.11. 1. Staff: COVID-19 – everything shifting to Zoom format (also impacts patients), large increase in tele-med visits, patients felt it was safer, staff had to do everything virtually, creates challenges with communication, community & staff, not in the same location, Graeagle, Loyalton, Portola; inability to be in same in-person location, difficulty with working collaboratively together and having same interactions as before EPHC

14.12. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH

14.13. 4. Their IT person and helping everyone get onto Zoom and .z and getting that set up quickly In satellite offices, already had equipment in most of them In one office, didn't have it set up, and it was challenging to obtain the equipment due to supply chain issues In 2018, started working on satellite offices – having one in each community Made it easier for people to have a place to connect to in their community without having to travel, especially when roads were closed or major delays Especially for providing services and meeting people where they are Also became information center during fire (eg, Camp Fire) for evacuees Having the answering service that wasn't local Keeping operations as normal as possible Having those services already in place Just happened that way and ended up being really good because they weren't evacuated/directly affected by the fires PCBH

14.14. 1. Wildfires: annex was under warning for evacuation during the fire Have staff that live all over the county (Chester, Portola, Greenville, Meadow Valley, Quincy) As the fire moved, the evacuations and evacuation warnings constantly changing Confusing about mandatory vs. warning evacuation Also confusion about being a designated disaster service worker and those implications, esp. if trying to evacuate family (eg, elderly family members) Receiving mixed messages about whether or not needed to evacuate, and if they were allowed to take time off to go evacuate (personal) PCBH

14.15. 3.1 Unsure if additional resources would have been helpful You just show up with the team you have and do your best Having staff tied into county emergency operations center Sometimes that county gets county-centric and forgets about exterior partners Push & pull of critical info gets lost Good & timely info alleviates a lot of anxiety If not, hard to answer questions from staff as leadership (and on down) PDH

14.16. 3. Operations could never be shut down You might be evacuated or your house may have burned down, and staff still had to show up – and they did Had an influx of several thousand first responders – and demand increased Staff kept showing up and keeping the hospital running, while everyone else was running away Even through really poor air quality Communication from the command center was poor when critical information was needed Cannot recruit and retain staff With the loss of Greenville lost a lot of housing for staff May have longer term effects for the community than the pandemic PDH

14.17. 2. Increase in expenses – a lot Had to hire a lot more people Had to supplement labor with traveling staff Much higher rate and not necessarily higher quality (and often lower quality) What is the normal? What's sustainable? What can and should we provide Looking at how pandemic is stabilizing Relationships with partners has grown closer PDH

14.18. 6. Families do not shop well or wisely (education) with the food stamps Cannot go too far with people who have done this way for so long But it needs to be done gently PCIRC

14.19. 4. Partnership with calwork Came with these huge boxes of gift card Brought people to them Sleeping bags and tents, clothes, hygiene products, and food to give to them At the immediate fire People were sheltered by them in motels Got a great deal at reno at nugget to help their clients Housing navigation after the fact Household items Connected with the church with reno to help Generators and chest freezers, air conditioners, and gift cards PCIRC

14.20. 3. People PCIRC serves: They were unprepared Grant will help them prepare for fires and things to distribute to them To talk to seniors, disabled, and house bound, it is their goal to help them PCIRC

14.21. 2. People: They did not understand the physical impact of it, the need to make them understand was the main concern Population (People who don't trust gov or social service Slow income, age could be a factor Non vax people Combination of people) People became unemployed Got unemployment checks Created no

incentive for income people to search for jobs Kept building on themselves Gov kept trying to help, made things worse People ignoring her bills until she can't ignore it anymore Educating them to say we can help but not take care of all your problems May be due to years of generational poverty PCIRC

14.22. 2. People were not educated enough about it COVID-19 Made the numbers so high, education important People chose not to believe it PCIRC

14.23. 1. Dixie fire Very difficult A lot of people that they served in the dixie fire 520 intakes, 1170 survivors served Everyone has not successfully restructure and rebuild Some people think that they can be supported forever, but not true PCIRC

14.24. 1. Clients A lot of people had a lot of misinformation in housing and covid-19 A lot of people stop paying rent People were 10,000 dollars behind their rent They had to go through the covid state help Not very efficient Did not work out for some people People got evicted Affected schooling, etc. PCIRC

14.25. 10. At least a 5 year recovery to get the emotional bonds back between the community and school districts Central feature of the recovery (in his opinion) Turnover as part of that process Community forums could be very beneficial Bringing together all of the different stakeholders. Truth and reconciliation committees (South Africa) People to be able to come to the table and express their feelings and needs Can't change the past, but can move forward into the new future All that we can do is just hold together as a community through it. If we don't, it will just become a really hard time especially for plumas. PUSD

14.26. 7. Policy document (Appendix B) – based on Cal OSHA and CDC Able to utilize to communicate with staff and parents Always vetted by Dr. Satterfield and later Dr. Loomis Basically a serious of questions about Here are questions that people had and questions from staff and community How will we be addressing those questions. It was really helpful because it allowed them to be consistent. Updated every time guidance would get updated – and then it'd be reissued So, whenever people had questions, we show them what we are doing. This year that policy has been pretty much eliminated and just have one page info session on what they're doing – unsure how that will be received PUSD

14.27. 5. Public Health – press releases, info could be shared out to the public with accurate information, weekly meeting, when to come out On tracking and tracing and trying to communicate that to parents. PUSD

14.28. 5. Butte and Sonoma provided a lot of assistance – operational and spiritual Showing how to file waivers with the state for the money, etc. Here's what you need to do, here's who you need to contact PUSD

14.29. 5. CALOES was very responsive during wildfires When they needed something, they would bring it the next day if not sooner. Had a hotline of the governor. PUSD

14.30. 4. Staff did an extraordinary job We did the best they could and strategically left off things that would have the least impact on the kids. Good on getting everything in place from CALOES – like air scrubbers, get playground back together. Did everything they could to bring money and attention to the community PUSD

14.31. 3. Holding forums and helping people begin to understand the great things About Plumas County, and how Plumas is similar and different than other counties in California and nationwide Understanding that would help them understand the changing demographic and the changing telework movement and the way that real estate has gone. And the changes that are coming. Helping families see that the community that they grew up in is not the same as now and that this change is okay and help them accept it would be helpful. Because fighting the change would not fix anything. PUSD

14.32. 3. Really tries to be communicative and engage staff where they are PUSD

14.33. 2. Trying to make contact with kids – sometimes during the pandemic had about 20% of the students that were gone and unresponsive PUSD

14.34. 1. Coming into this year: things are back to "normal" and that's very hard because there's been so much going on There is a lot of these funding streams that we did not have before, so I have to keep on top of that now. Lots of extra money, keeping track of the reporting and grants There's more deadlines Data reporting is behind a year for special ed due to computer glitch Not being able to keep up with communicating with parents about what is going on. Parents get angry and upset Teachers are tired of it PUSD

14.35. 1. Lots of contact from crisis management at the state (From the CALOES) and other local areas/districts who had also experienced that trauma Had also had significant issues with fire (Butte and Sonoma) PUSD

14.36. 5. Pandemic One resource for both: having a Public Information Officer at a county level to funnel communication information- important to have that person in place. Public Health is doing a good job with

PIO (news/press releases). As many updates as possible to share information. CoC

14.37. 6. Process was not being kept for out people No info coming to them DA

14.38. 6. COVID Unitary voice from county would be helpful Dissent conversation discussion is likely But must have unitary voice No productive conversation happening from experts Better leadership needed DA

14.39. 5. County perspective On their own Message from county not really helpful Created challenges with covid Getting compliance from public good was harder County spectrum (were on their own) Used public health and CDC policies to operate DA

15. Long-term care/work for the county

15.1. 6. Policies/Programs/Services that we implemented: Covid screenings of employees and patients each time they come in/out of the office. Volunteers for mentoring groups-teens, children, adults. "Emergency Connection" support group that ran daily from July-September of 2021, and our New Fundraiser-we are taking donations and selling RI merchandise. All proceeds will go directly to assisting the uninsured population within Plumas County. (RT)

15.2. 1. The wildfires caused the following changes in Rethink Industries' daily operations: we opened an immediate online "Emergency Connection" support group for all fire survivors, we also sent our Trauma Counselors to the Plumas County fairgrounds where emergency shelter was held. We wanted to provide NO CHARGE services to all who were affected by the fires and assist with the immediate trauma that resulted because of the Dixie Fire. We have since set up a Fundraiser where all proceeds and donations go to the direct cost of servicing community members who do not have insurance. (RT)

15.3. 10. Fires: it's hotter, drier, and the fuel load is more dense, we aren't reducing fuels at the rate we used to There must be a recognition on all sides of the political spectrum Yes, climate is changing and it is impacting the way see and do things Spending resources to try and increase services Is it worth it? Will the community build back? PDH

15.4. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH

15.5. 6. Wildfires: tragedy to watch it unfold in such a slow motion way So devastating to watch it: 1 million acres of 3 months Have transformed public perception of Plumas County, as well as destroying communities, housing, infrastructure, etc. Would like to see real, actionable policies to recognize that what we're doing, isn't working, and that people in rural areas matter enough to change policy to salvage what we have left PDH

15.6. 3. Operations could never be shut down You might be evacuated or your house may have burned down, and staff still had to show up – and they did Had an influx of several thousand first responders – and demand increased Staff kept showing up and keeping the hospital running, while everyone else was running away Even through really poor air quality Communication from the command center was poor when critical information was needed Cannot recruit and retain staff With the loss of Greenville lost a lot of housing for staff May have longer term effects for the community than the pandemic PDH

15.7. 7.1 Yes, they were understaffed Not solved yet Would like to have had a bigger building after their building got burned it If we had more housing, bring in more people Need to build in a retention program to keep people to stay in the work and in the county. How do you put the work ethic into the young people young people nowadays, do the least work, and get the most out. Groundwork is needed to get people going (it is necessary to understand and care for people with compassion) PCIRC

15.8. 10. At least a 5 year recovery to get the emotional bonds back between the community and school districts Central feature of the recovery (in his opinion) Turnover as part of that process Community forums could be very beneficial Bringing together all of the different stakeholders. Truth and reconciliation committees (South Africa) People to be able to come to the table and express their feelings and needs Can't change the

past, but can move forward into the new future All that we can do is just hold together as a community through it. If we don't, it will just become a really hard time, especially for Plumas. PUSD

15.9. 10. Re-emphasize that the school district is so braided into the communities The disconnect and damage to the relationship because of the disconnect (having to follow guidelines from higher-ups at state) and perception in the community really created tension and increased the tension between community and school district. A relationship that needs to be repaired PUSD

15.10. 7. Wildfires: the capacity needed to respond is beyond what the county is capable. We need federal support for this work and the long-term recovery group. CoC

15.11. 8. Wildfires: Need to rebuild Plumas County as a whole DA

15.12. 6. Situation where we were not aware: There was no view of work to be done after the fire Made it a challenge moving on DA

16. Helpful resources

16.1. Outside help/resources

16.1.1. 4. The resources that we had available to us during this time were: AWFD supplying masks, gloves, and hand sanitizers to businesses here in PC. We were also given Rapid COVID tests for our TSLE residents and for our staff by Public Health. (RT)

16.1.2. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuilds Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC

16.1.3. 3.1 Unsure if additional resources would have been helpful You just show up with the team you have and do your best Having staff tied into county emergency operations center Sometimes that county gets county-centric and forgets about exterior partners Push & pull of critical info gets lost Good & timely info alleviates a lot of anxiety If not, hard to answer questions from staff as leadership (and on down) PDH

16.1.4. 9. Expanding our partnerships with people such as public health Would be big to help do what they need to do to care for the populations that they serve. Workforce development, job search Onsite behavioral health specialist and other health positions to help them out. School clinics and doing outreach stuff to help their clients Did they get health fresh healthy living Calfresh program (they are enrolled) PCIRC

16.1.5. 6. Emergency motel sheltering was huge Landlord development Landlord to help rent to them Helped in housing and regulations Housing crisis has gone up Low-income housing People can't pay rent if it is not subsidized Took some people out of the system Do not have assistant living for people any more. Had a run of pregnant teenagers again They fall through the cracks Uptick of homeless veterans Multiple populations PCIRC

16.1.6. 5. More housing and emergency shelter Buses, vans, more food All of the basic needs More staff to counsel and to bring down Just more coordination More pockets of people doing different things But the lack of coordination made it difficult to use it well. Foundations helped them during these tough times The relationships built made a huge difference PCIRC

16.1.7. 4. Partnership with calwork Came with these huge boxes of gift card Brought people to them Sleeping bags and tents, clothes, hygiene products, and food to give to them At the immediate fire People were sheltered by them in motels Got a great deal at reno at nugget to help their clients Housing navigation after the fact Household items Connected with the church with reno to help

Generators and chest freezers, air conditioners, and gift cards PCIRC

16.1.8. 9.1 Partnering with Public health Needs funding for the centers that aren't competitive that are just a given when it's such a big need and especially in rural areas Advocacy in Sacramento to understand the unique needs in rural areas PUSD

16.1.9. 6. Staffing Especially sub staffing Sometimes half would be out and now we are stuck scrambling to get things moving. If CALOES had a cauldron of trained substitutes that they could just deploy, that would be great. But that doesn't exist. People would get COVID or be close contact Trained subs that could be deployed by the state PUSD

16.1.10. 5. Public Health – press releases, info could be shared out to the public with accurate information, weekly meeting, when to come out On tracking and tracing and trying to communicate that to parents. PUSD

16.1.11. 5. Butte and Sonoma provided a lot of assistance – operational and spiritual Showing how to file waivers with the state for the money, etc. Here's what you need to do, here's who you need to contact PUSD

16.1.12. 5. CalOES was very responsive during wildfires When they needed something, they would bring it the next day if not sooner. Had a hotline of the governor. PUSD

16.1.13. 1. Lots of contact from crisis management at the state (From the CALOES) and other local areas/districts who had also experienced that trauma Had also had significant issues with fire (Butte and Sonoma) PUSD

16.1.14. 7.1 Staffing challenges – especially the wildfires. There's mutual aid where other communities can come in post disaster can help supplement (so having contracts in places pre disaster would be helpful—even understanding who would be helpful in those situation). Fire and law enforcement mutual aid came in droves, but many other soft skills like environmental health, etc would be helpful. Emergency ordinances had to be prepared (they did get templates from like counties). Doing a lot of preparedness—including the time and effort to be prepared instead of playing catch up. We don't know what we don't know. CoC

16.1.15. 7. The Dixie Fire Collaborative (long term recovery group) – is anyone from public, etc, provides capacity for response to the wildfires. It provides more eyes and ears and familiarity to the community and is the impacted community (neighbors who understand vs government). Being understaffed the collaborative is really important. CoC

16.1.16. 7. Wildfires: the capacity needed to respond is beyond what the county is capable. We need federal support for this work and the long term recovery group. CoC

16.1.17. 4. Wildfire: The federal and state resources came post fire The local assistance center (LAC) helps the public to know what steps to take. CALOES, etc, and all partners were so very helpful CoC

16.1.18. 6. Situation where we were not aware: From forces outside of the county helped out DA

16.2. PPE

16.2.1. 4. The resources that we had available to us during this time was: AWFD supplying masks, gloves, and hand sanitizers to businesses here in PC. We were also given Rapid COVID tests for our TSLE residents and for our staff by Public Health. (RT)

16.2.2. 4. The PPE – to have the county pay for it, or others pay for it, was helpful The last thing we want to think about is not having money to buy PPE or cleaning supplies. CoC

16.3. Plans and protocols

16.3.1. 8. Each department provided their own COVID plan that was directed by HR. If we've created these resources because we've never had it – it'd be good to update and have ready verses creating from scratch. CoC

16.3.2. 4. Provided protocol and plans out Human Resources did a good job on protocols, with HR resources on what steps to take, or ways to address human health concerns (with employees or how to interact with public). It got better and better as time moved on. CoC

16.4. Protective barriers/resources for public interaction

16.4.1. 8. Not really Not really any policies related to wildfire other than smoke and watching AQI about the wildfires Quieter air scrubbers would be great because they're so noisy! And teachers can't teach

over them Reconciling being outside for COVID and inside for wildfire would have been great, but realistically impossible PUSD

16.4.2. 1. Tried to get equipment early on – hard to get and expensive (didn't have COVID funds) Tried to upgrade air systems, tried to get air scrubbers and things like that. COVID money did not come till later on. PUSD

16.4.3. 4. The facility services provided barriers for public interaction (this made employees and public feel more safe). CoC

16.5. Financial resources

16.5.1. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuilds Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC

16.5.2. 8. Vaccine confidence grant through HRSA Couldn't be used for supplies, but could be used for education and outreach Trying to coach and educate staff to get vaccinated, so that they can coach and educate the community What are some practical applications to be able to educate the community more? Relating to resources The more politically charged it became, the more people were going to stick to their side and the less they wanted to hear info EPHC

16.5.3. 5. COVID Funding resources: national, CARES act funding Significant increases in cost for PPE, lab testing, etc Sometimes a lot of funding coming in without a lot of specifics on how it could be utilized, how it has to be reported, etc. – question of if funding was going to the places where it was needed, rush/push to get funds out there, but not a lot of guidance on how can be used EPHC

16.5.4. 7. Able to stand up IC in hospital Increases communication, makes them more nimble Heightened response to the emergencies Were able to quickly respond to financial needs Quickly acquire equipment, supplies, etc. without needing to go through a very bureaucratic process to do so Infection control, response, and policies PDH

16.5.5. 5. COVID-19 there were a lot of resources available Feds realized supplemental funding would be necessary to allow healthcare providers to respond effectively Elective, high dollar procedures were postponed That's typically what makes the hospitals a lot of money Spend a lot of time and resources on the pandemic, are going to need quick, supplemental funding – and that happened, were able to respond and keep doors open The state resourced public health departments so poorly on a local level to respond to a pandemic Should have been able to respond in a more similar way to the hospitals (testing, etc) Staff and resource public health agencies appropriately to be able respond better PDH

16.5.6. 2. Increase in expenses – a lot Had to hire a lot more people Had to supplement labor with traveling staff Much higher rate and not necessarily higher quality (and often lower quality) What is the normal? What's sustainable? What can and should we provide Looking at how pandemic is stabilizing Relationships with partners has grown closer PDH

16.5.7. 2. Community – to respond to the need Instant gap in diagnostic ability for COVID-19 that was immediately filled Was both a blessing and a curse Massive amount of human and financial resources Had a PhD in molecular biology running the lab at the time – was able to do 24 hour turnaround for PCR by June 2020 Really provide that resource for the community PDH

16.5.8. 9. What they are doing Building a navigation center Build a trailer park area This brought to light what is needed Three part work Building Dormitory for people Cabins for transitional house H staff housing disability assistance program Take homeless with no benefits to give them aid Have a home

safe grant Working with homeless citizens and seniors Funded by BSCC Navigation center Reentry site for clients Has a cafe area To help with getting people to jobs Culinary training program Weeks to learn how to cook and be an entrepreneur To develop things and sell things 3 days a week, it is a restaurant Sat, sun, and mon open for meals Place for events, baby showers. Bookclubs, etc. PCIRC

16.5.9. 8. Having the funds to find housing, do motel sheltering Intensive care managing is also needed The more times you can touch a person, the more successful you will be Have to move that around with staff and clients until you find the right clicks Have to build their self-esteem, confidence, and grief to get them going again. If you don't have the connection with people, can't make things move PCIRC

16.5.10. 6. Expand calworks housing program Got more money to help out with housing Cost of program person was lost Was good since a reconstruction need to happen Talked about why can't we be a preventative program to care for people who may lose their children Recruitment of people to help do the preventative program Doing whole systems change Previous cosa directors Did not understand parents and kids are the same populations that they serve Rapid rehousing money was helpful Homeless prevention money was hard Barriers to keep people in their homes is their top priority Food and security is also huge Well stocked food pantry at the resource center 10 days before the end of the food stamp People ran out of food This was the buffer to help them PCIRC

16.5.11. 6. Emergency motel sheltering was huge Landlord development Landlord to help rent to them Helped in housing and regulations Housing crisis has gone up Low-income housing People can't pay rent if it is not subsidized Took some people out of the system Do not have assistant living for people any more. Had a run of pregnant teenagers again They fall through the cracks Uptick of homeless veterans Multiple populations PCIRC

16.5.12. 3. People PCIRC serves: They were unprepared Grant will help them prepare for fires and things to distribute to them To talk to seniors, disabled, and house bound, it is their goal to help them PCIRC

16.5.13. 3. Staff: Welfare, executive director loss house One of the main employees loss her house in a camp fire Another almost were close to losing their house Triggers to employees hearing fire truck Panic who suffered losing things in the fire now have some trauma Working to be a trauma-informed facility More training and tools for staff will help Got a small grant to do first response training. PCIRC

16.5.14. 1. Did a lot of work on grief for people. Calfire foundation worked with them 75,000 gift cards to help people 7500 dollars for gift cards to help them Calwork, calwork housing support Serve a hundred people a year including families Homeless count 86 unsheltered and other people sheltered Count doubled since last time. Changed plumas as a whole Barrier is housing A lot of people to care for PCIRC

16.5.15. 4. Staff did an extraordinary job We did the best they could and strategically left off things that would have the least impact on the kids. Good on getting everything in place from CALOES – like air scrubbers, get playground back together. Did everything they could to bring money and attention to the community PUSD

16.5.16. 1. Tried to get equipment early on – hard to get and expensive (didn't have COVID funds) Tried to upgrade air systems, tried to get air scrubbers and things like that. COVID money did not come till later on. PUSD

16.5.17. 4. Gas/food cards, financial resources, etc CoC

16.6. Other resources

16.6.1. 3. Safety of staff and patients was paramount Two full scale evacuations of acute care wing of the hospital Had never been done in the previous 62 years Resources in Indian Valley – kept the ambulance in Greenville through the whole time PDH

16.6.2. 6. Expand calworks housing program Got more money to help out with housing Cost of program person was lost Was good since a reconstruction need to happen Talked about why can't we be a preventative program to care for people who may lose their children Recruitment of people to help do the preventative program Doing whole systems change Previous cosa directors Did not understand parents and kids are the same populations that they serve Rapid rehousing money was

helpful Homeless prevention money was hard Barriers to keep people in their homes is their top priority Food and security is also huge Well stocked food pantry at the resource center 10 days before the end of the food stamp People ran out of food This was the buffer to help them PCIRC

16.6.3. 5. More housing and emergency shelter Buses, vans, more food All of the basic needs More staff to counsel and to bring down Just more coordination More pockets of people doing different things But the lack of coordination made it difficult to use it well. Foundations helped them during these tough times The relationships built made a huge difference PCIRC

16.6.4. 4. Partnership with calwork Came with these huge boxes of gift card Brought people to them Sleeping bags and tents, clothes, hygiene products, and food to give to them At the immediate fire People were sheltered by them in motels Got a great deal at reno at nugget to help their clients Housing navigation after the fact Household items Connected with the church with reno to help Generators and chest freezers, air conditioners, and gift cards PCIRC

16.6.5. 4. Gas/food cards, financial resources, etc CoC

16.7. Cleaning supplies

16.7.1. 4. The PPE – to have the county pay for it, or others pay for it, was helpful The last thing we want to think about is not having money to buy PPE or cleaning supplies. CoC

17. Resources (Lack of, need, etc.)

17.1. 7. Was our institution understaffed: I am not sure of any business within PC that was not understaffed. Our community is small, and resources are lacking. However, I believe that when our community experiences traumatic events such as the pandemic and wildfires that we all come together to support one another as fellow community residents. (RT)

17.2. 4. The resources that we had available to us during this time was: AWFD supplying masks, gloves, and hand sanitizers to businesses here in PC. We were also given Rapid COVID tests for our TSLE residents and for our staff by Public Health. (RT)

17.3. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuilds Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC

17.4. 3. Tony lost his home in the Camp Fire Impacted how the provided services to those in the community – pretty much leveled Greenville Need for resources from clients and the greater community there was a large need Contributed to homeless population Overnight significant increase Major disruption in lives, livelihoods and jobs Hard to measure Infrastructure impacted – both clients and staff Wellness center burned NCoC

17.5. 9.1 Better temporary staffing resources – statewide resource lacking EPHC

17.6. 8. Vaccine confidence grant through HRSA Couldn't be used for supplies, but could be used for education and outreach Trying to coach and educate staff to get vaccinated, so that they can coach and educate the community What are some practical applications to be able to educate the community more? Relating to resources The more politically charged it became, the more people were going to stick to their side and the less they wanted to hear info EPHC

17.7. 6. COVID: how to access staffing (esp. with vaccination mandate), at risk of losing half of staff due to them being unvaccinated, some state resources available but very challenging to access them (confusion on if EPHC has to pay, or if they're provided) Having a more easily organized and understood staffing resource tool – state level Resources easier to manage for COVID-19 reporting: vaccination, testing, etc. MyVax, Blue Cross, A lot of administrative labor time that they didn't have Programs as organizationally efficient as

possible, and looking at what's the benefit Hours of time to input info vs. how is the data be using/what for Ordering vaccination, testing kits, etc. – systems were challenging and hard to use Not beneficial for patients Wildfires: similar issues – resource management and ordering As much real time, available information as possible Challenging EPHC

- 17.8. 5. COVID Funding resources: national, CARES act funding Significant increases in cost for PPE, lab testing, etc Sometimes a lot of funding coming in without a lot of specifics on how it could be utilized, how it has to be reported, etc. – question of if funding was going to the places where it was needed, rush/push to get funds out there, but not a lot of guidance on how can be used EPHC
- 17.9. 4. Wildfires: constant daily meetings, wanting to be as responsive as possible Very pleased with performance in 2020 wildfire Had things positioned to receive more patients When it occurs, have very limited amount of time to act and move Were able to absorb 20 patients from Loyalton location, if they hadn't, where would they have gone? Getting patients transported out to other locations is very challenging (bed availability and staffing) ER physician might call 30 hospitals before they find someone who can accept one patient If have to offload 25-30 patients, where do those patients go? EPHC
- 17.10. 4. COVID-19: Very successful, managing both community education, resurgence of patience back to campus to let them know this is a safe location to In 2021, saw a significant increase in patients utilizing services at the hospital – speaks to outreach and education Good COVID community resource: education to vaccination Three significant increases in COVID cases over past 1.5 years in Eastern part of the county: initial COVID impact (early 2020) – didn't see anything until late in the year, everyone knew it was happening, but wasn't happening locally, saw a big impact in cases in middle part of 2021 (Omicron) – really impacted (Oct/Nov 2021 to Jan 2022); second one April/May 2022 Big push on patient bed needs, staff transmission, Have done a good job keeping transmission rates down, pharmaceutical therapies, EPHC
- 17.11. 3. Would the Portola area have to evacuate, and if so, where would the patients go? Had taken some patients from PDH, but had limited capacity Were the last, unaffected district hospital Have a limited number of beds Had people that needed care that were being pushed into that area, and having to absorb and take care of them If evacuated: how able to continue to provide services? For example, Loyalton evacuation of 2020: staff having to evacuate at the same time that SNF had to evacuate too and take care of patients EPHC
- 17.12. 1. Because everything was virtual, couldn't deploy resources in the same way (eg, SNF in Loyalton), would have to minimize the amount of personnel resources could funnel there bc minimizing transmission risk Different service lines became insulated; weren't spending much time bringing transmission issue EPHC
- 17.13. 7.1 Since January, have lost 4 therapists Fires have made it more challenging to recruit staff from out of the area and they're not interested in moving to this area Difficult to keep staffing Difficult to recruit staff when salary is so low (county could adjust, but it's not happening) Not as competitive in benefits and pay Don't have a very large pool to pull from locally Housing is also very scarce and has gotten worse since Greenville burned down PCBH
- 17.14. 4. Their IT person and helping everyone get onto Zoom and .z and getting that set up quickly In satellite offices, already had equipment in most of them In one office, didn't have it set up, and it was challenging to obtain the equipment due to supply chain issues In 2018, started working on satellite offices – having one in each community Made it easier for people to have a place to connect to in their community without having to travel, especially when roads were closed or major delays Especially for providing services and meeting people where they are Also became information center during fire (eg, Camp Fire) for evacuees Having the answering service that wasn't local Keeping operations as normal as possible Having those services already in place Just happened that way and ended up being really good because they weren't evacuated/directly affected by the fires PCBH
- 17.15. 3. Having the centers re-opened and being able to support clients that way Having their IT person on site and with their equipment – easier to resolve issues Still able to do things virtually, and at their local wellness center (don't have to travel as far) Some of the issues, such as connectivity, cell phones, technology, is outside of BH control PCBH
- 17.16. 2. Maintain contact – staying in contact with clients Part of it was in the skills of the clients and staff How to work Zoom, .z, etc. Infrastructure to support telehealth (for example, some can call into meetings but you

can't call them) Only have a phone call is not the same as seeing clients in person Pick up on other cues when you see people in person Doing a hybrid for some groups is very helpful, such as the SUD group Can have people go into the centers (satellite campus) and then do a video call Can include them in the main group via video call, whereas otherwise they wouldn't be able to attend because don't have the resources to support groups in every population centers multiple times per week Has opened up some avenues and access PCBH

17.17. 1. Satellite office in Greenville that burned – office, equipment, and vehicles that burned and were lost in the fire Created a large gap between Quincy and Chester to deliver services to clients in that area County is very spread out and so had offices in different locations to help better meet the needs of clients – big loss Satellite office in Portola affected by Beckwourth fire, but Quincy was able to cover and carry out a lot of the major operations since Quincy is the hub – not as disruptive as the Dixie Fire PCBH

17.18. 1. As pandemic started to scale back, resuming some in-person services such as at the jail observation; but sometimes there would be outbreaks there, so balancing that and having to go back to telehealth Challenge: not good service in the county, makes connectivity challenging For example, have one client that has to walk a mile to get cell reception (in the northern part of the county) Not always easy for clients to have cell reception/internet – and sometimes in drops in the middle of a session PCBH

17.19. 10. Fires: it's hotter, drier, and the fuel load is more dense, we aren't reducing fuels at the rate we used to There must be a recognition on all sides of the political spectrum Yes, climate is changing and it is impacting the way see and do things Spending resources to try and increase services Is it worth it? Will the community build back? PDH

17.20. 7. Able to stand up IC in hospital Increases communication, makes them more nimble Heightened response to the emergencies Were able to quickly respond to financial needs Quickly acquire equipment, supplies, etc. without needing to go through a very bureaucratic process to do so Infection control, response, and policies PDH

17.21. 5. COVID-19 there were a lot of resources available Feds realized supplemental funding would be necessary to allow healthcare providers to respond effectively Elective, high dollar procedures were postponed That's typically what makes the hospitals a lot of money Spend a lot of time and resources on the pandemic, are going to need quick, supplemental funding – and that happened, were able to respond and keep doors open The state resourced public health departments so poorly on a local level to respond to a pandemic Should have been able to respond in a more similar way to the hospitals (testing, etc) Staff and resource public health agencies appropriately to be able respond better PDH

17.22. 3. Safety of staff and patients was paramount Two full scale evacuations of acute care wing of the hospital Had never been done in the previous 62 years Resources in Indian Valley – kept the ambulance in Greenville through the whole time PDH

17.23. 1. Doubt that things will ever really be the same again In Healthcare in particular has been especially challenging and will continue to be challenging to recruit and retain qualified staff Will be an ongoing challenge Mass exodus, pool of qualified applicants is smaller Smaller supply and increased demand Cost of care has gone up Healthcare providers are experiencing some of the largest financial impacts Tremendous amount of cost reduction Has impact on staff morale Patient will feel that impact as well PDH

17.24. 6. Expand calworks housing program Got more money to help out with housing Cost of program person was lost Was good since a reconstruction need to happen Talked about why can't we be a preventative program to care for people who may lose their children Recruitment of people to help do the preventative program Doing whole systems change Previous cosa directors Did not understand parents and kids are the same populations that they serve Rapid rehousing money was helpful Homeless prevention money was hard Barriers to keep people in their homes is their top priority Food and security is also huge Well stocked food pantry at the resource center 10 days before the end of the food stamp People ran out of food This was the buffer to help them PCIRC

17.25. 6. Emergency motel sheltering was huge Landlord development Landlord to help rent to them Helped in housing and regulations Housing crisis has gone up Low-income housing People can't pay rent if it is not subsidized Took some people out of the system Do not have assistant living for people any more. Had a run

of pregnant teenagers again They fall through the cracks Uptick of homeless veterans Multiple populations PCIRC

- 17.26. 5. More housing and emergency shelter Buses, vans, more food All of the basic needs More staff to counsel and to bring down Just more coordination More pockets of people doing different things But the lack of coordination made it difficult to use it well. Foundations helped them during these tough times The relationships built made a huge difference PCIRC
- 17.27. 3. Capacity to be there for everyone 24/7 Evacuations and the high-risk population to create a b and c plan during the fires For transportation for them Had people in motels, how were they going to leave Evacuate ohana house once PCIRC
- 17.28. 1. Did a lot of work on grief for people. Calfire foundation worked with them 75,000 gift cards to help people 7500 dollars for gift cards to help them Calwork, calwork housing support Serve a hundred people a year including families Homeless count 86 unsheltered and other people sheltered Count doubled since last time. Changed Plumas as a whole Barrier is housing A lot of people to care for PCIRC
- 17.29. 1. Building burdened down after fire Homeless day shelter Crisis shelter We had to pick up with nothing and keep going No commercial space Took over three rooms in Ohana house Loss 10 staff members during the covid fire PCIRC
- 17.30. 3. Lots of trauma for families – struggled to provide mental health services for students Access to basic human needs and mental health needs Trying to hire a therapist at every school Couldn't find people to hire People could not come here; from here, they were displaced. PUSD
- 17.31. 6. Have baseline of resources we can count on As well as people being there Would remove a lot of the stress DA
- 17.32. 6. Navigating through these challenges Going to any emergency with resources More staff Was with an experienced and talented office People did more than expected in the office Quiet quitters None were there From the goodwill and hard work of people helped navigate this DA

18. Learning from mistakes

- 18.1. 8. Wildfires Still learning DA
- 18.2. 8. Not the last pandemic Hope we learn lessons from the past one DA

19. Government

- 19.1. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuilds Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC
- 19.2. 7. Larger question regarding staffing and capacity in a small county Have had pretty unstable periods of staffing Umbrella of DHCS (Department of Health Care Services) is a very difficult org and department to deal with on the state level Makes life for staff of a small county very difficult Fully staffed at the beginning of COVID (atypical) Has a pretty high turnover in BH in 2018 Very volatile staffing prior to Tony He was able to stabilize and manage relationships between staff, BOS, and state funders Having enough staff to meet the needs of clients is always tricky NCoC
- 19.3. 5. County leadership was slow to respond and didn't take it as seriously as they should have Should have been more proactive BH boss was very responsive and quick, paying attention to and heeding PH advise But county leadership was less than effective NCoC
- 19.4. 4. Whole COVID-19 response was a bit confusing More due to public health response from the state/national levels Local level handled it much better As good as it could be Public health leadership did

what they could with the resources they had Confusion about Q/I – esp. at the beginning Federal response was appalling Response to COVID-19 has shifted and morphed a lot Lots of change in knowledge Interesting to think about on personal experience pre-vaccine, later loosening of measures NCoC

19.5. 6. COVID: how to access staffing (esp. with vaccination mandate), at risk of losing half of staff due to them being unvaccinated, some state resources available but very challenging to access them (confusion on if EPHC has to pay, or if they're provided) Having a more easily organized and understood staffing resource tool – state level Resources easier to manage for COVID-19 reporting: vaccination, testing, etc. MyVax, Blue Cross, A lot of administrative labor time that they didn't have Programs as organizationally efficient as possible, and looking at what's the benefit Hours of time to input info vs. how is the data be using/what for Ordering vaccination, testing kits, etc. – systems were challenging and hard to use Not beneficial for patients Wildfires: similar issues – resource management and ordering As much real time, available information as possible Challenging EPHC

19.6. 5. Wildfires: daily debriefs Weekly calls with PCPHA regarding COVID situation CDC => CDPH => PCPHA => Healthcare districts A lot of frequent changes throughout the pandemic that trying to response to EPHC

19.7. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH

19.8. 8. A lot of the restrictions and mandates were that were put into place at various times were sold by maintaining healthcare capacity Frustrates them to be the recipient of that policy but not have a seat at the table to shape the policy Result of trying to do something for them, yet they aren't able to weigh in Still have to spend a lot of resources on keeping things at the "pandemic level" Public health policy makers - Incorporate voices of the providers more equitably in the future PDH

19.9. 5. COVID-19 there were a lot of resources available Feds realized supplemental funding would be necessary to allow healthcare providers to respond effectively Elective, high dollar procedures were postponed That's typically what makes the hospitals a lot of money Spend a lot of time and resources on the pandemic, are going to need quick, supplemental funding – and that happened, were able to respond and keep doors open The state resourced public health departments so poorly on a local level to respond to a pandemic Should have been able to respond in a more similar way to the hospitals (testing, etc) Staff and resource public health agencies appropriately to be able respond better PDH

19.10. 9. Expanding our partnerships with people such as public health Would be big to help do what they need to do to care for the populations that they serve. Workforce development, job search Onsite behavioral health specialist and other health positions to help them out. School clinics and doing outreach stuff to help their clients Did they get health fresh healthy living Calfresh program (they are enrolled) PCIRC

19.11. 2. People: They did not understand the physical impact of it, the need to make them understand was the main concern Population (People who don't trust gov or social service Slow income, age could be a factor Non vax people Combination of people) People became unemployed Got unemployment checks Created no incentive for income people to search for jobs Kept building on themselves Gov kept trying to help, made things worse People ignoring her bills until she can't ignore it anymore Educating them to say we can help but not take care of all your problems May be due to years of generational poverty PCIRC

19.12. 1. Clients A lot of people had a lot of misinformation in housing and covid-19 A lot of people stop paying rate People were 10,000 dollars behind their rent They had to go through the covid state help Not very efficient Did not work out for some people People got evicted Affected schooling, etc. PCIRC

19.13. 9.1 Partnering with Public health Needs funding for the centers that aren't competitive that are just a given when it's such a big need and especially in rural areas Advocacy in Sacramento to understand the unique

needs in rural areas PUSD

19.14. 6. Staffing Especially sub staffing Sometimes half would be out and now we are stuck scrambling to get things moving. If CALOES had a cauldron of trained substitutes that they could just deploy, that would be great. But that doesn't exist. People would get COVID or be close contact Trained subs that could be deployed by the state PUSD

19.15. 5. CALOES was very responsive during wildfires When they needed something, they would bring it the next day if not sooner. Had a hotline of the governor. PUSD

19.16. 8. Importance of local gov is emphasized Expertise that they rely on is local gov As well as leadership Point to covid Do better at that front We did fairly well in comparison to other counties But there are things that we could have prevented, so fix in gov needs to happen DA

19.17. 6. COVID Unitary voice from county would be helpful Dissent conversation discussion is likely But must have unitary voice No productive conversation happening from experts Better leadership needed DA

19.18. 5. COVID Excellent relationship with public health Dealing with big pic policy Enforcement of public health orders Recognition Of continuing to operate Help from public health DA

19.19. 5. County perspective On their own Message from county not really helpful Created challenges with covid Getting compliance from public good was harder County spectrum (were on their own) Used public health and CDC policies to operate DA

20. Rebuilding

20.1. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuild Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC

20.2. 1. Satellite office in Greenville that burned – office, equipment, and vehicles that burned and were lost in the fire Created a large gap between Quincy and Chester to deliver services to clients in that area County is very spread out and so had offices in different locations to help better meet the needs of clients – big loss Satellite office in Portola affected by Beckwourth fire, but Quincy was able to cover and carry out a lot of the major operations since Quincy is the hub – not as disruptive as the Dixie Fire PCBH

20.3. 7.1 Yes, they were understaffed Not solved yet Would like to have had a bigger building after their building got burned it If we had more housing, bring in more people Need to build in a retention program to keep people to stay in the work and in the county. How do you put the work ethic into the young people Young people nowadays, do the least work, and get the most out. Ground work is needed to get people going (it is necessary to understand and care for people with compassion) PCIRC

20.4. 1. Dixie fire Very difficult A lot of people that they served in the dixie fire 520 intakes, 1170 survivors served Everyone has not successfully restructure and rebuild Some people think that they can be supported forever, but not true PCIRC

20.5. 1. As they were ready to come back, had the fire, and the school start date was delayed at least 2 weeks in every community Greenville burned during that time and had to re-route all those kids to Taylorsville The school was pretty much the only thing left standing in Greenville And it became even more important to the community Maybe became the icon of the rebuilding effort Trying to get space out to different agencies like recovery agencies and library People who didn't before have jobs that have anything to do with leasing real estate Superintendent, secretary, you name it was busy trying to get space out to the library for the recovery agencies and to all kinds of things that wanted to move in. PUSD

20.6. 8. Wildfires: Need to rebuild Plumas County as a whole DA

21. Promoting County: need to increase the population again.

21.1. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuilds Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC

21.2. 7.1 Since January, have lost 4 therapists Fires have made it more challenging to recruit staff from out of the area and they're not interested in moving to this area Difficult to keep staffing Difficult to recruit staff when salary is so low (county could adjust, but it's not happening) Not as competitive in benefits and pay Don't have a very large pool to pull from locally Housing is also very scarce and has gotten worse since Greenville burned down PCBH

21.3. 7.1 Yes, they were understaffed Not solved yet Would like to have had a bigger building after their building got burned it If we had more housing, bring in more people Need to build in a retention program to keep people to stay in the work and in the county. How do you put the work ethic into the young people Young people nowadays, do the least work, and get the most out. Ground work is needed to get people going (it is necessary to understand and care for people with compassion) PCIRC

21.4. 8. Wildfires: We still need to operate and recruit Have visitors here Promote the whole county DA

22. Shutdowns

22.1. 1. March 2020: BH provides direct services, in person, one-to-one, and group therapy and substance abuse disorder group Significant impact when the shutdown occurred Personally quickly transitioned to working from home at BH (March 2020-July 2020 [left the department]) County was able to pivot quickly to providing services online and through telehealth Already had some telehealth pre-pandemic NCoC

22.2. 2. Staffing & access to staff In quarantine situation, losing a staff member for up to 10 days In a small, rural setting, have had to close down a department bc had to be out per CDC guidelines Ability to maintain operations consistently was one of the biggest concerns EPHC

22.3. 3. Operations could never be shut down You might be evacuated or your house may have burned down, and staff still had to show up – and they did Had an influx of several thousand first responders – and demand increased Staff kept showing up and keeping the hospital running, while everyone else was running away Even through really poor air quality Communication from the command center was poor when critical information was needed Cannot recruit and retain staff With the loss of Greenville lost a lot of housing for staff May have longer term effects for the community than the pandemic PDH

22.4. 1. In Plumas in particular, school districts are very intertwined with the community Unique due to geography, distance, and historical relationships between communities School district becoming unified school district in the 60s (integrated factor that must have happened in the 60s) – previously each distinct school district back in the early 20th century People either love or hate the school district School ends up being the center of the community in a lot of towns A lot of the things that used to hold communities together have fallen apart (churches, granges) – schools have filled that void (whether intentional or unintentional) Relationship with district and community was severely altered with COVID-19 pandemic started (when we had to shut the schools down) PUSD

22.5. 1. When COVID hit in March of 2020 – based on Gov Executive orders and county government (public health director and PH officials) the office (public counter) was closed for sometime CoC

22.6. 2. Organization Staying open (minimally staff) If pros get sick, we have to shutdown DA

23. Daily operations

- 23.1. 1. Staff: COVID-19 – everything shifting to Zoom format (also impacts patients), large increase in tele-med visits, patients felt it was safer, staff had to do everything virtually, creates challenges with communication, community & staff, not in the same location, Graeagle, Loyalton, Portola; inability to be in same in-person location, difficulty with working collaboratively together and having same interactions as before EPHC
- 23.2. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more “old school” and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don’t have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH
- 23.3. 1. Fundamentally altered every aspect of their business Everything they had been planning to and wanting to do – got delayed, postponed, or modified Project delivery and service line standpoint Disrupted staffing Quality of life Have since seen the impact of the pandemic and the deferral of care Seeing sicker people that didn’t receive their ongoing preventative care Acuity levels have been higher Have seen that in own staff Increased utilization of medical insurance services PDH
- 23.4. 1. Building burdened down after fire Homeless day shelter Crisis shelter We had to pick up with nothing and keep going No commercial space Took over three rooms in Ohana house Loss 10 staff members during the covid fire PCIRC
- 23.5. 1. Personnel was still physically in office working and wearing PPE. Not having the public interaction was nice at first because there is so much public counter work that interrupts day-to-day duties, even though working for the public is our job as well. Still answered phones. CoC

24. In- person

- 24.1. 1. March 2020: BH provides direct services, in person, one-to-one, and group therapy and substance abuse disorder group Significant impact when the shutdown occurred Personally quickly transitioned to working from home at BH (March 2020-July 2020 [left the department]) County was able to pivot quickly to providing services online and through telehealth Already had some telehealth pre-pandemic NCoC
- 24.2. 1. Staff: COVID-19 – everything shifting to Zoom format (also impacts patients), large increase in tele-med visits, patients felt it was safer, staff had to do everything virtually, creates challenges with communication, community & staff, not in the same location, Graeagle, Loyalton, Portola; inability to be in same in-person location, difficulty with working collaboratively together and having same interactions as before EPHC
- 24.3. 9. Staff started getting more tired from working on video calls all day long vs. in person PCBH
- 24.4. 6. When you’re not supposed to see people in person, and they don’t have phone reception, it becomes very limited what you can do Trying to balance universal precautions with clients needs For example, if a client needs to go to the hospital, you still had to drive them Still under some mandates for COVID-19 when the fire was occurring Going out and trying to find the clients Applying the preventative measures, such as masking and vaccination, to protect staff Cooperating with and being flexible to access certain populations, such as the jail clients Sending people out to find clients Having staff assist clients with getting connected via phone and video calls PCBH
- 24.5. 3. Having the centers re-opened and being able to support clients that way Having their IT person on site and with their equipment – easier to resolve issues Still able to do things virtually, and at their local wellness center (don’t have to travel as far) Some of the issues, such as connectivity, cell phones, technology, is outside of BH control PCBH
- 24.6. 2. Maintain contact – staying in contact with clients Part of it was in the skills of the clients and staff How to work Zoom, .z, etc. Infrastructure to support telehealth (for example, some can call into meetings but you can’t call them) Only have a phone call is not the same as seeing clients in person Pick up on other cues when you see people in person Doing a hybrid for some groups is very helpful, such as the SUD group Can have people go into the centers (satellite campus) and then do a video call Can include them in the main group via video call, whereas otherwise they wouldn’t be able to attend because don’t have the resources

to support groups in every population centers multiple times per week Has opened up some avenues and access PCBH

24.7. 1. As pandemic started to scale back, resuming some in-person services such as at the jail observation; but sometimes there would be outbreaks there, so balancing that and having to go back to telehealth Challenge: not good service in the county, makes connectivity challenging For example, have one client that has to walk a mile to get cell reception (in the northern part of the county) Not always easy for clients to have cell reception/internet – and sometimes in drops in the middle of a session PCBH

24.8. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more “old school” and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don’t have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH

24.9. 8. Having the funds to find housing, do motel sheltering Intensive care managing is also needed The more times you can touch a person, the more successful you will be Have to move that around with staff and clients until you find the right clicks Have to build their self-esteem, confidence, and grief to get them going again. If you don’t have the connection with people, can’t make things move PCIRC

24.10. 1. Bright side it was good to remain in office, at our desk, serving the public to the best of our ability. CoC

24.11. 1. They didn’t have to work from home or remotely like other people.

24.12. 1. Personnel was still physically in office working and wearing PPE. CoC

24.13. 1. Staff felt it was a good thing still being in the office, though conserved with physical health and being careful at the same time. CoC

25. Social Interactions/social connection

25.1. 6. Policies/Programs/Services that we implemented: Covid screenings of employees and patients each time they come in/out of the office. Volunteers for mentoring groups-teens, children, adults. “Emergency Connection” support group that ran daily from July-September of 2021, and our New Fundraiser-we are taking donations and selling RI merchandise. All proceeds will go directly to assisting the uninsured population within Plumas County. (RT)

25.2. 10. COVID: recognition of what’s apparent for school-aged children They tend to see problems after they’re already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son’s class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH

25.3. 8. Having the funds to find housing, do motel sheltering Intensive care managing is also needed The more times you can touch a person, the more successful you will be Have to move that around with staff and clients until you find the right clicks Have to build their self-esteem, confidence, and grief to get them going again. If you don’t have the connection with people, can’t make things move PCIRC

25.4. 1. Tried to continue maintaining some services such as lunches and still being a strong community partner Tried to maintain connections with the community even if it was virtual. PUSD

25.5. 8. Overall we cannot underestimate the mental health, social disinteraction with COVID and trauma with the wildfires and the devastation of the forest and people’s homes. It’s not going to go away anytime soon. Smelling smoke or wind can be difficult- triggers. Addressing the stress is important. CoC

25.6. 1. COC Chair: The meetings were sustained virtually—they did not have to shut down and were able to shift to the virtual environment. Because of the virtual environment the daily operations were able to continue, but it did start weighing on them to not have the human interaction. CoC

25.7. 1. As time went on the staff/office missed the public—the lack of social interaction did weigh on the staff and myself. CoC

25.8. 1. It felt like we were suffering without the public interaction and the public was frustrated as well (not able to get the same level of business done with the office). CoC

26. Virtual (other means of communication other than in-person)

26.1. 1. The wildfires caused the following changes in Rethink Industries' daily operations: we opened an immediate online "Emergency Connection" support group for all fire survivors, we also sent our Trauma Counselors to the Plumas County fairgrounds where emergency shelter was held. We wanted to provide NO CHARGE services to all who were affected by the fires and assist with the immediate trauma that resulted because of the Dixie Fire. We have since set up a Fundraiser where all proceeds and donations go to the direct cost of servicing community members who do not have insurance. (RT)

26.2. 1. The pandemic caused the following changes in Rethink Industries' daily operations: we increased Telehealth services to Plumas County residents, altered all in-person groups to large telehealth platform groups, daily safety screenings of all employees and patients entering the building. And of course, masking up. The pandemic caused a severe increase in the need for mental health services, for adults but the biggest impact that we saw were on our youth. (RT)

26.3. 1. March 2020: BH provides direct services, in person, one-to-one, and group therapy and substance abuse disorder group Significant impact when the shutdown occurred Personally quickly transitioned to working from home at BH (March 2020-July 2020 [left the department]) County was able to pivot quickly to providing services online and through telehealth Already had some telehealth pre-pandemic NCoC

26.4. 10. Some of the benefits continue to go forward Eg, telehealth, process employees more quickly, temporary licensing EPHC

26.5. 1. Patients: early in 2020, didn't want to seek medical treatment for fear of COVID transmission; ended up coming in with more severe conditions because weren't doing routine care – telemedicine was a big, important step Operationally: hospital setting is one of the safer settings (had to communicate that – community education) COVID testing tents, vaccination events, community outreach and education: a lot of EPHC

26.6. 1. Because everything was virtual, couldn't deploy resources in the same way (eg, SNF in Loyalton), would have to minimize the amount of personnel resources could funnel there bc minimizing transmission risk Different service lines became insulated; weren't spending much time bringing transmission issue EPHC

26.7. 1. Staff: COVID-19 – everything shifting to Zoom format (also impacts patients), large increase in tele-med visits, patients felt it was safer, staff had to do everything virtually, creates challenges with communication, community & staff, not in the same location, Graeagle, Loyalton, Portola; inability to be in same in-person location, difficulty with working collaboratively together and having same interactions as before EPHC

26.8. 9. Staff started getting more tired from working on video calls all day long vs. in person PCBH

26.9. 3. Having the centers re-opened and being able to support clients that way Having their IT person on site and with their equipment – easier to resolve issues Still able to do things virtually, and at their local wellness center (don't have to travel as far) Some of the issues, such as connectivity, cell phones, technology, is outside of BH control PCBH

26.10. 2. Maintain contact – staying in contact with clients Part of it was in the skills of the clients and staff How to work Zoom, .z, etc. Infrastructure to support telehealth (for example, some can call into meetings but you can't call them) Only have a phone call is not the same as seeing clients in person Pick up on other cues when you see people in person Doing a hybrid for some groups is very helpful, such as the SUD group Can have people go into the centers (satellite campus) and then do a video call Can include them in the main group via video call, whereas otherwise they wouldn't be able to attend because don't have the resources to support groups in every population centers multiple times per week Has opened up some avenues and access PCBH

26.11. 1. As pandemic started to scale back, resuming some in-person services such as at the jail observation; but sometimes there would be outbreaks there, so balancing that and having to go back to telehealth Challenge: not good service in the county, makes connectivity challenging For example, have one client that has to walk a mile to get cell reception (in the northern part of the county) Not always easy for clients to have cell reception/internet – and sometimes in drops in the middle of a session PCBH

26.12. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more “old school” and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don’t have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH

26.13. 6. New programs COVID-19 Did phone intakes and shorter inperson interactions Easier for clients More money for gas and to do more clients in a day New building is now opening (just moving this week oct 5) PCIRC

26.14. 3. Biggest need: high school kids from Greenville displaced – had to go to Chester or Quincy – that’s where the options were – therapists available went there Elementary kids in Taylorsville – couldn’t get therapist in person there So had to do remote and tele therapy and started setting that up for children, but then the forum (parents/teachers) decided they did not want that. So tried to again to get in-person therapy, but couldn’t, then people said not kind things (harsh) about him. Understands, part of the job as an administrator. Also hard, especially trying to work hard for them but they seem ungrateful no matter what you do. And when you don’t have to stay, you get exhausted from it and may want to leave. Tried to change or get them to understand, but really hard to remove their worldviews on things. PUSD

26.15. 5. Planning Department: there was a temporary telecommute that was developed for those who needed to work remotely could. Not sure the lessons learned. There are departments who want to have a permanent telecommute work policy. CoC

26.16. 1. COC Chair: The meetings were sustained virtually—they did not have to shut down and were able to shift to the virtual environment. Because of the virtual environment the daily operations were able to continue, but it did start weighing on them to not have the human interaction. CoC

27. Direction

27.1. 4. Whole COVID-19 response was a bit confusing More due to public health response from the state/national levels Local level handled it much better As good as it could be Public health leadership did what they could with the resources they had Confusion about Q/I – esp. at the beginning Federal response was appalling Response to COVID-19 has shifted and morphed a lot Lots of change in knowledge Interesting to think about on personal experience pre-vaccine, later loosening of measures NCoC

27.2. 6. COVID: how to access staffing (esp. with vaccination mandate), at risk of losing half of staff due to them being unvaccinated, some state resources available but very challenging to access them (confusion on if EPHC has to pay, or if they’re provided) Having a more easily organized and understood staffing resource tool – state level Resources easier to manage for COVID-19 reporting: vaccination, testing, etc. MyVax, Blue Cross, A lot of administrative labor time that they didn’t have Programs as organizationally efficient as possible, and looking at what’s the benefit Hours of time to input info vs. how is the data be using/what for Ordering vaccination, testing kits, etc. – systems were challenging and hard to use Not beneficial for patients Wildfires: similar issues – resource management and ordering As much real time, available information as possible Challenging EPHC

27.3. 5. COVID Funding resources: national, CARES act funding Significant increases in cost for PPE, lab testing, etc Sometimes a lot of funding coming in without a lot of specifics on how it could be utilized, how it has to be reported, etc. – question of if funding was going to the places where it was needed, rush/push to get funds out there, but not a lot of guidance on how can be used EPHC

27.4. 1. More changes on facility operations due to wildfires than in the facility/community Did an evacuation in Loyalton (first time ever had to evacuate campus in 35 years) Looking at IC, fire management, etc. Not a tabletop exercise – large event occurring quickly Doing daily incident command meetings last summer (2021) bc never knew what was going to happen with the fire PDH evacuated twice & Seneca evacuated once Increasing coordination and collaboration with other local hospitals Working closely with Firewise council in Portola Trying to reduce impact around the campus Anytime see a lightening strike, just hoping EPHC

27.5. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH

27.6. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH

27.7. 7. Able to stand up IC in hospital Increases communication, makes them more nimble Heightened response to the emergencies Were able to quickly respond to financial needs Quickly acquire equipment, supplies, etc. without needing to go through a very bureaucratic process to do so Infection control, response, and policies PDH

27.8. 5. COVID-19 there were a lot of resources available Feds realized supplemental funding would be necessary to allow healthcare providers to respond effectively Elective, high dollar procedures were postponed That's typically what makes the hospitals a lot of money Spend a lot of time and resources on the pandemic, are going to need quick, supplemental funding – and that happened, were able to respond and keep doors open The state resourced public health departments so poorly on a local level to respond to a pandemic Should have been able to respond in a more similar way to the hospitals (testing, etc) Staff and resource public health agencies appropriately to be able respond better PDH

27.9. 3. Operations could never be shut down You might be evacuated or your house may have burned down, and staff still had to show up – and they did Had an influx of several thousand first responders – and demand increased Staff kept showing up and keeping the hospital running, while everyone else was running away Even through really poor air quality Communication from the command center was poor when critical information was needed Cannot recruit and retain staff With the loss of Greenville lost a lot of housing for staff May have longer term effects for the community than the pandemic PDH

27.10. 2. Increase in expenses – a lot Had to hire a lot more people Had to supplement labor with traveling staff Much higher rate and not necessarily higher quality (and often lower quality) What is the normal? What's sustainable? What can and should we provide Looking at how pandemic is stabilizing Relationships with partners has grown closer PDH

28. Frustration (with masks and regulations, etc.)

28.1. 6. COVID: how to access staffing (esp. with vaccination mandate), at risk of losing half of staff due to them being unvaccinated, some state resources available but very challenging to access them (confusion on if EPHC has to pay, or if they're provided) Having a more easily organized and understood staffing resource tool – state level Resources easier to manage for COVID-19 reporting: vaccination, testing, etc. MyVax, Blue Cross, A lot of administrative labor time that they didn't have Programs as organizationally efficient as possible, and looking at what's the benefit Hours of time to input info vs. how is the data be using/what for Ordering vaccination, testing kits, etc. – systems were challenging and hard to use Not beneficial for patients Wildfires: similar issues – resource management and ordering As much real time, available information as possible Challenging EPHC

28.2. 2.1 Vaccination: no – people have strongly held beliefs in our county; were able to do a lot of education, yet very difficult to change people's deeply held opinions Staffing: able to tap into temporary staff, some staff picked up additional shifts EPHC

28.3. 1. Vaccine mandates – significant ones in California (Q3 2021); community is very polarized on vaccines – both for staff and community members; low vaccine rate among vaccinated was concerning; pressure to Morale and engagement from a staff perspective – burnout, great resignation, staffing has been significantly impacted EPHC

28.4. 1. Mask mandates, PPE mandates, had to work through both with staff and community Community not used to having to be masked, social distancing, was very challenging for them initially, had community members that would get angry and unhappy about having to go through expectations of COVID management, has become routine as have progressed through the pandemic EPHC

28.5. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH

28.6. 1. As pandemic started to scale back, resuming some in-person services such as at the jail observation; but sometimes there would be outbreaks there, so balancing that and having to go back to telehealth Challenge: not good service in the county, makes connectivity challenging For example, have one client that has to walk a mile to get cell reception (in the northern part of the county) Not always easy for clients to have cell reception/internet – and sometimes in drops in the middle of a session PCBH

28.7. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more "old school" and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don't have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH

28.8. 8. A lot of the restrictions and mandates were that were put into place at various times were sold by maintaining healthcare capacity Frustrates them to be the recipient of that policy but not have a seat at the table to shape the policy Result of trying to do something for them, yet they aren't able to weigh in Still have to spend a lot of resources on keeping things at the "pandemic level" Public health policy makers - Incorporate voices of the providers more equitably in the future PDH

28.9. 2. Organization Losing the building to losing the staff Loss 75% of staff. Staff Hard for staff to sanitize, mask Had to wash down things when people touch stuff Losing staff was huge, that was the most important concern PCIRC

28.10. 4. Had to let certain things slip, and so some people were unhappy because their "thing" slipped – like with masking, testing, unvax employees Some choices weren't theirs to make and still had to deal with disgruntled employees Had to let certain things go If people did not like it, had to be strong and show them out the door. They did not make the rules, they just had to abide by them because that is what the congressman issued. PUSD

28.11. 1. Coming into this year: things are back to "normal" and that's very hard because there's been so much going on There is a lot of these funding streams that we did not have before, so I have to keep on top of that now. Lots of extra money, keeping track of the reporting and grants There's more deadlines Data reporting is behind a year for special ed due to computer glitch Not being able to keep up with communicating with parents about what is going on. Parents get angry and upset Teachers are tired of it PUSD

28.12. 1. Wildfires – coming off the masking requirements (there were daily challenges that staff did not want to wear a mask—it was a nuisance). It was required to be worn in congregate spaces and around the public. They did encourage the policy to be followed, but there was masking reluctance and policing. CoC

29. Homelessness

29.1. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuilds Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC

29.2. 3. Tony lost his home in the Camp Fire Impacted how the provided services to those in the community – pretty much leveled Greenville Need for resources from clients and the greater community there was a large need Contributed to homeless population Overnight significant increase Major disruption in lives, livelihoods and jobs Hard to measure Infrastructure impacted – both clients and staff Wellness center burned NCoC

29.3. 1. COVID: closed the doors to in person services almost immediately doing a lot over digital formats (telehealth, etc.), pivoted pretty quickly – around March 2020; still some services that had to continue – for example, jail observation cell, evaluations, 51-50 crisis; made it more difficult for some staff; some staff more versed in doing things over video and some are more “old school” and pivoting to using technology was very challenging; coming out of it – doing a hybrid – having spikes, sometimes closed, sometimes not; has been hard on clients, a lot of clients don’t have access to smartphones or computers; for homeless and older clients in particular, a lot harder to provide services over telehealth/video services PCBH

29.4. 9. What they are doing Building a navigation center Build a trailer park area This brought to light what is needed Three part work Building Dormitory for people Cabins for transitional house H staff housing disability assistance program Take homeless with no benefits to give them aid Have a home safe grant Working with homeless citizens and seniors Funded by BSCC Navigation center Reentry site for clients Has a cafe area To help with getting people to jobs Culinary training program Weeks to learn how to cook and be an entrepreneur To develop things and sell things 3 days a week, it is a restaurant Sat, sun, and mon open for meals Place for events, baby showers. Bookclubs, etc. PCIRC

29.5. 6. Emergency motel sheltering was huge Landlord development Landlord to help rent to them Helped in housing and regulations Housing crisis has gone up Low-income housing People can’t pay rent if it is not subsidized Took some people out of the system Do not have assistant living for people any more. Had a run of pregnant teenagers again They fall through the cracks Uptick of homeless veterans Multiple populations PCIRC

29.6. 1. Did a lot of work on grief for people. Calfire foundation worked with them 75,000 gift cards to help people 7500 dollars for gift cards to help them Calwork, calwork housing support Serve a hundred people a year including families Homeless count 86 unsheltered and other people sheltered Count doubled since last time. Changed plumas as a whole Barrier is housing A lot of people to care for PCIRC

29.7. 1. Dixie fire Very difficult A lot of people that they served in the dixie fire 520 intakes, 1170 survivors served Everyone has not successfully restructure and rebuild Some people think that they can be supported forever, but not true PCIRC

29.8. 1. Clients A lot of people had a lot of misinformation in housing and covid-19 A lot of people stop paying rate People were 10,000 dollars behind their rent They had to go through the covid state help Not very efficient Did not work out for some people People got evicted Affected schooling, etc. PCIRC

29.9. 1. Dealing with covid and losing building We couldn’t bring people in Homeless shelter gone We have air and mask Most of the staff had covid She later got it Most people got it twice Ohana house Run Ohana

house for several years But couldn't make it last From the heightened stress to huge number of people to serve Housing clients in motels Housed the homeless Worked with behavioral health Still work 7 days a week: Sheltering people with covid-19 Deliver food, and boxes to communities that were isolated Clothing Sanitizing, masks PCIRC

- 29.10. 3. Students and staff – had so many people who lost homes PUSD
- 29.11. 8. The meeting minutes of the Plumas Sierra County COC board – in archives of the minutes there is an addressing homelessness standing item. March 2020-June, and a year later March 2021 and then July 2021 the wildfire hit. There's a lot of good information, tidbits, and data in those minutes. PIT count. Jan 2021 (unsheltered vs sheltered count). Homelessness has changed and evolved through COVID and wildfires – increasing. CoC
- 29.12. 6. COC: People in Greenville were suddenly homeless. PCIRC was the place everyone referred to. We supported PCIRC in whatever ways the county could. The county did apply on behalf of PCIRC to support homeless clients. CoC
- 29.13. 6. PIT (point in time surveys): homelessness has been increasing and has spiked post wildfire. Homekey – some communities were buying hotels to house their homeless population – Plumas County passed on this. CoC
- 29.14. 6. COC: homelessness – the state of CA unloaded millions of \$. Plumas County received 10K for COVID emergency response. Then I wrote a grant for PCIRC to utilize this money to shelter, etc. This was to get people off the streets. CoC
- 29.15. 3. Planning Director – we're public servants: concern for staff and for public. mental health concerns at the end of the day. Everyone is dealing with triggers. Set up LAC (local assistance center) during the early days of the wildfire. Provide the necessary resources for people on how to move forward with aftereffects of the wildfire with lots of resources. Learned LOVE (L – Listen, O – Observe, V – Validate, E – Educate)unless you've been through the level of trauma you won't know what people are going through. But first and foremost people are going through trauma, and they can't process all the information. County staff even lost their homes, or their families did. County staff is all directly or indirectly impacted. CoC
- 29.16. 2. COC Clients: Those most vulnerable who could not shelter/isolate in place – the county had the responsibility to house these people. CoC
- 29.17. 1. COC Advisory Board – suddenly we have entire communities devastated and have homelessness because of the fire. PCIRC is ground zero to homelessness in Plumas County both pre and post fire. CoC

30. Health and safety

- 30.1. 6. Policies/Programs/Services that we implemented: Covid screenings of employees and patients each time they come in/out of the office. Volunteers for mentoring groups-teens, children, adults. "Emergency Connection" support group that ran daily from July-September of 2021, and our New Fundraiser-we are taking donations and selling RI merchandise. All proceeds will go directly to assisting the uninsured population within Plumas County. (RT)
- 30.2. 2. The most important concern that RI had during the pandemic between 2020-2021 was: the loneliness and helplessness that our patients would experience during this time. Also keeping all our staff Covid free and healthy to provide these services to our community. (RT)
- 30.3. 1. The wildfires caused the following changes in Rethink Industries' daily operations: we opened an immediate online "Emergency Connection" support group for all fire survivors, we also sent our Trauma Counselors to the Plumas County fairgrounds where emergency shelter was held. We wanted to provide NO CHARGE services to all who were affected by the fires and assist with the immediate trauma that resulted because of the Dixie Fire. We have since set up a Fundraiser where all proceeds and donations go to the direct cost of servicing community members who do not have insurance. (RT)
- 30.4. 1. The pandemic caused the following changes in Rethink Industries' daily operations: we increased Telehealth services to Plumas County residents, altered all in-person groups to large telehealth platform groups, daily safety screenings of all employees and patients entering the building. And of course, masking up. The pandemic caused a severe increase in the need for mental health services, for adults but the biggest impact that we saw were on our youth. (RT)

30.5. 2. Safety was the number one concern: for staff and for clients Department had to rethink intakes Cancelling groups Client and staff safety Keeping those most vulnerable healthy and away from infection NCoC

30.6. 10. Still concerned about the COVID situation Still seeing case rates with staff and general pop Everyone is tired of COVID Saw massive impacts with Omicron variant 35% of staff within 4 weeks Much less severe illness, but still have mandated quarantine periods Seeing more significant illness with the new strains of COVID Not done with the pandemic yet, and a lot of the interventions have scaled back/been dropped EPHC

30.7. 8. Internal transmission event Need to put into places other processes, such as negative air flow Process of visitors, esp. with SNFs (Skilled Nursing Facilities) EPHC

30.8. 4. COVID-19: Very successful, managing both community education, resurgence of patience back to campus to let them know this is a safe location to In 2021, saw a significant increase in patients utilizing services at the hospital – speaks to outreach and education Good COVID community resource: education to vaccination Three significant increases in COVID cases over past 1.5 years in Eastern part of the county: initial COVID impact (early 2020) – didn't see anything until late in the year, everyone knew it was happening, but wasn't happening locally, saw a big impact in cases in middle part of 2021 (Omicron) – really impacted (Oct/Nov 2021 to Jan 2022); second one April/May 2022 Big push on patient bed needs, staff transmission, Have done a good job keeping transmission rates down, pharmaceutical therapies, EPHC

30.9. 1. Patients: early in 2020, didn't want to seek medical treatment for fear of COVID transmission; ended up coming in with more severe conditions because weren't doing routine care – telemedicine was a big, important step Operationally: hospital setting is one of the safer settings (had to communicate that – community education) COVID testing tents, vaccination events, community outreach and education: a lot of EPHC

30.10. 1. Because everything was virtual, couldn't deploy resources in the same way (eg, SNF in Loyalton), would have to minimize the amount of personnel resources could funnel there bc minimizing transmission risk Different service lines became insulated; weren't spending much time bringing transmission issue EPHC

30.11. 1. Staff: COVID-19 – everything shifting to Zoom format (also impacts patients), large increase in tele-med visits, patients felt it was safer, staff had to do everything virtually, creates challenges with communication, community & staff, not in the same location, Graeagle, Loyalton, Portola; inability to be in same in-person location, difficulty with working collaboratively together and having same interactions as before EPHC

30.12. 6. When you're not supposed to see people in person, and they don't have phone reception, it becomes very limited what you can do Trying to balance universal precautions with clients needs For example, if a client needs to go to the hospital, you still had to drive them Still under some mandates for COVID-19 when the fire was occurring Going out and trying to find the clients Applying the preventative measures, such as masking and vaccination, to protect staff Cooperating with and being flexible to access certain populations, such as the jail clients Sending people out to find clients Having staff assist clients with getting connected via phone and video calls PCBH

30.13. 3. Safety Making sure staff and clients are safe Clients that range in age and health issues One client who was on oxygen and other health problems; being concerned about whether they were safe and being able to make those connections PCBH

30.14. 3. Safety of staff and patients was paramount Two full scale evacuations of acute care wing of the hospital Had never been done in the previous 62 years Resources in Indian Valley – kept the ambulance in Greenville through the whole time PDH

30.15. 2. Community – to respond to the need Instant gap in diagnostic ability for COVID-19 that was immediately filled Was both a blessing and a curse Massive amount of human and financial resources Had a PhD in molecular biology running the lab at the time – was able to do 24 hour turnaround for PCR by June 2020 Really provide that resource for the community PDH

30.16. 2. Organization Losing the building to losing the staff Loss 75% of staff. Staff Hard for staff to sanitize, mask Had to wash down things when people touch stuff Losing staff was huge, that was the most important concern PCIRC

30.17. 1. Dealing with covid and losing building We couldn't bring people in Homeless shelter gone We have air and mask Most of the staff had covid She later got it Most people got it twice Ohana house Run Ohana

house for several years But couldn't make it last From the heightened stress to huge number of people to serve Housing clients in motels Housed the homeless Worked with behavioral health Still work 7 days a week: Sheltering people with covid-19 Deliver food, and boxes to communities that were isolated Clothing Sanitizing, masks PCIRC

30.18. 9.1 Community wellness centers on the campuses Student health center on every high school campus Expanded nurse's office at elementary schools Some successful models in SoCal and Bay Area Would like to see Wellness center Have access to mental health, reproductive health, and other health needs services Nurse, NP/PA, therapist These people waiting for kids to come see them would be so ideal. Money not there yet Have a grant that they applied for, but only got it at CRC elementary school Received funds for it at Portola elementary – only place that met the metric on poverty level PUSD

30.19. 2. Planning Director: Concerns of Public Health and Safety (our charge as gov employees for staff and public). My employees were compliant. CoC

31. People leaving the county.

31.1. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuild Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers to NCoC

31.2. 7.1 Since January, have lost 4 therapists Fires have made it more challenging to recruit staff from out of the area and they're not interested in moving to this area Difficult to keep staffing Difficult to recruit staff when salary is so low (county could adjust, but it's not happening) Not as competitive in benefits and pay Don't have a very large pool to pull from locally Housing is also very scarce and has gotten worse since Greenville burned down PCBH

31.3. 1. Crisis plan not as set until you have to try and implement it Affected different staff at different times, depending on their own circumstances Staff aren't present at work if they're worried about their families/homes Had several staff that lived in Greenville and were severely affected Lost staff through wildfire – from Greenville, had to leave PCBH

31.4. 10. Fires: it's hotter, drier, and the fuel load is more dense, we aren't reducing fuels at the rate we used to There must be a recognition on all sides of the political spectrum Yes, climate is changing and it is impacting the way see and do things Spending resources to try and increase services Is it worth it? Will the community build back? PDH

31.5. 1. Doubt that things will ever really be the same again In Healthcare in particular has been especially challenging and will continue to be challenging to recruit and retain qualified staff Will be an ongoing challenge Mass exodus, pool of qualified applicants is smaller supply and increased demand Cost of care has gone up Healthcare providers are experiencing some of the largest financial impacts Tremendous amount of cost reduction Has impact on staff morale Patient will feel that impact as well PDH

31.6. 1. Building burdened down after fire Homeless day shelter Crisis shelter We had to pick up with nothing and keep going No commercial space Took over three rooms in Ohana house Loss 10 staff members during the covid fire PCIRC

31.7. 3. It's going better this year than last year – a lot of people couldn't come back PUSD

31.8. 3. Lots of trauma for families – struggled to provide mental health services for students Access to basic human needs and mental health needs Trying to hire a therapist at every school Couldn't find people to hire People could not come here; from here, they were displaced. PUSD

31.9. 2. Kids with special needs don't have access to the services needed and sometimes need to travel out of the area Limited access to services for children who need extra or special care within the Plumas area. Struggle

for people wanting to move in because to get these services, need to go back out to where they were before to get those services. PUSD

31.10. 1. A lot of people get burned out and leave – the community drives them out Teachers and parents driving the administration out PUSD

31.11. 1. Massive departures of staff due to COVID and fires Short on staff Trying to recruit people from outside – cannot give increases in salary due to union contract (regardless of experience from 90 to 50K) Some couldn't because they could not find housing Or find housing but need more money How can you come to an area with less pay and higher cost of living? Union does not want to compromise giving those extra years of service higher pay. PUSD

31.12. 1. Several people from the office lost their home and/or had close relatives that lost their home Also had people off due to evacuations – some have never come back Ex: food service manager: went to Susanville, never came back. PUSD

31.13. 5. Pandemic: In early months we had a few cases and we were very isolated. As transmission spread people went out of county and we saw more infections. CoC

32. Policies

32.1. A Voice

32.1.1. 8. A lot of the restrictions and mandates were that were put into place at various times were sold by maintaining healthcare capacity Frustrates them to be the recipient of that policy but not have a seat at the table to shape the policy Result of trying to do something for them, yet they aren't able to weigh in Still have to spend a lot of resources on keeping things at the "pandemic level" Public health policy makers - Incorporate voices of the providers more equitably in the future PDH

32.1.2. 6. Wildfires: tragedy to watch it unfold in such a slow motion way So devastating to watch it: 1 million acres of 3 months Have transformed public perception of Plumas County, as well as destroying communities, housing, infrastructure, etc. Would like to see real, actionable policies to recognize that what we're doing, isn't working, and that people in rural areas matter enough to change policy to salvage what we have left PDH

32.2. Financial

32.2.1. 9.1 Partnering with Public health Needs funding for the centers that aren't competitive that are just a given when it's such a big need and especially in rural areas Advocacy in Sacramento to understand the unique needs in rural areas PUSD

32.2.2. 6. COC: homelessness – the state of CA unloaded millions of \$. Plumas County received 10K for COVID emergency response. Then I wrote a grant for PCIRC to utilize this money to shelter, etc. This was to get people off the streets. CoC

32.3. Flexibility

32.3.1. 6. Planning department – obeyed. Planning department didn't implement services in COVID Wildfire we were and are involved. Writing policies, etc. Debris removal, emergency housing ordinances, providing flexibility in building codes and fed/state laws. Rulebook was developed post wildfire. Reducing barriers to expedite fire recovery and get people into temporary housing as quickly as possible. CoC

32.4. Rules and regulations

32.4.1. 1. The pandemic caused the following changes in Rethink Industries' daily operations: we increased Telehealth services to Plumas County residents, altered all in-person groups to large telehealth platform groups, daily safety screenings of all employees and patients entering the building. And of course, masking up. The pandemic caused a severe increase in the need for mental health services, for adults but the biggest impact that we saw were on our youth. (RT)

32.4.2. 5. COVID Funding resources: national, CARES act funding Significant increases in cost for PPE, lab testing, etc Sometimes a lot of funding coming in without a lot of specifics on how it could be utilized, how it has to be reported, etc. – question of if funding was going to the places where it was needed, rush/push to get funds out there, but not a lot of guidance on how can be used EPHC

32.4.3. 2. Vaccination issue: very polarizing Seeing the impacts of patients were not vaccinated and the

severity of diseases, yet it was a very polarizing and charged issue politically Couldn't afford to be losing 40% of staff, and had to be compliant with regulations EPHC

32.4.4. 2. Staffing & access to staff In quarantine situation, losing a staff member for up to 10 days In a small, rural setting, have had to close down a department bc had to be out per CDC guidelines Ability to maintain operations consistently was one of the biggest concerns EPHC

32.4.5. 1. Vaccine mandates – significant ones in California (Q3 2021); community is very polarized on vaccines – both for staff and community members; low vaccine rate among vaccinated was concerning; pressure to Morale and engagement from a staff perspective – burnout, great resignation, staffing has been significantly impacted EPHC

32.4.6. 6. When you're not supposed to see people in person, and they don't have phone reception, it becomes very limited what you can do Trying to balance universal precautions with clients needs For example, if a client needs to go to the hospital, you still had to drive them Still under some mandates for COVID-19 when the fire was occurring Going out and trying to find the clients Applying the preventative measures, such as masking and vaccination, to protect staff Cooperating with and being flexible to access certain populations, such as the jail clients Sending people out to find clients Having staff assist clients with getting connected via phone and video calls PCBH

32.4.7. 2. People: They did not understand the physical impact of it, the need to make them understand was the main concern Population (People who don't trust gov or social service Slow income, age could be a factor Non vax people Combination of people) People became unemployed Got unemployment checks Created no incentive for income people to search for jobs Kept building on themselves Gov kept trying to help, made things worse People ignoring her bills until she can't ignore it anymore Educating them to say we can help but not take care of all your problems May be due to years of generational poverty PCIRC

32.4.8. 8. Not really Not really any policies related to wildfire other than smoke and watching AQI about the wildfires Quieter air scrubbers would be great because they're so noisy! And teachers can't teach over them Reconciling being outside for COVID and inside for wildfire would have been great, but realistically impossible PUSD

32.4.9. 7. Policy document (Appendix B) – based on Cal OSHA and CDC Able to utilize to communicate with staff and parents Always vetted by Dr. Satterfield and later Dr. Loomis Basically a serious of questions about Here are questions that people had and questions from staff and community How will we be addressing those questions. It was really helpful because it allowed them to be consistent. Updated every time guidance would get updated – and then it'd be reissued So, whenever people had questions, we show them what we are doing. This year that policy has been pretty much eliminated and just have one page info session on what they're doing – unsure how that will be received PUSD

32.4.10. 4. Had to let certain things slip, and so some people were unhappy because their "thing" slipped – like with masking, testing, unvax employees Some choices weren't theirs to make and still had to deal with disgruntled employees Had to let certain things go If people did not like it, had to be strong and show them out the door. They did not make the rules, they just had to abide by them because that is what the congressman issued. PUSD

32.4.11. 1. Massive departures of staff due to COVID and fires Short on staff Trying to recruit people from outside – cannot give increases in salary due to union contract (regardless of experience from 90 to 50K) Some couldn't because they could not find housing Or find housing but need more money How can you come to an area with less pay and higher cost of living? Union does not want to compromise giving those extra years of service higher pay. PUSD

32.4.12. 6. Planning department – obeyed. Planning department didn't implement services in COVID Wildfire we were and are involved. Writing policies, etc. Debris removal, emergency housing ordinances, providing flexibility in building codes and fed/state laws. Rulebook was developed post wildfire. Reducing barriers to expedite fire recovery and get people into temporary housing as quickly as possible. CoC

32.5. Sheltering programs

32.5.1. 6. Expand calworks housing program Got more money to help out with housing Cost of program person was lost Was good since a reconstruction need to happen Talked about why can't we be a preventative program to care for people who may lose their children Recruitment of people to help do the preventative program Doing whole systems change Previous cosa directors Did not understand parents and kids are the same populations that they serve Rapid rehousing money was helpful Homeless prevention money was hard Barriers to keep people in their homes is their top priority Food and security is also huge Well stocked food pantry at the resource center 10 days before the end of the food stamp People ran out of food This was the buffer to help them PCIRC

32.5.2. 6. Emergency motel sheltering was huge Landlord development Landlord to help rent to them Helped in housing and regulations Housing crisis has gone up Low-income housing People can't pay rent if it is not subsidized Took some people out of the system Do not have assistant living for people any more. Had a run of pregnant teenagers again They fall through the cracks Uptick of homeless veterans Multiple populations PCIRC

32.6. Prevention policies

32.6.1. 6. Policies/Programs/Services that we implemented: Covid screenings of employees and patients each time they come in/out of the office. Volunteers for mentoring groups-teens, children, adults. "Emergency Connection" support group that ran daily from July-September of 2021, and our New Fundraiser-we are taking donations and selling RI merchandise. All proceeds will go directly to assisting the uninsured population within Plumas County. (RT)

32.6.2. 7. Infection control: most effective, retooling all policies specific to infectious disease due to COVID-19, but extend to many other diseases Outbreaks, Rewritten for COVID-19 Policies much more effective now: norovirus, flu, etc. – helped by developing those for COVID-19 through CDC EPHC

32.6.3. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH

32.6.4. 7.1 Staffing challenges – especially the wildfires. There's mutual aid where other communities can come in post disaster can help supplement (so having contracts in places pre disaster would be helpful—even understanding who would be helpful in those situation). Fire and law enforcement mutual aid came in droves, but many other soft skills like environmental health, etc would be helpful. Emergency ordinances had to be prepared (they did get templates from like counties). Doing a lot of preparedness—including the time and effort to be prepared instead of playing catch up. We don't know what we don't know. CoC

33. Not being able to understand one another.

33.1. 8. Vaccine confidence grant through HRSA Couldn't be used for supplies, but could be used for education and outreach Trying to coach and educate staff to get vaccinated, so that they can coach and educate the community What are some practical applications to be able to educate the community more? Relating to resources The more politically charged it became, the more people were going to stick to their side and the less they wanted to hear info EPHC

33.2. 2.1 Vaccination: no – people have strongly held beliefs in our county; were able to do a lot of education, yet very difficult to change people's deeply held opinions Staffing: able to tap into temporary staff, some staff picked up additional shifts EPHC

33.3. 2. Vaccination issue: very polarizing Seeing the impacts of patients were not vaccinated and the severity of diseases, yet it was a very polarizing and charged issue politically Couldn't afford to be losing 40% of

and had to be compliant with regulations EPHC

33.4. 1. Vaccine mandates – significant ones in California (Q3 2021); community is very polarized on vaccines – both for staff and community members; low vaccine rate among vaccinated was concerning; pressure to Morale and engagement from a staff perspective – burnout, great resignation, staffing has been significantly impacted EPHC

33.5. 6. Expand calworks housing program Got more money to help out with housing Cost of program person was lost Was good since a reconstruction need to happen Talked about why can't we be a preventative program to care for people who may lose their children Recruitment of people to help do the preventative program Doing whole systems change Previous cosa directors Did not understand parents and kids are the same populations that they serve Rapid rehousing money was helpful Homeless prevention money was hard Barriers to keep people in their homes is their top priority Food and security is also huge Well stocked food pantry at the resource center 10 days before the end of the food stamp People ran out of food This was the buffer to help them PCIRC

33.6. 2. People: They did not understand the physical impact of it, the need to make them understand was the main concern Population (People who don't trust gov or social service Slow income, age could be a factor Non vax people Combination of people) People became unemployed Got unemployment checks Created no incentive for income people to search for jobs Kept building on themselves Gov kept trying to help, made things worse People ignoring her bills until she can't ignore it anymore Educating them to say we can help but not take care of all your problems May be due to years of generational poverty PCIRC

33.7. 10. At least a 5 year recovery to get the emotional bonds back between the community and school districts Central feature of the recovery (in his opinion) Turnover as part of that process Community forums could be very beneficial Bringing together all of the different stakeholders. Truth and reconciliation committees (South Africa) People to be able to come to the table and express their feelings and needs Can't change the past, but can move forward into the new future All that we can do is just hold together as a community through it. If we don't, it will just become a really hard time especially for Plumas. PUSD

33.8. 10. Re-emphasize that the school district is so braided into the communities The disconnect and damage to the relationship because of the disconnect (having to follow guidelines from higher ups at state) and perception in the community which really created tension and increased the tension between community and school district. Relationship that needs to be repaired PUSD

33.9. 4. Had to let certain things slip, and so some people were unhappy because their "thing" slipped – like with masking, testing, unvax employees Some choices weren't theirs to make and still had to deal with disgruntled employees Had to let certain things go If people did not like it, had to be strong and show them out the door. They did not make the rules, they just had to abide by them because that is what the congressman issued. PUSD

33.10. 3. Holding forums and helping people begin to understand the great things About Plumas County, and how Plumas is similar and different than other counties in California and nationwide Understanding that would help them understand the changing demographic and the changing telework movement and the way that real estate has gone. And the changes that are coming. Helping families see that the community that they grew up in is not the same as now and that this change is okay and help them accept it would be helpful. Because fighting the change would not fix anything. PUSD

33.11. 3. Biggest need: high school kids from Greenville displaced – had to go to Chester or Quincy – that's where the options were – therapists available went there Elementary kids in Taylorsville – couldn't get therapist in person there So had to do remote and tele therapy and started setting that up for children, but then the forum (parents/teachers) decided they did not want that. So tried to again to get in-person therapy, but couldn't, then people said not kind things (harsh) about him. Understands, part of the job as an administrator. Also hard, especially trying to work hard for them but they seem ungrateful no matter what you do. And when you don't have to stay, you get exhausted from it and may want to leave. Tried to change or get them to understand, but really hard to remove their worldviews on things. PUSD

33.12. 1. A lot of people get burned out and leave – the community drives them out Teachers and parents driving the administration out PUSD

33.13. 1. As an administrator of the school district – a lot of people don't understand what they do PUSD

34. Relationships

34.1. 2. Vaccination issue: very polarizing Seeing the impacts of patients were not vaccinated and the severity of diseases, yet it was a very polarizing and charged issue politically Couldn't afford to be losing 40% of staff, and had to be compliant with regulations EPHC

34.2. 1. Vaccine mandates – significant ones in California (Q3 2021); community is very polarized on vaccines – both for staff and community members; low vaccine rate among vaccinated was concerning; pressure to Morale and engagement from a staff perspective – burnout, great resignation, staffing has been significantly impacted EPHC

34.3. 3.1 Unsure if additional resources would have been helpful You just show up with the team you have and do your best Having staff tied into county emergency operations center Sometimes that county gets county-centric and forgets about exterior partners Push & pull of critical info gets lost Good & timely info alleviates a lot of anxiety If not, hard to answer questions from staff as leadership (and on down) PDH

34.4. 2. Increase in expenses – a lot Had to hire a lot more people Had to supplement labor with traveling staff Much higher rate and not necessarily higher quality (and often lower quality) What is the normal? What's sustainable? What can and should we provide Looking at how pandemic is stabilizing Relationships with partners has grown closer PDH

34.5. 9. Expanding our partnerships with people such as public health Would be big to help do what they need to do to care for the populations that they serve. Workforce development, job search Onsite behavioral health specialist and other health positions to help them out. School clinics and doing outreach stuff to help their clients Did they get health fresh healthy living Calfresh program (they are enrolled) PCIRC

34.6. 5. More housing and emergency shelter Buses, vans, more food All of the basic needs More staff to counsel and to bring down Just more coordination More pockets of people doing different things But the lack of coordination made it difficult to use it well. Foundations helped them during these tough times The relationships built made a huge difference PCIRC

34.7. 10. At least a 5 year recovery to get the emotional bonds back between the community and school districts Central feature of the recovery (in his opinion) Turnover as part of that process Community forums could be very beneficial Bringing together all of the different stakeholders. Truth and reconciliation committees (South Africa) People to be able to come to the table and express their feelings and needs Can't change the past, but can move forward into the new future All that we can do is just hold together as a community through it. If we don't, it will just become a really hard time, especially for Plumas. PUSD

34.8. 10. Re-emphasize that the school district is so braided into the communities The disconnect and damage to the relationship because of the disconnect (having to follow guidelines from higher-ups at state) and perception in the community which really created tension and increased the tension between community and school district. A relationship that needs to be repaired PUSD

34.9. 1. A lot of people get burned out and leave – the community drives them out Teachers and parents drive the administration out PUSD

34.10. 1. In Plumas in particular, school districts are very intertwined with the community Unique due to geography, distance, and historical relationships between communities School district became a unified school district in the 60s (integrated factor that must have happened in the 60s) – previously each distinct school district back in the early 20th century People either love or hate the school district School ends up being the center of the community in a lot of towns A lot of the things that used to hold communities together have fallen apart (churches, granges) – schools have filled that void (whether intentional or unintentional) Relationship with district and community was severely altered with COVID-19 pandemic started (when we had to shut the schools down) PUSD

35. Young and marginalized.

35.1. 6. Policies/Programs/Services that we implemented: Covid screenings of employees and patients each time they come in/out of the office. Volunteers for mentoring groups-teens, children, adults. "Emergency Connection" support group that ran daily from July-September of 2021, and our New Fundraiser-we are taking donations and selling RI merchandise. All proceeds will go directly to assisting the uninsured population within Plumas County. (RT)

35.2. 2. The most important concern that RI had during the pandemic between 2020-2021 was: the loneliness and helplessness that our patients would experience during this time. Also keeping all our staff Covid free and healthy to provide these services to our community. (RT)

35.3. 1. The pandemic caused the following changes in Rethink Industries' daily operations: we increased Telehealth services to Plumas County residents, altered all in-person groups to large telehealth platform groups, daily safety screenings of all employees and patients entering the building. And of course, masking up. The pandemic caused a severe increase in the need for mental health services, for adults but the biggest impact that we saw were on our youth. (RT)

35.4. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH

35.5. 1. Mental health aspect from both COVID and fires Especially delta surge and Dixie Fire overlapping Significantly deteriorated Uptick in patients in crisis Central repository for individuals placed on mental health hold Especially in adolescents in youth – more and more frequent Can also see in staff Heightened sense of anxiety Experiencing the after effects Finally feeling free to release tension and anxiety Manifests in different ways PDH

35.6. 6. Emergency motel sheltering was huge Landlord development Landlord to help rent to them Helped in housing and regulations Housing crisis has gone up Low-income housing People can't pay rent if it is not subsidized Took some people out of the system Do not have assistant living for people any more. Had a run of pregnant teenagers again They fall through the cracks Uptick of homeless veterans Multiple populations PCIRC

35.7. 3. Capacity to be there for everyone 24/7 Evacuations and the high-risk population to create a b and c plan during the fires For transportation for them Had people in motels, how were they going to leave Evacuate ohana house once PCIRC

35.8. 2. Kids with special needs don't have access to the services needed and sometimes need to travel out of the area Limited access to services for children who need extra or special care within the Plumas area. Struggle for people wanting to move in cuz to get these services, need to go back out to where they were before to get those services. PUSD

35.9. 2. Students – people who are in the schools care about kids See the kids who are marginalized Often because parents living in poverty or have substance use or other issues Often the only stability they have are the schools Sometimes only access to services, like healthcare are at school Particularly true in Greenville Have more school nurses per student than a lot of other school districts because so important With the town burning, no more access to healthcare, services, food, everything for kids PUSD

36. Healthcare

36.1. 4. Wildfires: constant daily meetings, wanting to be as responsive as possible Very pleased with performance in 2020 wildfire Had things positioned to receive more patients When it occurs, have very limited amount of time to act and move Were able to absorb 20 patients from Loyalton location, if they hadn't, where would they have gone? Getting patients transported out to other locations is very challenging (bed availability and staffing) ER physician might call 30 hospitals before they find someone who can accept one patient If have to offload 25-30 patients, where do those patients go? EPHC

36.2. 4. COVID-19: Very successful, managing both community education, resurgence of patience back to campus to let them know this is a safe location to In 2021, saw a significant increase in patients utilizing services at the hospital – speaks to outreach and education Good COVID community resource: education to vaccination Three significant increases in COVID cases over past 1.5 years in Eastern part of the county: initial COVID impact (early 2020) – didn't see anything until late in the year, everyone knew it was happening, but wasn't happening locally, saw a big impact in cases in middle part of 2021 (Omicron) – really impacted (Oct/Nov

2021 to Jan 2022); second one April/May 2022 Big push on patient bed needs, staff transmission, Have done a good job keeping transmission rates down, pharmaceutical therapies, EPHC

36.3. 3.1 Patients primary question/concern was if EPHC would remain open and operational Things you don't learn in tabletop, but you then have to apply in real life EPHC

36.4. 3. Would the Portola area have to evacuate, and if so, where would the patients go? Had taken some patients from PDH, but had limited capacity Were the last, unaffected district hospital Have a limited number of beds Had people that needed care that were being pushed into that area, and having to absorb and take care of them If evacuated: how able to continue to provide services? For example, Loyalton evacuation of 2020: staff having to evacuate at the same time that SNF had to evacuate too and take care of patients EPHC

36.5. 2. Vaccination issue: very polarizing Seeing the impacts of patients were not vaccinated and the severity of diseases, yet it was a very polarizing and charged issue politically Couldn't afford to be losing 40% of staff, and had to be compliant with regulations EPHC

36.6. 2. Staffing & access to staff In quarantine situation, losing a staff member for up to 10 days In a small, rural setting, have had to close down a department bc had to be out per CDC guidelines Ability to maintain operations consistently was one of the biggest concerns EPHC

36.7. 1. Patients: early in 2020, didn't want to seek medical treatment for fear of COVID transmission; ended up coming in with more severe conditions because weren't doing routine care – telemedicine was a big, important step Operationally: hospital setting is one of the safer settings (had to communicate that – community education) COVID testing tents, vaccination events, community outreach and education: a lot of EPHC

36.8. 9.1 Supplemental staff that didn't cost 3-4x of a permanent, full time individual Percentage of staff that were working for healthcare agencies to go to traveling agencies Much higher pay, and people are driven by that – which shouldn't be what you got into healthcare for, should be there for the patients Increase cost of healthcare = increase cost to patient Always get deferred back to patients, including patients that can't afford it PDH

36.9. 2. Community – to respond to the need Instant gap in diagnostic ability for COVID-19 that was immediately filled Was both a blessing and a curse Massive amount of human and financial resources Had a PhD in molecular biology running the lab at the time – was able to do 24 hour turnaround for PCR by June 2020 Really provide that resource for the community PDH

36.10. 1. Fundamentally altered every aspect of their business Everything they had been planning to and wanting to do – got delayed, postponed, or modified Project delivery and service line standpoint Disrupted staffing Quality of life Have since seen the impact of the pandemic and the deferral of care Seeing sicker people that didn't receive their ongoing preventative care Acuity levels have been higher Have seen that in own staff Increased utilization of medical insurance services PDH

36.11. 9. Expanding our partnerships with people such as public health Would be big to help do what they need to do to care for the populations that they serve. Workforce development, job search Onsite behavioral health specialist and other health positions to help them out. School clinics and doing outreach stuff to help their clients Did they get health fresh healthy living Calfresh program (they are enrolled) PCIRC

36.12. 9.1 Community wellness centers on the campuses Student health center on every high school campus Expanded nurse's office at elementary schools Some successful models in SoCal and Bay Area Would like to see Wellness center Have access to mental health, reproductive health, and other health needs services Nurse, NP/PA, therapist These people waiting for kids to come see them would be so ideal. Money not there yet Have a grant that they applied for, but only got it at CRC elementary school Received funds for it at Portola elementary – only place that met the metric on poverty level PUSD

36.13. 2. Students – people who are in the schools care about kids See the kids who are marginalized Often because parents living in poverty or have substance use or other issues Often the only stability they have are the schools Sometimes only access to services, like healthcare are at school Particularly true in Greenville Have more school nurses per student than a lot of other school districts because so important With the town burning, no more access to healthcare, services, food, everything for kids PUSD

37. Taking multiple roles

- 37.1. 1. Loss staff, hats got wider Staff got more positions Nonstop need of the community Lay people off, absorb positions, challenge by space due to loss of building Ability or plans to reduce workload No plans to reduce Not getting any staff applicants Covid-19 Not getting enough people to work, there is this state of not working in the community A month of services 175 walk ins in ohana house Distributed food to 42 families Everybody has been challenged PCIRC
- 37.2. 2.1 To a certain extent yes – people leaped and changed roles to do what they had to do to make it work For example, bus drivers taking food out to kids Cafeteria staff coming back and making the food Teachers and admins going out to students Setting up hubs on campus out for kids when they come back as soon as they could because kids without internet could not due remote work. Were able to get some of the highest needs kids back to campus (eg, special needs, homeless youth) within one month Brought kids back in cohorts in Fall 2020 – had two cohorts of kids (morning and afternoon) Continuity shattered with the fires – threw everyone into chaos PUSD

38. Building/capacity to serve

- 38.1. 8. Decades behind where we should be in terms of housing Do not have enough safe, affordable housing Have an increased need PIT report from 2020, 2021 – 2022 results of those fire Looking at how homeless population has changed in Plumas With the fires People that will never return that were long-term residents Some who cannot afford to rebuild Lots of un- or under-insured homes Especially if they had a legacy property (eg, no loan on it) Additional state & federal funding to address the reality of those who lost homes and cannot afford to rebuild Culture of Greenville and Indian Valley What's the population No fire department, no library School, grocery store, Greenville wiped out, Indian Falls gone (maybe two homes), Canyon Dam gone Lots of pockets destroyed or significantly impacted Hope people can come back and rebuild, and can re-establish services Very challenging time in Plumas County Would be a shame if agencies who oversee the funding/services create barriers too NCoC
- 38.2. 7. Larger question regarding staffing and capacity in a small county Have had pretty unstable periods of staffing Umbrella of DHCS (Department of Health Care Services) is a very difficult org and department to deal with on the state level Makes life for staff of a small county very difficult Fully staffed at the beginning of COVID (atypical) Has a pretty high turnover in BH in 2018 Very volatile staffing prior to Tony He was able to stabilize and manage relationships between staff, BOS, and state funders Having enough staff to meet the needs of clients is always tricky NCoC
- 38.3. 3. Tony lost his home in the Camp Fire Impacted how the provided services to those in the community – pretty much leveled Greenville Need for resources from clients and the greater community there was a large need Contributed to homeless population Overnight significant increase Major disruption in lives, livelihoods and jobs Hard to measure Infrastructure impacted – both clients and staff Wellness center burned NCoC
- 38.4. 9. Not as understaffed as other locations in Northern California – both with pandemic and wildfires Have gone through several significant wage increases to attract and retain staff Used travel nurses/temp staff Did incentives for extra shifts Premium pay portion Did have periods of understaffing Never had a situation where it negatively impacted service delivery Have more patient capacity, but don't have the staff to meet that capacity May have beds for patients, but not staff, for example, Could offer more to the community with more EPHC
- 38.5. 8. Evacuation plan for the hospital Truck & trailer 27 patient beds from location A to location B Add your policies as you go through EPHC
- 38.6. 4. Wildfires: constant daily meetings, wanting to be as responsive as possible Very pleased with performance in 2020 wildfire Had things positioned to receive more patients When it occurs, have very limited amount of time to act and move Were able to absorb 20 patients from Loyalton location, if they hadn't, where would they have gone? Getting patients transported out to other locations is very challenging (bed availability and staffing) ER physician might call 30 hospitals before they find someone who can accept one patient If have to offload 25-30 patients, where do those patients go? EPHC
- 38.7. 4. COVID-19: Very successful, managing both community education, resurgence of patience back to campus

to let them know this is a safe location to In 2021, saw a significant increase in patients utilizing services at the hospital – speaks to outreach and education Good COVID community resource: education to vaccination Three significant increases in COVID cases over past 1.5 years in Eastern part of the county: initial COVID impact (early 2020) – didn't see anything until late in the year, everyone knew it was happening, but wasn't happening locally, saw a big impact in cases in middle part of 2021 (Omicron) – really impacted (Oct/Nov 2021 to Jan 2022); second one April/May 2022 Big push on patient bed needs, staff transmission, Have done a good job keeping transmission rates down, pharmaceutical therapies, EPHC

38.8. 3. Would the Portola area have to evacuate, and if so, where would the patients go? Had taken some patients from PDH, but had limited capacity Were the last, unaffected district hospital Have a limited number of beds Had people that needed care that were being pushed into that area, and having to absorb and take care of them If evacuated: how able to continue to provide services? For example, Loyalton evacuation of 2020: staff having to evacuate at the same time that SNF had to evacuate too and take care of patients EPHC

38.9. 1. Road closures have continued well beyond the fire Foliage burned and there have been more mudslides which continue to affect road service and create closures to this day Road closures and delays lasted for months after the fire Some infrastructure, such as phone lines, were burned Some people were on generator power for a long time PCBH

38.10. 1. Satellite office in Greenville that burned – office, equipment, and vehicles that burned and were lost in the fire Created a large gap between Quincy and Chester to deliver services to clients in that area County is very spread out and so had offices in different locations to help better meet the needs of clients – big loss Satellite office in Portola affected by Beckwourth fire, but Quincy was able to cover and carry out a lot of the major operations since Quincy is the hub – not as disruptive as the Dixie Fire PCBH

38.11. 6. New programs COVID-19 Did phone intakes and shorter inperson interactions Easier for clients More money for gas and to do more clients in a day New building is now opening (just moving this week oct 5) PCIRC

38.12. 2. Organization Losing the building to losing the staff Loss 75% of staff. PCIRC

38.13. 1. Building burdened down after fire Homeless day shelter Crisis shelter We had to pick up with nothing and keep going No commercial space Took over three rooms in Ohana house Loss 10 staff members during the covid fire PCIRC

39. Financial Burdens

39.1. 5. COVID Funding resources: national, CARES act funding Significant increases in cost for PPE, lab testing, etc Sometimes a lot of funding coming in without a lot of specifics on how it could be utilized, how it has to be reported, etc. – question of if funding was going to the places where it was needed, rush/push to get funds out there, but not a lot of guidance on how can be used EPHC

39.2. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only place they see someone who cares about them and can support them Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH

39.3. 9.1 Supplemental staff that didn't cost 3-4x of a permanent, full time individual Percentage of staff that were working for healthcare agencies to go to traveling agencies Much higher pay, and people are driven by that – which shouldn't be what you got into healthcare for, should be there for the patients Increase cost of healthcare = increase cost to patient Always get deferred back to patients, including patients that can't afford it PDH

39.4. 2. Recouping the full extent of the financial burden from the pandemic – unlikely to be resolved PDH

39.5. 1. Doubt that things will ever really be the same again In Healthcare in particular has been especially challenging and will continue to be challenging to recruit and retain qualified staff Will be an ongoing challenge Mass exodus, pool of qualified applicants is smaller supply and increased demand Cost of care

has gone up Healthcare providers are experiencing some of the largest financial impacts Tremendous amount of cost reduction Has impact on staff morale Patient will feel that impact as well PDH

40. Road/transportation

- 40.1. 4. Wildfires: constant daily meetings, wanting to be as responsive as possible Very pleased with performance in 2020 wildfire Had things positioned to receive more patients When it occurs, have very limited amount of time to act and move Were able to absorb 20 patients from Loyalton location, if they hadn't, where would they have gone? Getting patients transported out to other locations is very challenging (bed availability and staffing) ER physician might call 30 hospitals before they find someone who can accept one patient If have to offload 25-30 patients, where do those patients go? EPHC
- 40.2. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH
- 40.3. 4. Their IT person and helping everyone get onto Zoom and .z and getting that set up quickly In satellite offices, already had equipment in most of them In one office, didn't have it set up, and it was challenging to obtain the equipment due to supply chain issues In 2018, started working on satellite offices – having one in each community Made it easier for people to have a place to connect to in their community without having to travel, especially when roads were closed or major delays Especially for providing services and meeting people where they are Also became information center during fire (eg, Camp Fire) for evacuees Having the answering service that wasn't local Keeping operations as normal as possible Having those services already in place Just happened that way and ended up being really good because they weren't evacuated/directly affected by the fires PCBH
- 40.4. 1. Road closures have continued well beyond the fire Foliage burned and there have been more mudslides which continue to affect road service and create closures to this day Road closures and delays lasted for months after the fire Some infrastructure, such as phone lines, were burned Some people were on generator power for a long time PCBH

41. Staying in touch with clients

- 41.1. 7.1 Have a very good staff who are willing to work as a team and step up and cover for one another For example, if someone was out sick, would have another team member to step up and fill in For example, if the therapist is out, counting on the case manager to stay in contact with the client PCBH
- 41.2. 6. When you're not supposed to see people in person, and they don't have phone reception, it becomes very limited what you can do Trying to balance universal precautions with clients needs For example, if a client needs to go to the hospital, you still had to drive them Still under some mandates for COVID-19 when the fire was occurring Going out and trying to find the clients Applying the preventative measures, such as masking and vaccination, to protect staff Cooperating with and being flexible to access certain populations, such as the jail clients Sending people out to find clients Having staff assist clients with getting connected via phone and video calls PCBH
- 41.3. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and

be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH

- 41.4. 3. Maintain contact – staying in contact with clients & staff in an effective, more efficient was When lines are down and cell towers are being burned PCBH
- 41.5. 3. Safety Making sure staff and clients are safe Clients that range in age and health issues One client who was on oxygen and other health problems; being concerned about whether they were safe and being able to make those connections PCBH
- 41.6. 2. Maintain contact – staying in contact with clients Part of it was in the skills of the clients and staff How to work Zoom, .z, etc. Infrastructure to support telehealth (for example, some can call into meetings but you can't call them) Only have a phone call is not the same as seeing clients in person Pick up on other cues when you see people in person Doing a hybrid for some groups is very helpful, such as the SUD group Can have people go into the centers (satellite campus) and then do a video call Can include them in the main group via video call, whereas otherwise they wouldn't be able to attend because don't have the resources to support groups in every population centers multiple times per week Has opened up some avenues and access PCBH

42. Having work files wherever you are for remote work

- 42.1. 3. Don't always think about grabbing your work cell phone or phone tree when under evacuation – don't have people's numbers/contact info When power is out, don't have full access to client information Finding ways to have access to information when you don't have access to your office (eg, having a copy of the phone list at home) Is challenging because cannot take client information home because it's confidential PCBH

43. Loss of Clients (new and old)

- 43.1. 1. Intakes for new clients was significantly impacted Had to change open enrollment and way of doing intakes for new clients Timeliness and access are very important -significantly impacted NCoC

44. Planning ahead (prevention plans)

- 44.1. 4. Family evacuated for both fires (2020 and 2021) Out of an abundance of caution In 2017 set a fire very close to their house – were not prepared Now have more experience (unfortunately) and are much better prepared to respond NCoC
- 44.2. 5. Wildfire: when people are leaving the area, there's not a lot you can do to have services there Having certain points of contact to know where the evacuation centers are to have readily available to give to clients At one point, an evacuation center was set up and it had to be moved because it got too close to the fire – so the information changes quickly Having access to county emergency preparedness plan ahead of time Having gone through it, can now see where the gaps in the plan are For example, what to do in a situation where the office is under evacuation warning – what do you tell staff? It could change quickly and be under mandatory evacuation warning Some clarification on the county's expectation in the plan would have been helpful People were frustrated and fearful – how will you evacuate a whole building full of staff when there's only one road, because the other one(s) is closed The county was not very clear or timely with decisions (for example, if staff had to come to the office, what being a DSW means) PCBH
- 44.3. 1. Crisis plan not as set until you have to try and implement it Affected different staff at different times, depending on their own circumstances Staff aren't present at work if they're worried about their families/homes Had several staff that lived in Greenville and were severely affected Lost staff through wildfire – from Greenville, had to leave PCBH
- 44.4. 10. COVID: recognition of what's apparent for school-aged children They tend to see problems after they're already problems Has seen tremendous cost to the COVID-19 pandemic Zero debts- what it requires to do that Sheriff: Increase in violent crime, domestic violence, suicide, including youth suicide Son's class had 30% disappear during the pandemic – those are the ones that need it most, and school may be the only

place they see someone who cares about them and can support them. Ignore the vast social cost that was applied Thinking about: was that appropriate? How should we approach the next one? How do we evaluate those costs going forward PDH

- 44.5. 3. Capacity to be there for everyone 24/7 Evacuations and the high-risk population to create a b and c plan during the fires For transportation for them Had people in motels, how were they going to leave Evacuate ohana house once PCIRC
- 44.6. 8. Each department provided their own COVID plan that was directed by HR. If we've created these resources because we've never had it – it'd be good to update and have ready verses creating from scratch. CoC

Appendix II

Focus Group Analysis

- I. Fire
- II. COVID
- III. PDH Staff (PDHS)
- IV. PCIRC Staff (PCIRCS)
- V. PCIRC Clients (PCIRCC)
- VI. EPHC Staff (EPHC)
- VII. Alternate sentencing FG (AE)
- VIII. Questions
 1. What does a healthy community after a pandemic or wildfire look like?
 2. Have you been affected by any of the following? If so, how were you affected?
 - Wildfires
 - COVID-19 Pandemic
 3. Have the wildfires caused challenges or barriers for you to receive any of the following (circle all that apply)
 - Access to healthcare
 - Employment
 - Housing
 - School for you or your family
 - Transportation
 - Mental Health Services
 - Social Services
 - Substance use treatment
 - Access to necessities like food or household supplies
 - Other: please list
 4. If you circled any in question 3, please provide a brief explanation how you were affected.
 5. Has the COVID-19 pandemic caused challenges or barriers for you to receive any of the following? (circle all that apply)
 - Access to healthcare
 - Employment
 - Housing
 - School for your or your family
 - Transportation
 - Mental Health Services
 - Social Services
 - Substance use treatment
 - Access to necessities like food or household supplies
 - Other: please list
 6. If you circled any in question 5, please provide a brief explanation how you were affected.
 7. Do you think the COVID-19 pandemic or the wildfires will have longer term disruptive effects on the lives of you, your family, and other community members?
 8. What could have been done by individuals, hospitals, government, and community organizations to support you, your family, and other community members during the pandemic or wildfires?

9. After the wildfires and COVID-19 what are some things that get in the way of maintaining good health for you, your family, or others in the community?
10. Of all the things discussed today, what is most important to you?

Explanation of the data analysis

Each statement said during the interview was grouped into themes. The numbers that are directly next to the statement represent the question that prompted the response and the abbreviations represent what group reported that response.

IX. Key themes

A. Unity

1. 1. There are some counties/communities who have a regular interdisciplinary team so that they are ready for those kinds of larger incidences Healthy community: a Regular interdisciplinary team that meet quarterly so that they continue to be aware of what resources or needs there are (PDHS) no
2. 8. Impressed with how the community came together Huge antidote for the pain that people experienced People watching out for each other Offset a little bit of the pain Seeing that I am connected still - the connection helped Made a huge difference Community demonstrated a lot of strengths. Wished to see that all of the strengths got celebrated Nice to see We do not have a body of people that would lead out with this so to speak. They kept having that Sunday donations down in shwabs Donation centers downtown mainstreet People volunteered Long hours day after day. So many things got donated and distributed and people shared resources (PDHS)
3. 10. Future setup for interdisciplinary communication and preparedness Pull key players to meet on a regular basis to talk about these things Could come from the board of supervisors or the sheriffs office. (PDHS) no
4. 8. Certain agencies had a lot of resources only serving a few people When helping people out who were evacuated to Chester with the response team (who were trying to count all of these families) PCIRC were just serving people. They had a spreadsheet of all the families that they had served Response team got angry for serving people outside of this system (their system) But PCIRC said no, we are going to serve these people. (PCIRCS) no
5. 6. One of our strengths though that gives us hope is sharing information and collaboration When that comes back after when people are back to work, one person thinks things will improve more rapidly For now the silos still exist, pretty consistently, and we are not suggesting in any way that we are better than anybody. Its just the facts of where we are cuz everyone is hunkered down trying to survive. (PCIRCS) no
6. 6. County did not have any collective thoughts in caring for people, which made the clients go to PCIRC (PCIRCS) no
7. 6. There is no collective decision making happening in the county that would be helpful to their clients County gave away housing vouchers without discussing it with any providers who would care for those people who need housing vouchers. County did not due home key dollars All the people who need a home were referred to PCIRC (PCIRCS)
8. 8. For PCIRC Because they do not broadcast what they do for the community as a nonprofit, everybody knows there for here but they do not know the outcomes, and they do not know how valuable our agency or our services are So we are excluded from the decision making and all of these other things that happen at the top People who do not know anything are making rules and handing out money And people on the ground or at the front lines are not getting the benefit Retroactive auditing of the money that came down Has been extremely difficult For them Red Cross serving four people with all of their resources For PCIRC Serving hundreds and being neglected (PCIRCS) no
9. 1. Company: did not have all resources available We are emergency responders, and front line workers Had resources, but without partnership, could fully care for the community since they had resources, but not everything to handle the pandemic and the wildfire. (PCIRCS)

10. 1. To have a healthy community, you must remove the silos between county and community partners, it is a barrier to services, Silos Multiple departments responded to each crisis differently Multiple Departments may or may not respond to emails Some departments were open 24/7, others were closed Closure of many departments made it hard to work with them/ connect with them (PCIRCS) no
11. 1. Strong communication and people working together to work out the many losses from those conditions - A support structure. People working together to help people rebuild not just physically but emotional. Basically from all of the loss that happened from the pandemic and wildfire. (PCIRCS) no
12. 2. We need to stick together and help each other move forward. (PCIRCC)
13. 2. People get together, and help each other in need. What made the place great (PCIRCC)
14. 6. People were always around helping each other, and still do, but now everyone is more strangers, its more different (PCIRCC)
15. 1. More people involved in one form or another in different functions in the community Everybody pulling together. Makes you feel proud to live in a community like that (PCIRCC)
16. 10. The work we did with city of Portola for example (which was just equipment moving)– we were able to evacuate all our patients within 90 minutes because all resources were aligned and fully committed beforehand, which expedited and made it very efficient. (EPHC)
17. 1. Good leadership- One person from the focus group did not agree. She says that the leadership has go so many planned things to do for the community. (PCIRCC)
18. 1. Seen really dedicated people in the situation to move forward It really brought out the best in most people. When there is a hurdle, person admires when a group of people get together to think it clearly and come up with solutions If they can make changes Can see promising things from them Hopes that they would inspire other counties to do the same as well. (PCIRCC)
19. 8. No criticism for public health – It was chaos but we all worked together-Did not feel like she did not get what she needed from public health. Whenever she requested anything, public health either gave it or helped her find it. Public health was there to give me what I needed. We all worked well together considering what we had (EPHC)
20. 10. Hoping that we take away as a community the lessons learned – how do we avoid some of the challenges going forward. There is an opportunity on how to align our resources better – i.e., the Greenville fire and displacement. There was a number of groups and agencies who wanted to support but the coordination becomes difficult. How do we align resources, so the deployment works the best. (EPHC) no
21. 1 Community who comes together to help those who experienced a loss from the pandemic or the wildfire. (AE)
22. 2 Community (his), They all pulled together more, Each of them are working on their one properties for prevention, Working on prevention during wildfires (fire)(AE)
23. 2 But brought people to work together, Greenville as an example, people rallied together, In Indian falls to Canyone Dam, The whole county to portolla all the way to chester came together to help those, who lost everything, who were in the evacuation, People shared resources such as tents to stay in until the evacuation was over, and lived in tents during the times of wildfires. Gave a person so much pride in their community (fire)(AE)
24. 8 Everyone coming together to support the loss from everything was amazing already. (AE)
25. 2. A good lesson we learned to have ONE PERSON (one incident commander) that is that point of contact and one person that makes command/decision and those decisions are the FINAL decisions going forward whether it be the wildfire or COVID restrictions, etc. (EPHC)
 - a) -People wanted to interject the opinion of rules and regulations and that's where confusion comes in. (EPHC)
 - b) -There was a lot of confusion, and that is something that the hospital has practiced a lot now (EPHC)

26. 2. There was coordination from public health and the different hospitals, but the lines were very blurred on who was to do what. So that was quite a challenge. When it came to that. (EPHC)
27. 7. COVID has become politicized. It has caused family issues, disagreements, and ridiculous things because it has become so politicized. I don't see it going away. We will see a longer-term disruptive effects because of the pandemic. (EPHC)
28. 8. Pandemic – hospital did a great job trying to mitigate the changing requirements, the changing information. One minute the State was saying this then nope, we are sorry, we really want it to be this, and this was difficult. even with getting all the different and changing information out to the staff and getting the vaccines and promoting boosters out. Getting the changed information to our staff, getting those vaccines available and promoting the boosters and all that kind of stuff. We did what we could with what we had at that time. (EPHC)

B. Communication/information/Coordination

1. 9. Nice to have a social worker for the hospital who could sit down with patients to help out. Was sure that the community social workers were overwhelmed To navigate through the paperwork. FEMA would have helped Counselors or support groups in the shelters to help people(PDHS)
2. 9. PDH leaders- They were being told of what resources were being brought into the community. Then...Did not know when FEMA shelters came (only heard that through her patients) Nice if Executive team was to tell doctors what was being implemented for the community so that the doctor knows how to direct them or what to expect for their patients. External and internal communication A lot of lack of communication during the fires About a lot of stuff While the command center lasted, she felt informed cuz she can go in on that meeting. Command center was nice to know what was in the community in terms of resources Once things settles down Commander center only gets instituted once the community is in crisis Crisis settles down: Meetings are fewer until disbandment But still six to nine months of fallout And now you don't know what's happening? Or what's being implemented? Is FEMA coming in, going out? This all would have been nice to keep up to date on. (PDHS)
3. 10. Future setup for interdisciplinary communication and preparedness Pull key players to meet on a regular basis to talk about these things Could come from the board of supervisors or the sheriffs office. (PDHS)
4. 9. Difficulties with paperwork and how to get assistance The work was very confusing to them. Did not know where to turn it in or where to follow up Did not know how to follow up (PDHS)
5. 8. The fact is who is going to take charge, to be the central person for this endeavor to get everything set up We have a board of supervisors Should it be their responsibility to set this up? And mapped out? We have that for the hospital, but how does that look for public health. (PDHS)
6. 8. Knowing where to get it or how to get it would be very beneficial Where you are going to set it up (PDHS)
7. 10. Communication and knowing what is out their And What services are available to people Emphasis on mental health services There is a big movement in psychology now, but it is not super available to a lot of people still Should not be a last thing but a baseline Should be available to everyone (PCIRCS)
8. 1. Thoughts after the pandemic or wildfire My hope Something in place so that if it happened again People will know what the actions are going to be to start with, what actions will be implemented When you work in a hospital, have to look at your chain of command For clinical and the community would know what to look for and not be so lost For the community to know that there are things out there for them in the midst of the pandemic (PDHS)
9. 1. Ongoing communication about shared needs Agreed with the answers already shared (PDHS)
10. 1. There are some counties/communities who have a regular interdisciplinary team so that they are ready for those kinds of larger incidences Healthy community: a Regular interdisciplinary team that meet quarterly so that they continue to be aware of what resources or needs there are (PDHS)
11. 8. A lot of things wrong with the structure. A lot of things that should be improved We are a small county and a small community There isn't a reason why it shouldn't be this hard Should not be that hard but is. (PCIRCS)
12. 8. Certain agencies had a lot of resources only serving a few people When helping people out who were evacuated to Chester with the response team (who were trying to count all of these families) PCIRC were just

serving people. They had a spreadsheet of all the families that they had served Response team got angry for serving people outside of this system (their system) But PCIRC said no, we are going to serve these people. (PCIRCS)

13. 8. People went to PCIRC for help when none could answer the questions that they had. People crying because no one knew what to do There were 1500 people that they had to take care of. Could not have them inside, so they met them all outside in the porch. Having experienced it themselves, the staff felt like they were able to show empathy to them and knew where to guide them in the resources that they need to access and what to do. (PCIRCS)

14. 8. Communication was horrible (PCIRCS)

15. 8. There was this huge canyon between the lawmakers and the people California is known for wildfires, but unless you really grow up around them, nobody in health really knows what a wildfire is like Because they do not understand unless they are on the ground and working one on one with their clients. Says that make all the laws you want about COVID-19, but it never trickles down the way you want it to. It needs to be develop better (PCIRCS)

16. 8. For PCIRC Because they do not broadcast what they do for the community as a nonprofit, everybody knows there for here but they do not know the outcomes, and they do not know how valuable our agency or our services are So we are excluded from the decision making and all of these other things that happen at the top People who do not know anything are making rules and handing out money And people on the ground or at the front lines are not getting the benefit Retroactive auditing of the money that came down Has been extremely difficult For them Red Cross serving four people with all of their resources For PCIRC Serving hundreds and being neglected (PCIRCS)

17. 6. There are people that just stop paying for everything (their utility bills, their rent) which happened not too long ago. Some haven't paid rent in two and a half years, and now wonder what do they do. Why didn't they pay, because they said it was CovidBut the person said that does not mean that, you know. As a staff member of PCIRC, you see both sides of it. Clients, were not earning as much as they were before Homeowners, who rent their homes to clients Need to still pay mortgages (PCIRCS)

18. 8. Communication (better coordination and communication for the wildfires would have helped for sure) (PCIRCS)

19. 8. A lot of people were not able to get unemployment when they should have One staff member was one of them Was homeless for a few years (PCIRCS)

20. 8. There was a promise for huge cash payout Never got it, could not communicate with them Office only helped out once, but never helped afterwards Stayed on the phone for nine hours, office said that they were coming but never did. A lot of people were in that same situation Could not get through to social security for benefits on the phone Tried to get death benefits for her husband, but did not get anything Stayed on the phone for six hours Tried to reach out to Legislators to help intervene for the community that were promised unemployment but nothing happened (PCIRCS)

21. 8. Dixie fire Talks of trainers coming into the area for help would be helpful The Calfire trainers , FEMA No one knew who to go to, who was getting accepted in these things Or what to do Said it was a shitshow, it really was. No one knew what they were doing. (PCIRCS)

22. 6. Clients Whole group of people who got employment pandemic benefits The pandemic benefits earned them more than their normal wages. Many clients getting 1000 dollars each week They were spending or gambling instead of saving it for housing and other bills A lot of people showed up at PCIRC for services because of that. Because they no longer had any money. Many clients thought they did not have to pay rent anymore and that the landlords could not evict them It created this new system of help Miscommunication on what to spend the money on People thought being able to be terminated for their lease or to be kicked out of their house was no longer going to happen When that ended A lot of people showed up at PCIRC (PCIRCS)

23. 6. County did not have any collective thoughts in caring for people, which made the clients go to PCIRC (PCIRCS)

24. 1. For their department they try to listen more and speak less Because the clients will tell them what is really on their minds We listen, and we listen carefully to what they are experiencing In order to develop empathy and compassion and cooperation with them Talks may be more than 5 to ten minutes may actually turn to an hour or an hour and a half. Because they are still processing the information. (PCIRCS)
25. 2. Time to decipher the truth through everything too, not knowing what to believe, knowing its real, but how it was used, and how it escalated, and what it did to people, felt like we were all in a little pond in trying to figure out the pandemic (PCIRCS)
26. 4. Some roads were open, some were closed You could get stuck in the road for two hours. Not a lot of communication of what was opened or closed As an objective observer, it was not well communicated what was opened or closed. Staff trying to come from an area but couldn't due to road closures. (PCIRCS)
27. 1. Businesses as well Some that they work with works remotely Cannot get them to their office, sometimes communications go straight to voicemail General business operations are still not the same as it was before Several businesses have not moved out of the covid remote work yet. Makes getting their business of County insurance, taxation, banking, difficult to finish and do (PCIRCS)
28. 6. One of our strengths though that gives us hope is sharing information and collaboration When that comes back after when people are back to work, one person thinks things will improve more rapidly For now the silos still exist, pretty consistently, and we are not suggesting in any way that we are better than anybody. Its just the facts of where we are cuz everyone is hunkered down trying to survive. (PCIRCS)
29. 1. To have a healthy community, you must remove the silos between county and community partners, it is a barrier to services, Silos Multiple departments responded to each crisis differently Multiple Departments may or may not respond to emails Some departments were open 24/7, others were closed Closure of many departments made it hard to work with them/ connect with them (PCIRCS)
30. 10. Not involved in the community work, it worries them Don't know what is going one (PCIRCC)
31. 1. Strong communication and people working together to work out the many losses from those conditions - A support structure. People working together to help people rebuild not just physically but emotional. Basically from all of the loss that happened from the pandemic and wildfire. (PCIRCS)
32. 8. There was no communication about what the government was doing for the community. (PCIRCC)
33. 8. Access to information was scarce Inner county service, had plans, but were flatfooted during the event. (PCIRCC)
34. 1. Have no idea what the construction or tractors are doing in the community. Tired of seeing white trucks when you are trying to go to some place (PCIRCC)
35. 2. Seemed silly to wear a mask where everyone is walking and breathing Did not understand the need. Especially if the disease was airborne (PCIRCC)
36. 1. People do not know what is going on sometimes Scary not knowing what is going on Being naive We did not hear about the sickness until now Person thinks that there were more people were more sick before hearing the message Of covid-19 Thinks that people were complaining about the symptoms three months before. (PCIRCC)
37. 1. Having to jump through hoops a lot of get help Law and regulations, do not notice them until they start directly affecting you Knowledge is key to help people move forward Ex: if there is something such as Medicaid or Medicare where the state takes or bills you money, it could be devastating if you do not know about it until it happens. (PCIRCC)
38. 10. But for other situations, we got those resources but they have not necessarily been all put together in a way to make that work.(EPHC)
39. 10. With covid – same thing with aligning resources. (from state to local they were trying to do the best they could but there was overlap, confusion, inefficiencies, misinformation, etc. (EPHC)
40. 8. The challenges were mainly at a state level. Multiple stakeholders, there was some cases giving contradictory information to/from one another. Contradicting information from those organizations who were in charge (EPHC)

41. 10. Hoping that we take away as a community the lessons learned – how do we avoid some of the challenges going forward. There is an opportunity on how to align our resources better – i.e., the Greenville fire and displacement. There was a number of groups and agencies who wanted to support but the coordination becomes difficult. How do we align resources, so the deployment works the best. (EPHC)
42. 8. Getting clear communication on what was going on through the pandemic There was plenty confusion around evacuations during the wildfires(AE)
43. 8. Knowing what to do is hard because everything is such a tiered system Who can follow those different layers of the system and structurally, management of agencies (Hospitals, public health, behavioral health, all the schools especially, etc.) We can say that we need rules, we need guidelines. And we were all struggling to know what the expectation is. We saw that trickle effect to every administration(AE)
44. 6. Conflicting information was hard- No one knew what to believe -The uncertainty in rules made things difficult(AE)
45. 1. Part of the local and national problem was misinformation. Having a healthy community that also includes prevention through vaccinations, boosters, etc. and making sure that people have scientific information and not politically based or misinformation in making their healthcare decisions. Helping a community via healthcare – making sure they have scientific info. (EPHC)
46. 1. Communication shared on a personal and professional level through the fire department, local sheriff's office played a key role in being able to be prepared, and being able to prepare ahead and move forward with other things (EPHC)
47. 2. Everything changed – access changed for patients – To communicate with community members, it was hard to communicate where and when you could be seen because everything had to be shut down. It really turned our hospital upside down because we had to operate in a situation that we have never operated before. We had to come up with, execute, and change the plans continually- and we're still doing that. Communication is so important because the plans, standards, and guidelines continued to change. It was so confusing for people in the community to really understand what was going on. Ex: Where can I get the vaccine? Where can I get the test? So the hospital worked very hard getting that information out there. Putting on own vaccination clinics – preparing our staff to care for covid patients (EPHC)
48. 1. A healthy community is an informed community (as per pandemic) – access to vaccinations/covid testing, how can community members get accessed to that. where does public go to receive these services. There was a lot of confusion about these topics during the pandemic. This is better now but needs to continue. (EPHC)

C. Awareness

1. 8. Knowing where to get it or how to get it would be very beneficial Where you are going to set it up (PDHS) no
2. 9. Difficulties with paperwork and how to get assistance The work was very confusing to them. Did not know where to turn it in or where to follow up Did not know how to follow up (PDHS) no
3. 9. Nice to have a social worker for the hospital who could sit down with patients to help out. Was sure that the community social workers were overwhelmed To navigate through the paperwork. FEMA would have helped Counselors or support groups in the shelters to help people(PDHS) no
4. 1. There are some counties/communities who have a regular interdisciplinary team so that they are ready for those kinds of larger incidences Healthy community: a Regular interdisciplinary team that meet quarterly so that they continue to be aware of what resources or needs there are (PDHS) no
5. 1. Thoughts after the pandemic or wildfire My hope Something in place so that if it happened again People will know what the actions are going to be to start with, what actions will be implemented When you work in a hospital, have to look at your chain of command For clinical and the community would know what to look for and not be so lost For the community to know that there are things out there for them in the midst of the pandemic (PDHS) no

6. 4. Some roads were open, some were closed You could get stuck in the road for two hours. Not a lot of communication of what was opened or closed As an objective observer, it was not well communicated what was opened or closed. Staff trying to come from an area but couldn't due to road closures. (PCIRCS) no
7. 10. Not involved in the community work, it worries them Don't know what is going one (PCIRCC) no
8. 1. People do not know what is going on sometimes Scary not knowing what is going on Being naive We did not hear about the sickness until now Person thinks that there were more people were more sick before hearing the message Of covid-19 Thinks that people were complaining about the symptoms three months before. (PCIRCC) no
9. 2. Seemed silly to wear a mask where everyone is walking and breathing Did not understand the need. Especially if the disease was airborne (PCIRCC) no
10. 8. There was no communication about what the government was doing for the community. (PCIRCC) no
11. 1. Fires: Not only the dixie fire but also the beckworth complex fire, affected both personal and professional level because we had to evacuated facilities while personally home was having an evacuation order. Enlightened community to have a plan for own home while you are able to do your job as well. We had some staffing issues, etc. due to people having to evacuate their home instead of coming to work, and so the fire affected her two-fold. (EPHC)
12. 1. Had a plan in place, so she was home for a minimal amount of time, and then was able to know and trust my family and my husband to take care of my home while she went and did her job when evacuating the skilled nursing facility. (EPHC)
13. 1. Having to jump through hoops a lot of get help Law and regulations, do not notice them until they start directly affecting you Knowledge is key to help people move forward Ex: if there is something such as Medicaid or Medicare where the state takes or bills you money, it could be devastating if you do not know about it until it happens. (PCIRCC) no
14. 1 This makes us more aware of other issues such as fire prevention. (AE)

D. Employment

1. 6. Employments Entire surgical departments got shut down Staff who rely on their paychecks Some of them stayed home because they could due to how the covid mandates were Because of health issues, and concern of being at the hospital and being sick. Then others who switched gears and did triage in the clinics. Because the clinics were being so overwhelmed with all the phone calls and stuff like that. Or being told that you may be put down to part time status. Because there was not a need for that position at the time. (PDHS)
2. 6. Employment Duality in thankfulness and resentment of not having covid Resentment for people who got two weeks off, thankful not to get it, but individuals who were not sick had to do extra work, which led to a little resentment, Resentment for people who got two weeks off, thankful not to get it, but individuals had to do extra work, which led to a little resentment, (PDHS)
3. 6. Schools were shutdown Staff couldn't make it to work Due to no daycare Kids are no longer in school Impacted staff Impacted access to care Snowball effect to everything else (PDHS)
4. 9. For services anywhere There now just hiring anybody, or just do not have anybody Then you have people who are saying that it is so hard to find a job, but one staff member says that it's not. It's not hard to find the job, you want to have to work to get it. So many people still want to work from home Because they were conditioned to work from home. (PCIRCS)
5. 1. Working class Difficult to find somewhere to stay and get a job. There are jobs, it's just that there is nowhere to live. Nowhere to live, and hard to find the jobs (PDHS)
6. 2. Work affected Constant managing /changes within it Trying to manage it within the hospital And trying to plan and educating in the midst Influx of patients Acuity level of patients (PDHS)
7. 6. Employment Was able to work from home (was fortunate to have the flexibility to work from home) Had to have kids from home Employer was very lenient with work schedule While she had covid, she had to work from

home. A lot of people do not have that though cuz it was not an option. Was thankful that she was able to work from home to provide for her family But there are a lot of agencies that do not do that such as Cannot work home for Safeway since it is not an option. Nonprofits could not do anything since people had to isolate (PCIRCS)

8. 6. Personal business completely tanked with covid cuz nonprofits could not do anything Homes services stopped Can't go out and ask for money if you can't open doors. Another person trying to form nonprofits for her business at that point and was waiting tables on the side for extra money, but it tanked (PCIRCS)
9. 4. Road closures Because of the wildfire, makes you question, do I make that trip to Reno, do I go hit Costco and wallmart? To get the stuff that I cannot get here. Wonder if you would be able to make it back Also know that you have work tomorrow. We are not able to leave because we are picking up all the shifts. Did not know any closures Questioned where I am able to go For work For groceries Etc. (PDHS)
10. 2. Agency; Staff did a great job despite all the triggers, trauma, and the behavioral health issues that they had to deal with. Evacuated, but had to be responsible for clients as well Was hard to do. Had a full house of Ohana Had to keep working with staff and caring for residents at 10 o clock at night. (PCIRCS)
11. 2. COVID-19 Also had to shut a business down at the beginning of the pandemic Wanted to reopen, but did not happen A lot of financial uncertainty Could not work because had to homeschool children Wife wanted to get a business off the ground, felt like everything happened all at once (PCIRCS)
12. 2. Remote work and taking care was hard (PCIRCS)
13. 2. Had to homeschool children- One was an autistic child, mom was by no means a special education teacher. Having to homeschool him and to do the zoom calls were so difficult for the child and the mom. Mom working and the three boys at school all through zoom at the same time That part alone was stressful. Very difficult and trying to work as well remotely Person taking care of everybody got Covid along with one of her teenage children, which made things more difficult since the person who is taking care of everyone had to be quarantined and now out of the house due to quarantine. Husband had to take care of the two boys, while the mom took care of the other who also had covid. Mom can't drive the kids to school, so they all had to stay home.(PCIRCS)
14. 2 Stay home from work, miss work, and eventually left work to take care of my kids since they could not go to school(covid)(AE)
15. 2 Being in contact with doctors was hard since the doctor was burnt out as she was fighting a horrible cough (suspected it to be COVID) (covid)(AE)
16. 2 Working in the restaurant industry, Shut down for many months at a time, Affected one greatly (covid)(AE)
17. 2 Conducting therapy online instead of in-person was very different, Professionally and personally, COVID-19 made things really hard. (covid) (AE)
18. 2 Started taking in other work, and never stopped (fire)(AE)
19. 4. Availability of each businesses burned down (fire)(AE)
20. 4. Being evacuated, Person and family had to spend a lot of money just going, Mom could not be around the smoke, Paying for hotels and camp sites; Having no employment, Was really hard for all of them (fire)(AE)
21. 4. Person's shop was on his property, so he could not work, Could not work when he was evacuated, Did lose some jobs (fire)(AE)
 - a) 4. Happened to another person. Thinks that because people's businesses burning down, and owners and employees evacuated, People could not open businesses at the time (fire)(AE)
22. 6. His supplies for his shop, they were hard to get from his main supplier because they cut their hours in half, Getting there on time was hard (covid)(AE)
23. 6. Manufacturing and delivering was impacted, So for restaurants in town, It was already hard for an individual to get supplies out of town, imagine the restaurants, Getting minimum order requirements (COVID)(AE)
24. 6. Online business boomed, People were at home buying. This was a plus (COVID)(AE)
25. 6. Challenges -Getting sick and having to take time off from work, Some jobs did not pay a lot for being off. It was hard.(AE)

26. 8. When unemployment skyrocketed, everyone rather took on unemployment over working. -If they knocked that out (unemployment) it might have been a better thing. (AE)
27. 9. As a healthcare employer – The impact of burnout for staff based on 2+ years of COVID plus the wildfire stress/impact. This puts an enormous amount of stress on healthcare workers in general. At the same time, when you are dealing with a very small labor pool from a statewide perspective, trying to relieve some of that stress and burnout issues is difficult because you don't necessarily have the resources to offset this. There has not been a break for healthcare workers to recharge. (EPHC)

E. Lack of Resources (community resources)/amenities

1. 9. Had no running water consistently (patients) They had to access bottles of water (limited to no access) (PDHS)
2. 7. Bringing back the fundamentals: Community development and planning Water sources, regular dependable water sources How long it took to get people to go back there dependable electricity, internet (so much communication now is internet) The limitation of our patients in our community to get/use internet (PDHS)
3. 7. A lot of people who do not have great internet connection Made things a lot harder (PDHS)
4. 8. Evacuated in 2020 We were evacuated with the north complex Thought after that fire It was not as widespread as the dixie fire turned out to be We would be better prepared in terms of Shelter Counseling services Supplies (PDHS)
5. 6. Basic necessities Getting medical supplies and drugs Shortages of everything Very challenging to get supplies (PDHS)
6. 6. Saving PPE Encouraging a lot of people to stay at home and work from home if possible. To save because they did not know if they were going to have enough masks or gloves to go around. Did not know if we would have a lot of it to go around Took up an emotional toll on a lot of people (PDHS)
7. 4. Access to necessities like food or household supplies Influx of evacuated families Lost access to Greenville's market Gas stations Quickie marts All up and down the corridor and down the canyon (PDHS)
8. 4. All of the supermarkets are aware of needing to ramp up their power levels, deliveries, resources Due to wildfires along with covid Having Difficulties of getting stuff to plumas county Did not have enough drivers (people sick with covid) (PDHS)
9. 4. Go into supermarket Thinking you are only going to pick up a few things, but Not much is there So many people utilizing resources We have three supermarkets in plumas county. Can hit all three of them and still not find what you needed. (PDHS)
10. 4. Compounded with covid Ordering things: Everything was back ordered Ex: Needing a new stove Couldn't order because everything was backordered With the wildfires The items were being depleted Ex: Couldn't find dog food Things were not arriving Canyon was closed Were not making deliveries because of the wildfires Influx of people and no deliveries to the stores Basic necessities were wiped out that way. Hard to find interesting things Feminine Hygiene products Normal nonissue things to get are now hard to get, do not have access to them anymore. There not being things in the supermarket Expecting to see things, but it is not there (PDHS)
11. 4. Road closures Because of the wildfire, makes you question, do I make that trip to Reno, do I go hit Costco and wallmart? To get the stuff that I cannot get here. Wonder if you would be able to make it back Also know that you have work tomorrow. We are not able to leave because we are picking up all the shifts. Did not know any closures Questioned where I am able to go For work For groceries Etc. (PDHS)
12. 2. Seeing patients who due to wildfires just did not have any resources Had patients who did not have enough time to collect firewood Winter's coming, and they are trying to burn whatever they can for firewood. Doctor had friends who work with churches, so used her informal connections to give patients resources Churches connected to doctors, doctors referred patient to churches to give resources It was helpful to connect patients to resources that she knew. Would have been really discouraging if they did not have that access or some other way to have that access. Patients who were displaced or who were trying to go back to Greenville And they didn't have things like running water, And how to help them from a healthcare standpoint when they do not have some of the basic resources. (PDHS)

13. 2. When Greenville burnt down (biggest impact) Used to go to there A lot of patients come from there to see her Now seeing them in hotels around the country because they did not have any other place to go. You can't really talk about their blood pressure or diabetes until you listen and empathize with them in the struggles they went through and counseling them the best you can Heart breaking to see people struggling so much. In the last few months, things have opened up again (concerts and other things) When I moved here, everything was shut down Still getting to know the place that she lives now (PDHS)
14. 2. On a provider scale Trying to help get patient's refill Have to deal really anxious, frustrated patients who are still coping (PTSD, trauma) Who did not have very good coping mechanisms Who did not have resources A few patients who have gone through the paradise fire, dixie fire There is trauma on top of PTSD. Dealing with all of their kind of behaviors It was really difficult to handle those appoints (especially in the fall 2021). Most patient appointments took a lot longer and more taxing (PDHS)
15. 1. Adequate access to resources Mental health All of the resources on the list Have access to resources- Back to normal baseline would be for those resources (PDHS)
16. 1. I agree, being so rural, the public Not a lot of resources for them, especially rentals they are so hard to find And just that PTSD of what's happened Community still in shock It's hard being in health care and trying to find them resources when there really aren't any, that's the hard part. (PDHS)
17. 1. Resources that have do not much bureaucratic rules More access for patients Ex: there was a person who successfully got her grant money for a food truck She was looking into resources Some of the government agencies were not allowed to tell patients about some of the volunteer agencies because it were not state approved, basically
18. 4. Ones that were open Supplies were very scarce and expensive 40 dollars for toilet paper had a three year old, so there were things that they could not live without. (PCIRCS)
19. 9. Lack of staffing Understaffing Everywhere is understaffed County restaurants closing because they do not have stuff or staff Menus have some items off the list to purchase since there were not enough staff members or there were staffing issues in the restaurant Lack of resources (PCIRCS)
20. 6. Access necessities Had a new born Hard to find diapers and supplies trying to find things for child Try to find anything that you can sanitize was hard. TV access, radio access Telephone services Meat lockers are empty Anything perishable Don't get it with the first two weeks, don't get it at all. (PCIRCC)
21. 1. Company: did not have all resources available We are emergency responders, and front line workers Had resources, but without partnership, could fully care for the community since they had resources, but not everything to handle the pandemic and the wildfire. (PCIRCS)
22. 1. More help from bigger gov entities (state, and insurance companies) Such as Payouts, Contractors, Building Supplies, For a rural community, those things are hard to come by (PCIRCS)
23. 4. Process of trying to go home was extremely difficulty Have to have approval from the sheriff's office at first if you wanted to go through Before you can go home had to have power, water, food in your home. Once you got home the grocery stores were not quite open yet. (PCIRCS)
24. 4. Shopping Still shocking to see shortages in the grocery store Harder to recognize friends when wearing the mask. (PCIRCC)
25. Can't find the things you need, you won't find it. (PCIRCC)
26. 4. Secondhand stores, power (PCIRCC)
27. 2. The lighthouse in the storm to go to for safety, community needs that. (PCIRCC)
28. 4. Getting gas locally, no bank, hard to cash a check (PCIRCC)
29. 1. We haven't need to go for a lot of resources-Did not have to go far to get resources (PCIRCC)
30. 1. For a small community People not getting as much supplies as that they should get Buying toilet paper is \$21 dollars Other places was \$50 (PCIRCC)

31. 1. Shortages Shelves more filled in grocery stores Almost feels like living in a foreign country Shortage of supplies People running around with masks Air quality is going to be an issue for a while Causing the fear and uncertainty factor. Had to go to chico or reno for supplies (PCIRCC)
32. 1. More places to eat than before the fire, Grocery store was open within about a month or two months, Almost immediately, the Gas stations have started to be been up and running again. (PCIRCC)
33. 9. As a healthcare employer – The impact of burnout for staff based on 2+ years of COVID plus the wildfire stress/impact. This puts an enormous amount of stress on healthcare workers in general. At the same time, when you are dealing with a very small labor pool from a statewide perspective, trying to relieve some of that stress and burnout issues is difficult because you don't necessarily have the resources to offset this. There has not been a break for healthcare workers to recharge. (EPHC)
34. 7. The pandemic has caused a supply chain issue impacting businesses / labor and good shortage. It shifted to much more of a remote workforce, which had a fairly staggering effect in our community as well as nationally. We've seen a number of business close because of lack of access to staff. (EPHC)
35. 2. People who no longer get medical care, so they try to find another place far away These things need to be put in place, plans to get resources for health care. (PCIRCC)
36. 2. Seeing a lack of materials due to the COVID-19 pandemic, Bunch of stuff is on back-order, and caused unavailability in things (covid)(AE)
37. 2. Person agreed with the lack of materials, Supplies were scarce (covid)(AE)
38. 4. Availability of each businesses burned down (fire)(AE)
39. 4. There were no stores in Greenville, They had to go to Taylorsville, Prices were outrageous. It would be a \$100 bucks for one small bag of groceries, Or Had to travel far and spend a lot of gas to come over here, It was really hard not finding stores with good deals. (fire)(AE)
40. 6. A lot of stuff were not on the shelves, One person (who worked at a grocery outlet) when the pandemic first started, Toilet paper was the first thing to go, Could not get toilet paper or paper towels in stock, Once toilet paper ran out, people went for paper towels. (covid)(AE)
41. 6. Socks were hard to get as well. (covid)(AE)
42. 6. Food was not an issue (covid)(AE)
43. 8. One person had family members in healthcare (primarily emergency rooms), They were not provided with proper safety equipment and things, But still required to be there, It was very concerning to person who had family in health care. Expected to do things that put them at risk, People say that was partly what they signed up for, but there are things that could help protect but weren't provided, There were things that could prevent but not provided (covid)(AE)
44. 10. Resources in general were the most important thing(AE)
45. 10. Resources in fire prevention, There is a lot now, Grants for fire management on your property, Even in town, one thinks there is programs, To help make your property and house fire safe, One thinks that this is important (AE)
46. 2. Even though the dixie fire didn't have direct impact on Portola we saw other areas that were evacuated, and pushing community members that were now homeless up to our area. So how do you deal with folks who are having some medical issues, housing issues/problems, etc. And that put quite a bit of strain on folks. Folks did the best that they could, but that was a resource issue in our community. People coming from Chester, quincy, or Greenville. (EPHC)
47. 2. This was a big resource issue when it came to the wildfire evacuation and covid. There were a lot of times where the Firefighters out of area came here and needed things from us like covid testing because they got sick. They also needed vaccines because that is what they wanted to offer. (EPHC)
48. 6. Access to necessities like food and household supplies. Still experiencing backorders and shortages of food and household items across the board (from fuel to lettuce) (EPHC)

49. 6. PCPHA did a good job providing PPE when they needed it. There were times when EPHC could not order it. It may have been the worst PPE in the world, but it was better than nothing. They did everything that they could, and Tina worked very hard to get us everything we needed – and still does Getting PPE was really hard for the staff. (EPHC)

F. Burnt out/overwork

1. 6. Employment Duality in thankfulness and resentment of not having covid Resentment for people who got two weeks off, thankful not to get it, but individuals who were not sick had to do extra work, which led to a little resentment, Resentment for people who got two weeks off, thankful not to get it, but individuals had to do extra work, which led to a little resentment, (PDHS)
2. 4. Huge influx of people during the time that we do not anticipate the huge of people. When the music fest happens The county grows by however many people come. But all of the supermarkets, restaurants, and what not are aware (PDHS)
3. 4. Road closures Because of the wildfire, makes you question, do I make that trip to Reno, do I go hit Costco and wallmart? To get the stuff that I cannot get here. Wonder if you would be able to make it back Also know that you have work tomorrow. We are not able to leave because we are picking up all the shifts. Did not know any closures Questioned where I am able to go For work For groceries Etc. (PDHS)
4. 2. Hard for doctors, hard time to decompress as opposed to a normal day (which is already dealing with problems all day long It feels like you just turned up the intensity substantially (PDHS)
5. 2. A lot of counseling that has been done by providers Someone asked why don't you refer them to a counselor then Who are they going to see? Not a lot of counsellors in the area Also possibly insurance barriers. Not enough to go around People just needed it Things come up at the appointment at the moment And you cannot say, no no no, we are here to talk about your blood pressure. A lot more counseling that doctors were called upon to do. Some of us have training, some of us don't Very disheartening when you just moved into a new place, then got displaced from a wildfire of your own and you are also trying to counsel other people. (PDHS) no
6. 2. Work affected Constant managing /changes within it Trying to manage it within the hospital And trying to plan and educating in the midst Influx of patients Acuity level of patients (PDHS)
7. 4. Picked up extra shifts to cover people who are out of the area (PDHS)
8. 2. Had to homeschool children- One was an autistic child, mom was by no means a special education teacher. Having to homeschool him and to do the zoom calls were so difficult for the child and the mom. Mom working and the three boys at school all through zoom at the same time That part alone was stressful. Very difficult and trying to work as well remotely Person taking care of everybody got Covid along with one of her teenage children, which made things more difficult since the person who is taking care of everyone had to be quarantined and now out of the house due to quarantine. Husband had to take care of the two boys, while the mom took care of the other who also had covid. Mom can't drive the kids to school, so they all had to stay home.(PCIRCS) no
9. 2. People had to persevere through these tough times Despite a lot of behavioral health issues. (PCIRCS) no
10. 2. On a provider scale Trying to help get patient's refill Have to deal really anxious, frustrated patients who are still coping (PTSD, trauma) Who did not have very good coping mechanisms Who did not have resources A few patients who have gone through the paradise fire, dixie fire There is trauma on top of PTSD. Dealing with all of their kind of behaviors It was really difficult to handle those appoints (especially in the fall 2021). Most patient appointments took a lot longer and more taxing(PDHS) no
11. 1. Did not realize the negative until recently when she Been under stress and depression Because things are happening to her body Not because of her thinking it because she thought she was fine. Her goal is to help others who have been in this situation similar to hers. One person thinks it's because she was taking care of others and not herself. She agrees (said possibly) Due to taking care of others than yourself (PCIRCC) no
12. 2. Unrealistic expectations for parents, Three children at home Trying to feed them all the time, can't even go to the grocery store In the middle of a divorce throughout it all Taking care of them was hard Staying home 24/7 Being a mom/ parent, hard to find an emotional outlet (PCIRCS) no

13. 2. Remote work and taking care was hard (**PCIRCS**)
14. 9. As a healthcare employer – The impact of burnout for staff based on 2+ years of COVID plus the wildfire stress/impact. This puts an enormous amount of stress on healthcare workers in general. At the same time, when you are dealing with a very small labor pool from a statewide perspective, trying to relieve some of that stress and burnout issues is difficult because you don't necessarily have the resources to offset this. There has not been a break for healthcare workers to recharge. (**EPHC**)no
15. 2. Being in contact with doctors was hard since the doctor was burnt out as she was fighting a horrible cough (suspected it to be COVID) Central employee (**covid**)(**AE**)
16. 2. Working multiple hours during the pandemic that it exhausted the person, That's when she fell into addiction and felt like there wasn't enough hours in the day to get her job done and do her job at home with the kids, and taking care of kids because she was working so much. (**covid**)(**AE**)
17. 2. Affected with the addiction, Trying to stay up with work and home, Felt like it was just impossible to do all these tasks (**covid**)(**AE**)
18. 2. Got real sick during covid, went to doctor, Doctor was burned out. (**covid**)(**AE**)
19. 4. Some of the times and some of the camp grounds... there was no service to be there, it was really spotty., Was also on survival mode, made it really difficult to take care of everything, Because of course you have to take care of your family first. (**fire**)(**AE**)

G. Healthcare

1. 7. Slower access due to the pandemic It put a bigger barrier on being able to participate, people were participating and still Everything has now gone into zoom There are a lot of pockets in plumas county that do not have a reliable internet Fires made it worse It takes much too longer to recover from the fire stuff. (**PDHS**)
2. 7. Even with access to care and the internet. Even though you get to see your doctors in person My mom has had multiple appointments without even having to go to Reno for her specialists It is a complete shift It's not just, okay we can take our masks off now or we can actually go and visit and sit down and talk to our provider in person. We are now looking at different ways to care Not everyone gets that in-person care anymore. They are scheduled as telemedicine Not because it is a necessity but a convenience (**PDHS**)
3. 7. Not everyone gets in person anymore For patient/provider Now things are moving toward telemedicine From necessity to convenience (either for the patient or provider) Sometimes great cuz you do not have to do a long drive, or makes schedule easier. 70 or 80 year olds do not have cellphones or access to internet though Don't have the money due to fixed income There is stuff out there to help them pay for it but No computer to hook up They need the inperson appointment cuz they do not have the technology skills to do telemedicine. Or may not afford it (**PDHS**)
4. 2. Originally after the fires we were Refilling 3 to six months of medication for wherever they were retreating to (Arizona, Washington, Oregon) If anything, she asked if the patients could zoom her in six months so that she knows if they are taking them. What are we treating and so forth. (**PDHS**)
5. 4. Access to healthcare Appointments were limited Compounded due to covid You can't leave, makes the access to healthcare difficult. (**PDHS**)
6. 6. Access to healthcare Kept having surgery postponed and healthcare appointments postponed due to covid We were overrun, no staffing (staffing issues) as well (**PDHS**)
7. 6. Employments Entire surgical departments got shut down Staff who rely on their paychecks Some of them stayed home because they could due to how the covid mandates were Because of health issues, and concern of being at the hospital and being sick. Then others who switched gears and did triage in the clinics. Because the clinics were being so overwhelmed with all the phone calls and stuff like that. Or being told that you may be put down to part time status. Because there was not a need for that position at the time. (**PDHS**)

8. 1. I agree, being so rural, the public Not a lot of resources for them, especially rentals they are so hard to find And just that PTSD of what's happened Community still in shock It's hard being in health care and trying to find them resources when there really aren't any, that's the hard part. (PDHS)
9. 4. Access to healthcare (biggest one) I lost all my medical records Wait for the informer to get records Still waiting for it New doctors need info from the old doctors Old doctors are slow. A lot of doctors would not see them because they never seem them before Wait in the parking lot Chaotic for a couple of months (PCIRCC)
10. 4. Dental records are gone Had to start everything over Medical and Medicare Difficult to re-navigate the system (PCIRCC)
11. 6. Access to health care It basically just stopped Not even for healthcare related to covid but also healthcare for normal preventative testing. There was so much that you could not do aside from going to the doctor if you had covid because they would not see you anyway. To do your normal testing, there was so much back up that you couldn't go One's child had a broken leg for a day because the parent was not going to go the ER No one wanted to go in the ER during COVID-19 times, especially during actual lockdown. Everything was covid, could not go unless you had covid (PCIRCS)
12. 4. Broke a tooth Couldn't go to the dentist until 2 months because they were closed. (PCIRCS)
13. 6. Hospital in paradise was closed down, fence around it. If people from paradise wanted healthcare, they had to go to Go to orvil or chichiko Severely understaffed Not enough population to reopen Staffing is an issue Elderly community still there (normally it is an elderly community) Do not have half an hour to go to the doctor Even if you have an appointment, appointments got canceled or moved (PCIRCS)
14. 6. The dental clinic here has restricted services. They took on Greenville but if you are not a client you cannot get in anymore. For one person, their appointments during their vacation times got cancelled three or four times (PCIRCS)
15. 1. Mental health Patients still of course There is a lot of new anxiety, depression, PTSD People who have lost their homes Ex: one patient needed a psychiatry referral And our first available appoint is at the end of march Four month wait After a two-year the pandemic and the wildfire Another patient She lost her home Waiting for that mediation lawsuit Now living in a trailer that Leaks and is moldy She says that her health is deteriorating We do not have a whole lot to offer at least that availability of appointments (PDHS)
16. 2. PTSD - Fortunate enough to come home Loss pets Loss of chickens and traveling to get decent prices on stuff Not having a doctors office here made things unaffordable Groceries Lost 600 dollars worth of meat Fear of looking at the back porch and fire in the distance The continued need to shop and go to doctor's appointment some where else Had inflation \$6 dollar for canned chili Rough to shop locally and do Things locally (PCIRCC)
17. 2. People who no longer get medical care, so they try to find another place far away These things need to be put in place, plans to get resources for health care. (PCIRCC)
18. 4. Dentist a lot of them stuff Dentist a lot of them stuff
19. 9. Community member standpoint – access to in person health care has become very difficult. Healthcare in places in the county has pretty much turned into virtual/phone appointments. Having this barrier will make people not want to seek care and will be difficult to overcome. (EPHC)
20. 7. The wildfires – even if I had done everything for prevention – the significance of it the last two years has put a lot of fear for the community members to the point where even if everything has been done (preventionwise) the significance of it (ex: Greenville's loss) creates this worry of could we be in a true disaster situation and you can go through several years without this fire related issues. You would have a little bit more sense of calm during that fire season whereas now everyone is now in this heightened alert from anything to thunderstorms to structure fires on what could potentially happen because of the risk. It's changed out we're delivering healthcare and how community members would access healthcare - being able to access services from just being on site. Telemed services now were really the result of the pandemic and being able to access services not necessarily onsite (that has changed things and will change the medical provision of care significantly going forward. I do not

think that we will be delivering services the way that we did pre covid in a lot of different ways. It will significantly change how we work moving forward – it won't be the same. (EPHC)

21. 6. At times in the past (when there was less information out there) we had seen a few issues in our areas where our patients were having a difficult time accessing medications because they were covid positive and did not have a way to be able to have access to the pharmacy for fear of transmission spread at the pharmacy level. (EPHC)
22. 2. Wildfires and COVID-19 pandemic both played a part in harming ones health (covid)(AE)
23. 2. Being in contact with doctors was hard since the doctor was burnt out as she was fighting a horrible cough (suspected it to be COVID) (covid)(AE)
 - a) 2. Ended up not going to the doctor since she was living alone with an addiction (covid)(AE)
24. 4. Morally when people are evacuating and not in the area, They are in the survival mode, Not attending their scheduled appointments cause they are literally trying to figure out where they are going to sleep (fire)(AE)
25. 9 Going to Rancheria for general medical and dental was gone(AE)
26. 9 For a while person did not have transportation to go to Reading to make appointments and even if he could, it was still a long drive.(AE)
27. 9 Medical part was probably the biggest one Just getting an appointment a couple months in advance was hard, December was the earliest appointment that they could have gotten when they called.(AE)
28. 9 Made a dental appointment six months ago and it is not till February.(AE)
29. 9. Person goes to the Rancheria for her medical and dental It is hard to try and keep up on it. It's hard to be healthy and make your appointments when you can't get an appointment in almost a year out. Dental is about a year out before you can make an appointment, Person did not have a vehicle, so getting to Reading is rough. It's definitely really rough(AE)
30. 9. And the eye doctor-There is only one provider I think within plumas county that accepts MediCal and in Chester-And that's a big waiting list Over 40 on the waiting list(AE)
31. 9. Transportation in general too Availability and prices of cars and trucks have gone up insanely and gas too. So getting vehicle and paying for the gas to go to those appointments is, it makes it a little bit more unappealing to go to the appointments (like cavity appointments)(AE)
32. 2. Everything changed – access changed for patients – To communicate with community members, it was hard to communicate where and when you could be seen because everything had to be shut down. It really turned our hospital upside down because we had to operate in a situation that we have never operated before. We had to come up with, execute, and change the plans continually- and we're still doing that. Communication is so important because the plans, standards, and guidelines continued to change. It was so confusing for people in the community to really understand what was going on. Ex: Where can I get the vaccine? Where can I get the test? So the hospital worked very hard getting that information out there. Putting on own vaccination clinics – preparing our staff to care for covid patients (EPHC)
33. 3. Access to healthcare was a very big deal in the beginning. Were receiving a lot of calls from the community for this. We had to lock down our community. First time that the clinic had to be lock down. We couldn't have people in the clinic or business office to look at their bills. Couldn't take walk ins in the clinic anymore. Everything was shutdown. People did not know what they could or could not do. (pandemic affected that a lot). (EPHC)
34. 2. Had a parent who had a pretty bad accident during the pandemic, So getting into hospitals was very hard. Finding a bed was really hard (covid)(AE)

H. Education

1. 4. School My son was in eighth grade, wanted him to graduate with his class, but had to move him back and forth, twice a week, since he had to stay with family. Did this for six months up and down the canyon. For everyone it was a whole challenge. (PCIRCS)
2. 7. When school closed down Messed up daily routines, especially for the children (PCIRCS)
3. 4. School Daughter's school burned down She Moved again Reno to greenville for kindergarten then went virtual, had to move schools a lot -now at a third school Had to move a lot due to fires

4. 6. Schools were shutdown Staff couldn't make it to work Due to no daycare Kids are no longer in school Impacted staff Impacted access to care Snowball effect to everything else (PDHS)
5. 6. Every college student that ended up moving, two of them were still here for FRC Everything went to virtual Nothing was set up to do/offer those virtual classes or the support that the students needed to do chemistry and physics, and calculus online. Essentially here is the program, due it yourself The daughter moved back home, dorms became closed Through them online and did not give them access to professors Two graduated without having being able to walk. It was really depressing Invited the kids back later, but not the same (PDHS)
6. 2. COVID-19 Pandemic (7) Had to keep son home from school That was very difficult (PCIRCS)
7. 2. Had to homeschool children- One was an autistic child, mom was by no means a special education teacher. Having to homeschool him and to do the zoom calls were so difficult for the child and the mom. Mom working and the three boys at school all through zoom at the same time That part alone was stressful. Very difficult and trying to work as well remotely Person taking care of everybody got Covid along with one of her teenage children, which made things more difficult since the person who is taking care of everyone had to be quarantined and now out of the house due to quarantine. Husband had to take care of the two boys, while the mom took care of the other who also had covid. Mom can't drive the kids to school, so they all had to stay home.(PCIRCS)
8. 7. One person's son My kid is behind. He needed social interactions every day. Ever since covid, he fell back in his education, and it has been hard on him getting up to speed. (covid)(AE)
9. 2. Increase in mental health patients in the ER during the lockdown, schools shutting down. For her colleagues, having to learn distance learning and what did they really learn during all that time and the transportation, you know the buses you had to stay six feet apart, definitely the pandemic affected all that was on the list. (EPHC)
10. 2. Also having to do school online, Dissuaded the person from doing that: Made things difficult to continue education, Preferred in-person (covid)(AE)

I. Social isolation

1. 4. Did not have peace of mind But did not call for mental services Was nice to have more family around Isolation was tough (covid) (PDHS) no
2. 2. The compounded... Couldn't get away from it Couldn't go home Couldn't go to work Worry of not knowing what's coming Not having the social aspect of seeing people you normally would Especially when you are dealing with something All of one through 12 compounds into that Mental health aspect (PDHS) no
3. 2. COVID Depersonalized everything Not meeting in person anymore Everything via social media and zoom Do not have camaraderie anymore No contact unless necessary Trying to explain to families that you can't come to see your loved ones anymore Took a huge toll on the elderly population Not having that physical contact Cuz everything is done in gloves Nobody is touching Family can't come in, they can't come in and visit. (PDHS)
4. 2. For one person She moved here right at the start of covid and the first fire in her life hit. Living in Quincy: Entire time was constant fire and covid Never seen people's faces I don't know what my patients look like. Fires are new to her She was not evacuated for either years. But people from areas close to her were evacuating Nerve-racking On call during evacuation, could not leave Makes one nervous(PDHS) no
5. 7. The big piece of patient/provider appointment Was contact It is huge on the patient's mental health Schedule an extra 15 minute because the patient would talk extra It was their social outing for the month Helped with mental health Only way for them to have interaction for that month cuz they just stay at their homes Covid has changed all of that. (PDHS) no
6. 2. For another, the worst for her happened in March 20, 2020 Everything shut down Husband died of heart attack that very day Completely Loss all of one's support system, family could not come around No funeral, Couldn't do anything Weekly groups immediately shut down, social networks and therapy session were closed off, discontinued, or not offering any services It was extremely lonely and hard to deal with the death of her husband all by herself basically. No one would come around At the same time, her daughter was pregnant so she could not leave the house Personally her mental health was really bad And then the wildfires came, and was left alone to

figure out what to do with all of their stuff and kid's stuff while she evacuated four times within a couple of months and had nowhere to go. (PCIRCS)

7. 10. Connection with people Whether its through work or anything Isolation was the hardest part (PCIRCS)
8. 4. Pandemic Realize how we do depend on other people Because of isolation Psychological struggle (PCIRCC) no
9. 2. Good neighbors couldn't talk to them cuz health safety Lost friends over masks and when the vaccine showed up People went wild (PCIRCS)
10. 2. Isolation Not being able to go eat Not going and doing things publicly Not the socialization On top of that - Personal life affected (PDHS)
11. 8. Technology: helped, like zoom to stay connected Online businesses boomed, which was good We learned what was possible with zoom and how we could try to stay connected Because we could not be next to each other. There was some benefits that came out of the events. (COVID)(AE)
12. 7. One person's son My kid is behind. He needed social interactions every day. Ever since covid, he fell back in his education, and it has been hard on him getting up to speed. (covid)(AE)
13. 7. For adults, it is not healthy to be isolated, but for kids, they are in those key key stages of development. It will start to impact them in the long run. (COVID)(AE) no
14. 7. Grandparents: COVID-19 died down but still a thing, they do not want people to visit due to their (grandparents) fear of getting COVID and dying -Because they had friends that had it and died. (COVID)(AE) no
15. 6. When one person got out of rehab, Had a very small group of friends, that would be healthy to hang out with for his recovery, Could not see a lot of them because of covid. (COVID)(AE) no
16. 6. Found himself isolating a lot-Could not see his family very much. Just learned that isolating was not a good thing for mental health So was wondering what he should do in this situation. It was kind of tough (COVID)(AE) no
17. 2. Person was in rehab, Kids could not come visit because of the covid, Did not see them for quite some time for six months (covid)(AE)
18. 2. Parents did not want to see the clients who attended rehab, Worried that they would get ill, mom gets ill very easily, Grandparents, only went out of their house five times since COVID has started, Visiting family and friends became hard (covid)(AE)

J. Loss of housing/ housing

1. 7. Most definitely the wildfires People in the community before are no longer there Because they had nowhere else for them to go Relocated out of the are to other places To be closer to families There are still people who lost their houses, still living with their families Huge stressor, having more people in the house that you are not used to Hassle of trying to find a builder, or fighting with your insurance company, or didn't have insurance so you are trying to find interest loans (PDHS)
2. 7. People with mobile homes in Greenville Most of them were insurable because they were so old. On a fixed income Where are they going to go? There is such a big issue with low income housing People with fixed incomes, with disabilities Because there isn't enough to go around Big issue on housing There isn't enough to go around Going to affect the community for a long time (PDHS)
3. 6. Patients in the hospital staying here cuz no housing for them to go to, so it was a long term care (PDHS)
4. 6. Displaced to portola, so she was in like the church housing people, but then she got covid. So the church quarantined her with the rest of the COVID people in the basement Picture a 75 year old, very arthritic, COPD, oxygen dependent, now with covid Too stable to warrant hospitalization but now in a basement facility with no family in the area. (PDHS)
5. 2. Wildfires Housing people who were evacuated (PDHS)
6. 2. Couldn't expect them to take an hour drive and back Especially if they got little ones that they are responsible for Daycare has been disrupted for families who have little kids. They were evacuated and thankfully living in someone else's house because she was still on call in the hospital. Felt like she had an obligation to be here for

the community And with animals, it just was tough. The entire half of the department has been evacuated and/or lost their house because they all live in the same areas And they managed to get to work, and it was tough on them . (PDHS)

7. 2. Lucky ones with recommended evacuation Where do we go from here? When you go to a place for shelter, and you hear that they do not take pets. How about my cats, where can they go? When you think about all those people who could not bring their cats to shelters, you must think how awful it must have been The grief is really strong for people who have lost things. (PDHS)
8. 1. Mental health Patients still of course There is a lot of new anxiety, depression, PTSD People who have lost their homes Ex: one patient needed a psychiatry referral And our first available appoint is at the end of march Four month wait After a two-year the pandemic and the wildfire Another patient She lost her home Waiting for that mediation lawsuit Now living in a trailer that Leaks and is moldy She says that her health is deteriorating We do not have a whole lot to offer at least that availability of appointments (PDHS)
9. 1. Adequate housing A big one, difficult to get new staff in here if they have no place to live We struggle every time we get a new traveler in. I have two living with me because there is no housing available for them. Difficult for people moving in Housing we did have available were used for displaced people from greenville and other areas Other families have moved up from other fire areas to here and have taken housing supplies out. Especially four low income families (PDHS)
10. 1. Working class Difficult to find somewhere to stay and get a job. There are jobs, it's just that there is nowhere to live. Nowhere to live, and hard to find the jobs (PDHS)
11. 4. Housing They had people in motels (PCIRCS)
12. 6. Housing Clients with covid Had a lot of homeless people get covid We had some money that was supposed to shelter people, Following the governor's order to shelter people And we got stuck on the bank on those dollars since we did take care of those people (40.53) (PCIRCS)
13. 6. Still have clients coming down with covid who still do not have a home and no alternatives, which has been true for the last few weeks. Some Homeless with covid couldn't to get housing (PCIRCS)
14. 6. One was think that there was going to be less housing cuz there is nothing out there. (PCIRCS)
15. 2. When Greenville burnt down (biggest impact) Used to go to there A lot of patients come from there to see her Now seeing them in hotels around the country because they did not have any other place to go. You can't really talk about their blood pressure or diabetes until you listen and empathize with them in the struggles they went through and counseling them the best you can Heart breaking to see people struggling so much. In the last few months, things have opened up again (concerts and other things) When I moved here, everything was shut down Still getting to know the place that she lives now (PDHS)
16. 4. Process of trying to go home was extremely difficulty Have to have approval from the sheriff's office at first if you wanted to go through Before you can go home had to have power, water, food in your home. Once you got home the grocery stores were not quite open yet. (PCIRCS)
17. 1. The Grief is huge So in this table you have those that lost their house, those that experienced the fire but did not lose their house, and people who lost their house a while back who have not been compensated back years later. (PCIRCS)
18. 2. Wildfires, nowhere to go, and had to figure out what to do with personal property Loss everything in the fire, all the memories all the kids stuff, property Only was able to get out a few clothes, computer, phone When he went back, there was nothing there accept one piece of pottery Had a piano and all kinds of stuff that you can imagine, but it was all destroyed in the fire. (PCIRCS)
19. 2. Day after fire: Helping people off the porch at ohana-One of the acknowledgement that he made: Clients suffering more than staff One person- Had five houses, was on retirement. Could no longer afford the insurance due to past wildfires. Loss everything since they do not have any safety net. (PCIRCS)

20. 2. For another, the worst for her happened in March 20, 2020 Everything shut down Husband died of heart attack that very day Completely Loss all of one's support system, family could not come around No funeral, Couldn't do anything Weekly groups immediately shut down, social networks and therapy session were closed off, discontinued, or not offering any services It was extremely lonely and hard to deal with the death of her husband all by herself basically. No one would come around At the same time, her daughter was pregnant so she could not leave the house Personally her mental health was really bad And then the wildfires came, and was left alone to figure out what to do with all of their stuff and kid's stuff while she evacuated four times within a couple of months and had nowhere to go. (PCIRCS)
21. 4. Housing was temporary Housing was burned, but still have it, a lot of smoke damage Stayed with son in law, was displaced and still are. (PCIRCC)
22. 1. People are leaving the community People are no longer wanting to rebuild Hearing a lot of frustration from Greenville residents (PCIRCS)
23. 1. Fire victim- Were all in different categories, We had the people that owned homes that were insured and got some immediate response, Getting treated right away for short term trouble, High risk clients Don't carry renters insurance People with no help from other people who would help them replace everything that they lost. Our Housing market is not existent Where was the response of where should these people go FEMA response: slow and sad. There was an expectation that you should be recovered and perfect by now, but that is not a thing (PCIRCS)
24. 4. Once one person lost her home in the fire, they left Evacuated their house with her boys and her husband, stayed with family, left town, and did not go back until December, which was two weeks after the fire. As a staff person, never had a problem with food problems or transportation because she and her family left town. Some people who still had homes could not go home since There was no power or water (etc.) in their house, so moved to family member housing. (PCIRCS)
25. 4. After losing home, hard to find housing after the loss of home (PCIRCS)
26. 2. Prices and materials had gone up since the pandemic, Things were starting to get overpriced Housing cost skyrocketed (PCIRCC)
27. 1. We did not have a lot left after the fire but said We had been fortunate She in particular were ready to move out of the kids home She had a place almost immediately Says that she ("we") were probably fortunate. (PCIRCC)
28. 1. People trying to get help Sporadic People actually being able to get property People couldn't build on it during the pandemic (PCIRCC)
29. 1. Had PTSD Depression has been terrible, ever since the fire Loss of property that people experiences and people getting displaced Felt awful for people. (PCIRCC)
30. 2. Person who had recently moved to a house in Plumas had her stuff burnt down (fire)(AE)
31. 2. Another commented that she lost everything in the Dixie Fire, Had to move property cuz house burned down (fire)(AE)
32. 2. Rehab, Living with mom in greenville, Mom's place burned down so all the person's things were burned down during the fire except the things that she brought to rehab (fire)(AE)
33. 2. The ripple effect, Housing market, The loss of people, The difficulty in finding homes (fire)(AE)
34. 4. Everybody losing their homes (fire)(AE)
35. 4. When you go online for subsidized housing, it says that it cannot give you an answer for unseen circumstances, The list is still going. You can still get on the list. (fire)(AE)
36. 4. Staying at her boyfriend's house. The back wall of the house was burned but it was still livable (fire)(AE)
37. 7. Insurance for housing and finding housing will be hard for a long time (fire)(AE)
38. 7. There is a lot of people too who cannot get help- Example: Mom's house burned down and got settlement (fire)(AE)

39. 10. Housing Figuring that out would be something for that (main takeaways) o many people struggling with housing(AE)
40. 10 Another person agrees Housing here is probably one of the top top issues that people struggle with(AE)
41. 10. Many agree with that (one person said) Can you even find housing here? Can buy it? Can you insure it? If not, for one person, they said what is the point of staying around.(AE)
42. 10. When you got two things like covid and wildfires It really makes you question where you can be (one person said)(AE)
43. 2. Even though the dixie fire didn't have direct impact on Portola we saw other areas that were evacuated, and pushing community members that were now homeless up to our area. So how do you deal with folks who are having some medical issues, housing issues/problems, etc. And that put quite a bit of strain on folks. Folks did the best that they could, but that was a resource issue in our community. People coming from Chester, quincy, or Greenville. (EPHC)

K. Loss of resources

1. 2. Day after fire: Helping people off the porch at ohana-One of the acknowledgement that he made: Clients suffering more than staff One person- Had five houses, was on retirement. Could no longer afford the insurance due to past wildfires. Loss everything since they do not have any safety net. (PCIRCS)
2. 4. Lost 200 hundred years of history What hurt the most for them (PCIRCC)
3. 4. People acknowledging the loss of family history and past vegetation But person wanting to look at the bright side Getting a new house. (PCIRCC)
4. 2. Wildfires, nowhere to go, and had to figure out what to do with personal property Loss everything in the fire, all the memories all the kids stuff, property Only was able to get out a few clothes, computer, phone When he went back, there was nothing there accept one piece of pottery Had a piano and all kinds of stuff that you can imagine, but it was all destroyed in the fire. (PCIRCS)
5. 2. PTSD - Fortunate enough to come home Loss pets Loss of chickens and traveling to get decent prices on stuff Not having a doctors office here made things unaffordable Groceries Lost 600 dollars worth of meat Fear of looking at the back porch and fire in the distance The continued need to shop and go to doctor's appointment some where else Had inflation \$6 dollar for canned chili Rough to shop locally and do Things locally (PCIRCC)
6. 2. Person who had recently moved to a house in Plumas had her stuff burnt down (fire)(AE)
7. 2. Another commented that she lost everything in the Dixie Fire, Had to move property cuz house burned down (fire)(AE)
8. 2. Rehab, Living with mom in greenville, Mom's place burned down so all the person's things were burned down during the fire except the things that she brought to rehab (fire)(AE)
9. 7. But person from rehab left stuff at mom's house, and it got destroyed Was not living there at the time No settlement or things given to the person who lost her things in the fire. There was nothing that can be done. All her stuff burned (fire)(AE)
10. 1. We did not have a lot left after the fire but said We had been fortunate She in particular were ready to move out of the kids home She had a place almost immediately Says that she ("we") were probably fortunate. (PCIRCC)

L. Evacuation

1. 2. For another, the worst for her happened in March 20, 2020 Everything shut down Husband died of heart attack that very day Completely Loss all of one's support system, family could not come around No funeral, Couldn't do anything Weekly groups immediately shut down, social networks and therapy session were closed off, discontinued, or not offering any services It was extremely lonely and hard to deal with the death of her husband all by herself basically. No one would come around At the same time, her daughter was pregnant so she could not leave the house Personally her mental health was really bad And then the wildfires came, and was left alone to

figure out what to do with all of their stuff and kid's stuff while she evacuated four times within a couple of months and had nowhere to go. (PCIRCS)

2. 2. Had to evacuate twice, Fire encouraged him to do more property management, Has done that to an extent, but doing that more (fire)(AE)

M. Mental Health/ fear/stress/emotional impact

1. 8. With the advent of social media and cyberbullying The 51 50s and the mental health crisis seems to be coming into the PDH ER Has quadrupled if not more Due to fires and covid Young preteens and teens in crisis come in. What can we do for them Do not have the training to help Understand that mental health is overwhelmed but Must ramp up these services Because we are seeing more and more people in crisis. (PDHS)
2. 9. No great coping skills (patients) Mentally are not the sharpest tools in the shed. (PDHS)
3. 9. Social workers and mental health workers Would have been a huge help to be brought in for people who were in the shelters would be nice To help people cope with what is going on. (PDHS)
4. 10. Mental health access for the community Helping people cope with the losses From covid (family member losses) Due to the Lost sense of community Cuz now everyone was displaced Greenville was tight nit community, but now displaced and spread out Now they are all here or in chester or as far out in portola. (PDHS)
5. 7. The big piece of patient/provider appointment Was contact It is huge on the patient's mental health Schedule an extra 15 minute because the patient would talk extra It was their social outing for the month Helped with mental health Only way for them to have interaction for that month cuz they just stay at their homes Covid has changed all of that. (PDHS)
6. 6. Saving PPE Encouraging a lot of people to stay at home and work from home if possible. To save because they did not know if they were going to have enough masks or gloves to go around. Did not know if we would have a lot of it to go around Took up an emotional toll on a lot of people (PDHS)
7. 7. Most definitely the wildfires People in the community before are no longer there Because they had nowhere else for them to go Relocated out of the are to other places To be closer to families There are still people who lost their houses, still living with their families Huge stressor, having more people in the house that you are not used to Hassle of trying to find a builder, or fighting with your insurance company, or didn't have insurance so you are trying to find interest loans (PDHS)
8. 4. Did not have peace of mind But did not call for mental services Was nice to have more family around Isolation was tough (covid) (PDHS)
9. 2. When Greenville burnt down (biggest impact) Used to go to there A lot of patients come from there to see her Now seeing them in hotels around the country because they did not have any other place to go. You can't really talk about their blood pressure or diabetes until you listen and empathize with them in the struggles they went through and counseling them the best you can Heart breaking to see people struggling so much. In the last few months, things have opened up again (concerts and other things) When I moved here, everything was shut down Still getting to know the place that she lives now (PDHS)
10. 6. Mental health services Behavioral health not going to the hospital anymore Stopped providing services due to covid (PDHS)
11. 2. For one person She moved here right at the start of covid and the first fire in her life hit. Living in Quincy: Entire time was constant fire and covid Never seen people's faces I don't know what my patients look like. Fires are new to her She was not evacuated for either years. But people from areas close to her were evacuating Nerve-racking On call during evacuation, could not leave Makes one nervous (PDHS)
12. 2. Lucky ones with recommended evacuation Where do we go from here? When you go to a place for shelter, and you hear that they do not take pets. How about my cats, where can they go? When you think about all those people who could not bring their cats to shelters, you must think how awful it must have been The grief is really strong for people who have lost things. (PDHS)

13. 2. COVID-19 Pandemic Living in reno, going into the ICU whole day seeing a bunch of Covid 19 patients. It was so much of an event Live changing event moved from reno to plumas for more of a peace of mind but then wildfires happened and they had to evacuate from there It was a whirlwind of events that makes you wonder what is coming in 2023. (PDHS)
14. 2. The compounded... Couldn't get away from it Couldn't go home Couldn't go to work Worry of not knowing what's coming Not having the social aspect of seeing people you normally would Especially when you are dealing with something All of one through 12 compounds into that Mental health aspect (PDHS)
15. 2. A lot of counseling that has been done by providers Someone asked why don't you refer them to a counselor then Who are they going to see? Not a lot of counsellors in the area Also possibly insurance barriers. Not enough to go around People just needed it Things come up at the appointment at the moment And you cannot say, no no no, we are here to talk about your blood pressure. A lot more counseling that doctors were called upon to do. Some of us have training, some of us don't Very disheartening when you just moved into a new place, then got displaced from a wildfire of your own and you are also trying to counsel other people. (PDHS)
16. 2. Very few times in life where she felt that kind of fear And the fear of having to rebuild Really weird to drive away from your house because you are not sure if it is still going to be there when you come back. We all had to pack is if you are evacuating anyway. It is also weird that you would not have any last ditch efforts if you changed your mind or anything And to drive away by choice as opposed to not going (PDHS)
17. 2. On a provider scale Trying to help get patient's refill Have to deal really anxious, frustrated patients who are still coping (PTSD, trauma) Who did not have very good coping mechanisms Who did not have resources A few patients who have gone through the paradise fire, dixie fire There is trauma on top of PTSD. Dealing with all of their kind of behaviors It was really difficult to handle those appoints (especially in the fall 2021). Most patient appointments took a lot longer and more taxing (PDHS)
18. 2. Made me go home for two weeks Before we got a good accessing to all the testing I tend to get these horrible coughs - were freaking out people around them. Had to leave and get rid of it before working again. She could not get tested for it in an N-95 mask because she would just start coughing because of what was going on Was not sick with it. (PDHS)
19. 1. Mental health Patients still of course There is a lot of new anxiety, depression, PTSD People who have lost their homes Ex: one patient needed a psychiatry referral And our first available appoint is at the end of march Four month wait After a two-year the pandemic and the wildfire Another patient She lost her home Waiting for that mediation lawsuit Now living in a trailer that Leaks and is moldy She says that her health is deteriorating We do not have a whole lot to offer at least that availability of appointments (PDHS)
20. 1. I agree, being so rural, the public Not a lot of resources for them, especially rentals they are so hard to find And just that PTSD of what's happened Community still in shock It's hard being in health care and trying to find them resources when there really aren't any, that's the hard part. (PDHS)
21. 1. Adequate access to resources Mental health All of the resources on the list Have access to resources- Back to normal baseline would be for those resources (PDHS)
22. 9. The Stress of waiting for all services from calls (maybe due to staffing) Never call back. Say they will but they won't Wherever you call They are short-tempered, rude It's a stressor to one of the people because it is so frustrating It does not even matter if you call her anymore. (PCIRCS)
23. 9. But in this period of time Where has the wellness come in, where has the feeling How many people have had the opportunity to take a part in that People are just burying their trauma and grief This is what we get after that... fallout. (PCIRCS)
24. 9. World shutting down, Health activities not the same as it once was People hardly go out for a walk anymore Fear of safety to go out Hard to fit in self-care and the cost for eating healthy foods while doing the work that they do (PCIRCS)
25. 10. The shift change a few years ago for behavioral health: BH program started serving the severely mentally ill all off a cliff because now, everybody else was just referred to PCIRC And unless we

bring or while we are planning to bring BH therapists in house, we can't get services for our staff or clients, it matters not. And how they determine who is severely mentally ill, you have that determination on Monday And based on their whim, you can be well on Friday and not be labeled that anymore And you get kicked out and you're homeless. (PCIRCS)

26. 10. Many people started going to PCIRC Not a great system in doing assessments From mental health assessment to substance abuse Period of wait time for the assessment may take weeks Gap period between assessments hurts clients So what happens in between? (PCIRCS)
27. 10. Communication and knowing what is out there And What services are available to people Emphasis on mental health services There is a big movement in psychology now, but it is not super available to a lot of people still Should not be a last thing but a baseline Should be available to everyone It should be the baseline that everyone has (PCIRCS)
28. 7. For one person During the fire Could not get to children Two older boys were home The younger child was with the person She could not get to her two older boys She was calling them, she had them on the phone, but was freaking out. The eldest went out and saw the sheriff outside And the mom told them to get in the sheriff's car. Since her husband is in law enforcement She told them to get in his car for the sheriff to drop the boys to the mom's work where the mom and dad will pick them up. Leave them at home now makes her worry for their safety (PCIRCS)
29. 7. One person did not lose anything in the fire, but for her and for everyone else, whenever they see or smell smoke, they panic. She might not have been personally affected, but she knows people who were, and it was awful. (PCIRCS)
30. 7. Everyone is anxious in hearing the phone notifications (the constant emergency alarms) No fire, but people were still in high alert In one moment during the dixie fire, all the phones in the office and employee personal phones rang loudly, which freaked everyone out since they knew that a fire had started. (PCIRCS)
31. 7. A huge trigger for one of the staff members Seeing their base of operations (building) burn down right before their eyes (PCIRCS)
32. 4. People asking questions Why did I survive and others didn't Feel guilty or awkward of what happened instead of feeling elated that they survived when others didn't. (PCIRCS)
33. 7. For one child: had Anxiety when he is not wearing mask to school Will have a long term effects on the children Fear was instilled in the kindergartener Believe this will have long term aftereffects for children in general (PCIRCS)
34. 7. One person who goes to talk to k through 3rd grade about safety asks what does your parents always say to you so that you remember to be safe? Each class starts saying wear a mask first This was how quickly COVID-19 conditioned them. And just to be scared of COVID (PCIRCS)
35. 7. Fear to go to the grocery store, one person said that she took walks a lot still in the neighborhood Which was mostly the elderly population, and they were all scouting the area Cuz there was no way that they were going to keep their kids confined the whole day. Anxiety is now deeply embedded in the community, in the children population as well (PCIRCS)
36. 7. Children's theater program, When the county finally opened it recently last semester, After the school was probably closed, And all of the teachers that one of the staff members work with said that kids were bouncing off the walls, Teachers said that they never seen kids with that much anxiety before. , With all of the disruptions in the child's lives, Made them very anxious, Would not want to take their masks off, which we need their permission to do to do theater., Only about half of them agreed to do it., There was a high level of anxiety in the children that they have not seen before. (PCIRCS)
37. 7. One person's highschooler now As soon as one sneezes or coughs, he puts his mask on Even when the mother said it was okay, still puts it on Became very anxious to possible signs of sickness (PCIRCS)
38. 2. People had to persevere through these tough times Despite a lot of behavioral health issues. (PCIRCS)

39. 2. For another, the worst for her happened in March 20, 2020 Everything shut down Husband died of heart attack that very day Completely Loss all of one's support system, family could not come around No funeral, Couldn't do anything Weekly groups immediately shut down, social networks and therapy session were closed off, discontinued, or not offering any services It was extremely lonely and hard to deal with the death of her husband all by herself basically. No one would come around At the same time, her daughter was pregnant so she could not leave the house Personally her mental health was really bad And then the wildfires came, and was left alone to figure out what to do with all of their stuff and kid's stuff while she evacuated four times within a couple of months and had nowhere to go. (PCIRCS)

40. 2. Had to homeschooled children- One was an autistic child, mom was by no means a special education teacher. Having to homeschooled him and to do the zoom calls were so difficult for the child and the mom. Mom working and the three boys at school all through zoom at the same time That part alone was stressful. Very difficult and trying to work as well remotely Person taking care of everybody got Covid along with one of her teenage children, which made things more difficult since the person who is taking care of everyone had to be quarantined and now out of the house due to quarantine. Husband had to take care of the two boys, while the mom took care of the other who also had covid. Mom can't drive the kids to school, so they all had to stay home.(PCIRCS)

41. 2. Emotional trauma for what is going to happen in the future Social and familial unrest Felt it was something that was never going to be fixed, but they were able to. (PCIRCS)

42. 2. Unrealistic expectations for parents, Three children at home Trying to feed them all the time, can't even go to the grocery store In the middle of a divorce throughout it all Taking care of them was hard Staying home 24/7 Being a mom/ parent, hard to find an emotional outlet (PCIRCS)

43. 2. People asking how he was doing, said he was fine, but it was hard, and taking a look back, the person can say that he was really affected by it negatively. Then he got covid right afterward To him, this was about persevering through it. And having your constitution to be personal being, having your wellbeing to trudge through all this. (PCIRCS)

44. 2. Agency; Staff did a great job despite all the triggers, trauma, and the behavioral health issues that they had to deal with. Evacuated, but had to be responsible for clients as well Was hard to do. Had a full house of Ohana Had to keep working with staff and caring for residents at 10 o clock at night. (PCIRCS)

45. 1. I see grants that gov are giving it out now in 2022 to people who are victims in 2013 That is not helpful to healing in any way. You have all this grief for all of this time. And you have no rebuild, no sustainability The PTSD that people experience from being part of that wildfire does not go away And the slowness of the help given after the incident only adds to that. (PCIRCS)

46. 9. Struggling to maintain health since you cannot go out to eat in the woods anymore (PCIRCC)

47. 9. Paralysis factor The fear that was instilled in all of us and awareness Has in some ways made them stronger People are much more aware of their health now (PCIRCC)

48. 1. Grief, lost, traumatized would be the things that would come up first that would need to be dealt with (PCIRCS)

49. 1. The Grief is huge So in this table you have those that lost their house, those that experienced the fire but did not lose their house, and people who lost their house a while back who have not been compensated back years later. (PCIRCS)

50. 4. Pandemic Realize how we do depend on other people Because of isolation Psychological struggle (PCIRCC)

51. 2. Seeing that everything was gone was traumatic (PCIRCC)

52. 2. Difficult to see the fire consume everything 50 years of work are gone because of the fire (housing) Friendships and relationships will never be replaced Can't control the past, but can control the present to move forward Way to keep sane Lost son Very difficult Not the time to fold in (PCIRCC)

53. 2. PTSD - Fortunate enough to come home Loss pets Loss of chickens and traveling to get decent prices on stuff Not having a doctors office here made things unaffordable Groceries Lost 600 dollars worth of meat Fear of

looking at the back porch and fire in the distance The continued need to shop and go to doctor's appointment some where else Had inflation \$6 dollar for canned chili Rough to shop locally and do Things locally (PCIRCC)

54. 2. The way it put a fear factor in people's lives Afraid to shake people's hand People said do not come next to me What do we do next Touch the can, no one can buy it (PCIRCC)

55. 4. Wildfires Every time we see smoke You did not know what you were seeing Scared a lot of people People get worried about things like wildfires People get anxious What's good coming out of it New wildlife forming (PCIRCC)

56. 2. Mental health was a huge issue for a long time. (PCIRCS)

57. 1. Had PTSD Depression has been terrible, ever since the fire Loss of property that people experiences and people getting displaced Felt awful for people. (PCIRCC)

58. 1. Healthy community Not being afraid to go out in a crowd Being able to get together without being afraid to get sick Family not telling you not to leave to house to get what you need (PCIRCC)

59. 1. Shortages Shelves more filled in grocery stores Almost feels like living in a foreign country Shortage of supplies People running around with masks Air quality is going to be an issue for a while Causing the fear and uncertainty factor. Had to go to chico or reno for supplies (PCIRCC)

60. 1. Roles and regulations being implement People worry about it People not used to it. (PCIRCC)

61. 1. For people do not know what to do Led to PTSD,, Had to go to doctor more for more medicine Saw smoke had to evacuate Every place is like a disaster Trees on the side of the road, it takes you to a different place, Heightened awareness Of fire (PCIRCC)

62. 1. People do not know what is going on sometimes Scary not knowing what is going on Being naive We did not hear about the sickness until now Person thinks that there were more people were more sick before hearing the message Of covid-19 Thinks that people were complaining about the symptoms three months before. (PCIRCC)

63. 10. Everything related to pandemic – we've learned so much from this process. Made us a better and stronger healthcare system. More able to react to whatever may come in the future.The shift to mental health services is important right now as we come out of the pandemic, focusing on taking care of community or staff members who didn't fare so well or those who have long term mental effects of what they've gone through what they've seen – PTSD. Needing to focus on the mental health aspect and making sure people have access to the right type of services to help combat the lasting effects they are having. (EPHC)

64. 1. Did not realize the negative until recently when she Been under stress and depression Because things are happening to her body Not because of her thinking it because she thought she was fine. Her goal is to help others who have been in this situation similar to hers. One person thinks it's because she was taking care of others and not herself. She agrees (said possibly) Due to taking care of others than yourself (PCIRCC)

65. 9. As a healthcare employer – The impact of burnout for staff based on 2+ years of COVID plus the wildfire stress/impact. This puts an enormous amount of stress on healthcare workers in general. At the same time, when you are dealing with a very small labor pool from a statewide perspective, trying to relieve some of that stress and burnout issues is difficult because you don't necessarily have the resources to offset this. There has not been a break for healthcare workers to recharge. (EPHC)

66. 7. The wildfires – even if I had done everything for prevention – the significance of it the last two years has put a lot of fear for the community members to the point where even if everything has been done (preventionwise) the significance of it (ex: Greenville's loss) creates this worry of could we be in a true disaster situation and you can go through several years without this fire related issues. You would have a little bit more sense of calm during that fire season whereas now everyone is now in this heightened alert from anything to thunderstorms to structure fires on what could potentially happen because of the risk. It's changed out we're delivering healthcare and how community members would access healthcare - being able to access services from just being on site. Telemed services now were really the result of the pandemic and being able to access services not necessarily

onsite (that has changed things and will change the medical provision of care significantly going forward. I do not think that we will be delivering services the way that we did pre covid in a lot of different ways. It will significantly change how we work moving forward – it won't be the same. (EPHC)

67. 6. At times in the past (when there was less information out there) we had seen a few issues in our areas where our patients were having a difficult time accessing medications because they were covid positive and did not have a way to be able to have access to the pharmacy for fear of transmission spread at the pharmacy level. (EPHC)
68. 6. Mental health services was a big issue and continues to be a big issue and COVID made it worse to access mental health services (we got a lot of patients in ER). Came from the combination of the lock down; the world changing before everyone's eyes. We saw this during pandemic and still seeing it now. Mental health is a big issue in Plumas county. (EPHC)
69. 2. From a community standpoint: It was a scary time for everyone. As a hospital system, we tried our best to re-assure everyone is doing what they're supposed to be doing. Pandemic (wearing masks, following all the guidelines that are in place so that we can protect our patients who come in and make them feel like they are safe when they are here. (EPHC)
70. 2. Increase in mental health patients in the ER during the lockdown, schools shutting down. For her colleagues, having to learn distance learning and what did they really learn during all that time and the transportation, you know the buses you had to stay six feet apart, definitely the pandemic affected all that was on the list. (EPHC)
71. 2. So much fear in the wildfires, It devastated the community, If you weren't having to evacuate and your house was not in immediate danger, There was an evacuation warning, Or you had friends or family who experienced this (fire)(AE)
72. 2. Seeing smoke on the mountains, Instilled fear in the community, You immediately freak out (fire)(AE)
73. 6. When one person got out of rehab, Had a very small group of friends, that would be healthy to hang out with for his recovery, Could not see a lot of them because of covid. (COVID)(AE)
74. 6. Found himself isolating a lot-Could not see his family very much. Just learned that isolating was not a good thing for mental health So was wondering what he should do in this situation. It was kind of tough (COVID)(AE)
75. 7. Wildfires: mental health wise-Anxiety that comes from seeing smoke on a mountain when doing a control burn- That's what's gonna be with me and my kids for the rest of our lives. (fire)(AE)
76. 7. Grandparents: COVID-19 died down but still a thing, they do not want people to visit due to their (grandparents) fear of getting COVID and dying -Because they had friends that had it and died. (COVID)(AE)
77. 7. The regression or stall in social development in kids mental health got impacted (there was such a decline) I think that we will continue to see that for quite some time (COVID)(AE)
78. 7. For adults, it is not healthy to be isolated, but for kids, they are in those key key stages of development. It will start to impact them in the long run. (COVID)(AE)
79. 9. Lots of families were pushed living together after wildfires, Like one person's mom is living with her sister, That's kind of hard on all of them(AE)
80. 9. Mental grief of the loss from the fires, Drive around, the woods that are gone, the wildlife that is gone, They won't come back, Wildlife that is still there is struggling, This is a loss that needs to be processed.(AE)
 - a) 9. The undertone of a lot of these things discussed is the Financial difficulties, Employment, Businesses, housing, like all of them(AE)

N. People leaving because their property/housing got destroyed and no one can find housing after that.

1. 7. Financial loss for people Not being able to rebuild Loss of the community No interest in rebuilding So many businesses burned down Fundamental things to build community are not there Building a community takes so much time Taking off a mask is much quicker. (PDHS)
2. 7. Most definitely the wildfires People in the community before are no longer there Because they had nowhere else for them to go Relocated out of the area to other places To be closer to families There are still people who lost their houses, still living with their families Huge stressor, having more people in the house that you are not used

to Hassle of trying to find a builder, or fighting with your insurance company, or didn't have insurance so you are trying to find interest loans (PDHS)

3. 4. Once one person lost her home in the fire, they left Evacuated their house with her boys and her husband, stayed with family, left town, and did not go back until December, which was two weeks after the fire. As a staff person, never had a problem with food problems or transportation because she and her family left town. Some people who still had homes could not go home since There was no power or water (etc.) in their house, so moved to family member housing. (PCIRCS)
4. 4. After losing home, hard to find housing after the loss of home (PCIRCS)
5. 2. People moved from the fires (staff) Compounding staffing issues was challenging (PDHS)
6. 1. Fire victim- Were all in different categories, We had the people that owned homes that were insured and got some immediate response, Getting treated right away for short term trouble, High risk clients Don't carry renters insurance People with no help from other people who would help them replace everything that they lost. Our Housing market is not existent Where was the response of where should these people go FEMA response: slow and sad. There was an expectation that you should be recovered and perfect by now, but that is not a thing (PCIRCS)
7. 1. People are leaving the community People are no longer wanting to rebuild Hearing a lot of frustration from Greenville residents (PCIRCS)
8. 1. People who were viable to the community need to come back that people experiences and people getting displaced Felt awful for people. (PCIRCC)
9. 4. Housing was temporary Housing was burned, but still have it, a lot of smoke damage Stayed with son in law, was displaced and still are. (PCIRCC)
10. 1. Had PTSD Depression has been terrible, ever since the fire Loss of property that people experiences and people getting displaced Felt awful for people. (PCIRCC)
11. 2. The ripple effect, Housing market, The loss of people, The difficulty in finding homes (fire)(AE)

O. Financial hardship

1. 6. A lot of fiscal impacts in the community (PCIRCS)
2. 7. Financial loss for people Not being able to rebuild Loss of the community No interest in rebuilding So many businesses burned down Fundamental things to build community are not there Building a community takes so much time Taking off a mask is much quicker. (PDHS)
3. 2. COVID-19 Also had to shut a business down at the beginning of the pandemic Wanted to reopen, but did not happen A lot of financial uncertainty Could not work because had to homeschool children Wife wanted to get a business off the ground, felt like everything happened all at once (PCIRCS)
4. 1. Fire victim- Were all in different categories, We had the people that owned homes that were insured and got some immediate response, Getting treated right away for short term trouble, High risk clients Don't carry renters insurance People with no help from other people who would help them replace everything that they lost. Our Housing market is not existent Where was the response of where should these people go FEMA response: slow and sad. There was an expectation that you should be recovered and perfect by now, but that is not a thing (PCIRCS)
5. 1. 1. Infrastructure Even through community effort, state help and structure is needed to make a community healthy. Ex: Insurance companies People are not being paid out still Long after effect affecting the community (PCIRCS)
6. 2. PTSD - Fortunate enough to come home Loss pets Loss of chickens and traveling to get decent prices on stuff Not having a doctors office here made things unaffordable Groceries Lost 600 dollars worth of meat Fear of looking at the back porch and fire in the distance The continued need to shop and go to doctor's appointment some where else Had inflation \$6 dollar for canned chili Rough to shop locally and do Things locally (PCIRCC)

7. 4. Being evacuated, Person and family had to spend a lot of money just going, Mom could not be around the smoke, Paying for hotels and camp sites; Having no employment, Was really hard for all of them (fire)(AE)
8. 9. The undertone of a lot of these things discussed is the Financial difficulties, Employment, Businesses, housing, like all of them(AE)
9. 7. The financial repercussions of the pandemic on the hospital were immense. Having increased supplies on hand and the increase of use of supplies that we have to use. The financial aspect of it has been a huge thing for healthcare in how do we recover from loss of this revenue or the loss of revenue of people seeking care for fear of contracting the disease or something like that. This will have long-term effects on the hospital for sure. (EPHC)
10. 2. Prices and materials had gone up since the pandemic, Things were starting to get overpriced Housing cost skyrocketed (PCIRCC)

P. Transportation

1. 2. Staff not working Trying to staff She pretty much have to live here for a while Cuz there was no staff coverage And so that took a lot of time Trying to manage staffing when people are displaced and cannot make it to work due to the wildfires. Because some people did not have anywhere to go so they left town and could not come to work Left and were living in Reno Couldn't expect them to be driving an hour and a half in and 1 ½ hr out. (PDHS)
2. 4. Road closures Because of the wildfire, makes you question, do I make that trip to Reno, do I go hit Costco and wallmart? To get the stuff that I cannot get here. Wonder if you would be able to make it back Also know that you have work tomorrow. We are not able to leave because we are picking up all the shifts. Did not know any closures Questioned where I am able to go For work For groceries Etc. (PDHS)
3. 4. Main one was transportation. Some patients did not even have a vehicle to leave town if/when they got evacuated. Much less get to some appointments if they were displaced to some other situation Had older patients You can't stay in Taylorsville. You got to evacuate. You need to live in a skilled nursing facility. (PDHS)
4. 6. Patients did not have a vehicle to leave town (PDHS)
5. 4. Transportation Going to Quincy to get gas for your generator (PCIRCC)
6. 4. Some roads were open, some were closed You could get stuck in the road for two hours. Not a lot of communication of what was opened or closed As an objective observer, it was not well communicated what was opened or closed. Staff trying to come from an area but couldn't due to road closures. (PCIRCS)
7. 6. Hospital in paradise was closed down, fence around it. If people from paradise wanted healthcare, they had to go to Go to orvil or chichiko Severely understaff Not enough population to reopen Staffing is an issue Elderly community still there (normally it is an elderly community) Do not have half an hour to go to the doctor Even if you have an appointment, appointments got canceled or moved (PCIRCS)
8. 2. PTSD - Fortunate enough to come home Loss pets Loss of chickens and traveling to get decent prices on stuff Not having a doctors office here made things unaffordable Groceries Lost 600 dollars worth of meat Fear of looking at the back porch and fire in the distance The continued need to shop and go to doctor's appointment some where else Had inflation \$6 dollar for canned chili Rough to shop locally and do Things locally (PCIRCC)
9. 9. In terms of transportation after the wildfires Have to figure out what to expect on the highways Such as know what is closed down Knowing what roads you can take at what times And when there is going to be work How long the delay is going to be.(AE)
10. 9. Transportation in general too Availability and prices of cars and trucks have gone up insanely and gas too. So getting vehicle and paying for the gas to go to those appointments is, it makes it a little bit more unappealing to go to the appointments (like cavity appointments)(AE)
11. 2. Increase in mental health patients in the ER during the lockdown, schools shutting down. For her colleagues, having to learn distance learning and what did they really learn during all that time and the transportation, you know the buses you had to stay six feet apart, definitely the pandemic affected all that was on the list. (EPHC)
12. 9. Person goes to the Rancheria for her medical and dental It is hard to try and keep up on it. It's hard to be healthy and make your appointments when you can't get an appointment in almost a year out. Dental is about a

year out before you can make an appointment, Person did not have a vehicle, so getting to Reading is rough. It's definitely really rough (AE)

13. 4. There were no stores in Greenville, They had to go to Taylorsville, Prices were outrageous. It would be a \$100 bucks for one small bag of groceries, Or Had to travel far and spend a lot of gas to come over here, It was really hard not finding stores with good deals. (fire)(AE)

Q. Lack of services

1. 8. We do not have a satellite public health department building where people can go and take care of stuff in chester or portolla. We do not have this on either end of the county. Everybody has to come here if they want their kids vaccinated for public health Everyone has to come here in PDH for vaccines Or their mental health visits. There are no satellites for them to go anywhere. (PDHS)
2. 10. Knowing that you can call someone or make an appointment to talk about it without it being six months out (PDHS)
3. 10. Social services Goes hand in hand with mental health services.
4. 8. Evacuated in 2020 We were evacuated with the north complex Thought after that fire It was not as widespread as the dixie fire turned out to be We would be better prepared in terms of Shelter Counseling services Supplies (PDHS) no
5. 2. No service available EAP program A lot of the staff were trying to use this program and see counselors but there was none available. So we offered a service that they cannot even use. Wanting to get counseling, but could not get it. (PDHS)
6. 2. When Greenville burnt down (biggest impact) Used to go to there A lot of patients come from there to see her Now seeing them in hotels around the country because they did not have any other place to go. You can't really talk about their blood pressure or diabetes until you listen and empathize with them in the struggles they went through and counseling them the best you can Heart breaking to see people struggling so much. In the last few months, things have opened up again (concerts and other things) When I moved here, everything was shut down Still getting to know the place that she lives now (PDHS) no
7. 4. Social services closed down to some degree No support network. The AAB closed down (33:39) (PCIRCS)
8. 9. The Stress of waiting for all services from calls (maybe due to staffing) Never call back. Say they will but they won't Wherever you call They are short-tempered, rude It's a stressor to one of the people because it is so frustrating It does not even matter if you call her anymore. (PCIRCS)
9. 1. To have a healthy community, you must remove the silos between county and community partners, it is a barrier to services, Silos Multiple departments responded to each crisis differently Multiple Departments may or may not respond to emails Some departments were open 24/7, others were closed Closure of many departments made it hard to work with them/ connect with them (PCIRCS)
10. 8. Out of county services were more helpful than inner counties (PCIRCC)
11. 4. Secondhand stores, power (PCIRCC) no
12. 4. Social Services They did not really do a lot of help in the community The workers not wanting to come out (PCIRCC)
13. 4. Getting gas locally, no bank, hard to cash a check (PCIRCC) no
14. 1. People having a terrible time going to the DA (place to get property, help, etc.) (PCIRCC)
15. 1. The Physical scars in the community, is hard to see More built institutions and buildings would be nice that open up. Planting more trees and wildlife coming back would be nice. (PCIRCC)
16. 1. Hopefully the community will come back and turn back to the way it was To be productive in the area More places to eat now than there was before. Your neighbor is there (PCIRCC)
17. 1. Buildings being built again such as the post office, and the clean up of the community. (PCIRCC)
18. 1. People trying to get help Sporadic People actually being able to get property People couldn't build on it during the pandemic (PCIRCC)

19. 10. Everything related to pandemic – we've learned so much from this process. Made us a better and stronger healthcare system. More able to react to whatever may come in the future. The shift to mental health services is important right now as we come out of the pandemic, focusing on taking care of community or staff members who didn't fare so well or those who have long term mental effects of what they've gone through what they've seen – PTSD. Needing to focus on the mental health aspect and making sure people have access to the right type of services to help combat the lasting effects they are having. (EPHC)
20. 6. Mental health services was a big issue and continues to be a big issue and COVID made it worse to access mental health services (we got a lot of patients in ER). Came from the combination of the lock down; the world changing before everyone's eyes. We saw this during pandemic and still seeing it now. Mental health is a big issue in Plumas county. (EPHC)
21. 7. Sees an influx of people from outside of the area needing support because of remote work. They are seeking more services throughout the county, hospital systems, etc. (EPHC)
22. 9. Shutting down of areas (PCIRCC)
23. 6. Manufacturing and delivering was impacted, So for restaurants in town, It was already hard for an individual to get supplies out of town, imagine the restaurants, Getting minimum order requirements (COVID)(AE)
24. 6. Restaurant-Transition of people being in the restaurant (outside and inside)- Also limitations on how many people they could seat in a section or how far apart they had to be. (COVID)(AE)
25. 6. Also a challenge of remaining open in general (COVID)(AE)
26. 6. One tried to get into rehab, All were packed, It was a three month wait (COVID)(AE)
27. 6. Staying in a motel (family was paying for) Place in reading called and had an opening, but she had to go today. Called all over the place to find a rehab. (COVID)(AE)
28. 3. Access to healthcare was a very big deal in the beginning. Were receiving a lot of calls from the community for this. We had to lock down our community. First time that the clinic had to be lock down. We couldn't have people in the clinic or business office to look at their bills. Couldn't take walk ins in the clinic anymore. Everything was shutdown. People did not know what they could or could not do. (pandemic affected that a lot). (EPHC)
29. 4. Some of the times and some of the camp grounds... there was no service to be there, it was really spotty., Was also on survival mode, made it really difficult to take care of everything, Because of course you have to take care of your family first. (fire)(AE)

R. Survival

1. 4. Morally when people are evacuating and not in the area, They are in the survival mode, Not attending their scheduled appointments cause they are literally trying to figure out where they are going to sleep (fire)(AE)
2. 4. Some of the times and some of the camp grounds... there was no service to be there, it was really spotty., Was also on survival mode, made it really difficult to take care of everything, Because of course you have to take care of your family first. (fire)(AE)

S. Mask

1. 6. PCPHA did a good job providing PPE when they needed it. There were times when EPHC could not order it. It may have been the worst PPE in the world, but it was better than nothing. They did everything that they could, and Tina worked very hard to get us everything we needed – and still does Getting PPE was really hard for the staff. (EPHC)
2. 9. Wearing a mask made things difficult (PCIRCC)
3. 6. Grocery stores would not let you go into the store if you did not have a mask (COVID)(AE)

T. Expensive prices

1. 9. Hard to fit in self-care and the cost for eating healthy foods while doing the work that they do Also, how much does it cost to get the right nutrients and the right food? (comment from one individual) The prices are outrageous To be able to eat health It is almost too expensive for a lot of people no doubt.

2. 4. Ones that were open Supplies were very scarce and expensive 40 dollars for toilet paper had a three year old, so there were things that they could not live without. (PCIRCS) no
3. 2. PTSD - Fortunate enough to come home Loss pets Loss of chickens and traveling to get decent prices on stuff Not having a doctors office here made things unaffordable Groceries Lost 600 dollars worth of meat Fear of looking at the back porch and fire in the distance The continued need to shop and go to doctor's appointment some where else Had inflation \$6 dollar for canned chili Rough to shop locally and do Things locally (PCIRCC)
4. 2. Prices and materials had gone up since the pandemic, Things were starting to get overpriced Housing cost skyrocketed (PCIRCC)
5. 3. Personally, we are experiencing increased cost in food and household items across the board (from fuel to lettuce) which is still going on. (EPHC)
6. 1. For a small community People not getting as much supplies as that they should get Buying toilet paper is \$21 dollars Other places was \$50 (PCIRCC) no
7. 6. Things on the shelves as well as prices were extremely going up, it was ridiculous (COVID)(AE)
8. 6. Prices went sky high along with everything else (COVID)(AE)
9. 6. They were having to pay significantly more money for product that they can probably wouldn't use but do because of the cut hours or lack of employees (COVID)(AE)
10. 9. Transportation in general too Availability and prices of cars and trucks have gone up insanely and gas too. So getting vehicle and paying for the gas to go to those appointments is, it makes it a little bit more unappealing to go to the appointments (like cavity appointments)(AE)

U. Staffing

1. 6. Schools were shutdown Staff couldn't make it to work Due to no daycare Kids are no longer in school Impacted staff Impacted access to care Snowball effect to everything else (PDHS)
2. 2. Staff who consistently could not go to work. Access to care issue Cuz staff were affected and couldn't take care of sick people (PDHS)
3. 2. People moved from the fires (staff) Compounding staffing issues was challenging (PDHS)
4. 4. Picked up extra shifts to cover people who are out of the area (PDHS)
5. 6. Access to healthcare Kept having surgery postponed and healthcare appointments postponed due to covid We were overrun, no staffing (staffing issues) as well (PDHS)
6. 2. Staff not working Trying to staff She pretty much have to live here for a while Cuz there was no staff coverage And so that took a lot of time Trying to manage staffing when people are displaced and cannot make it to work due to the wildfires. Because some people did not have anywhere to go so they left town and could not come to work Left and were living in Reno Couldn't expect them to be driving an hour and a half in and 1 ½ hr out. (PDHS)
7. 9. Lack of staffing Understaffing Everywhere is understaffed County restaurants closing because they do not have stuff or staff Menus have some items off the list to purchase since there were not enough staff members or there were staffing issues in the restaurant Lack of resources (PCIRCS)
8. 1. Adequate housing A big one, difficult to get new staff in here if they have no place to live We struggle every time we get a new traveler in. I have two living with me because there is no housing available for them. (PDHS)
9. 2. Agency; Staff did a great job despite all the triggers, trauma, and the behavioral health issues that they had to deal with. Evacuated, but had to be responsible for clients as well Was hard to do. Had a full house of Ohana Had to keep working with staff and caring for residents at 10 o clock at night. (PCIRCS)
10. 9. As a healthcare employer – The impact of burnout for staff based on 2+ years of COVID plus the wildfire stress/impact. This puts an enormous amount of stress on healthcare workers in general. At the same time, when you are dealing with a very small labor pool from a statewide perspective, trying to relieve some of that stress and burnout issues is difficult because you don't necessarily have the resources to offset this. There has not been a break for healthcare workers to recharge. (EPHC)

11. 8. Process systems whether it was software or reporting that either frankly was excessive... organizations did not have enough manpower to be able to deliver that information and so it becomes for not only the public health agency, the hospital, and community members but you are getting multiple directives and trying to manage those at the same time. Frankly it was probably impossible for public health to try to navigate through which state department mandate they were dealing with to then be able to support the hospital in terms of what to roll out
12. 8. Process systems whether it was software or reporting that either frankly was excessive... organizations did not have enough manpower to be able to deliver that information and so it becomes for not only the public health agency, the hospital, and community members but you are getting multiple directives and trying to manage those at the same time. Frankly it was probably impossible for public health to try to navigate through which state department mandate they were dealing with to then be able to support the hospital in terms of what to roll out **(EPHC)**
13. 7. The pandemic has caused a supply chain issue impacting businesses / labor and good shortage. It shifted to much more of a remote workforce, which had a fairly staggering effect in our community as well as nationally. We've seen a number of business close because of lack of access to staff. **(EPHC)**
14. 4. When PDH was evacuating some of their patients to EPHC to our key floor, space was an issue, staffing was an issue. During the pandemic and the fires combined because were they covid tested? Having the room to accommodate. **(EPHC)**
15. 8. More central employees, So that the ones still working did not have to pull 14 and 18 hours a day to meet the needs of the community. Might have been a better thing**(AE)**
16. 8. But when we don't have enough employees Its hard**(AE)**
17. 1. Fires: Not only the dixie fire but also the beckworth complex fire, affected both personal and professional level because we had to evacuated facilities while personally home was having an evacuation order. Enlightened community to have a plan for own home while you are able to do your job as well. We had some staffing issues, etc. due to people having to evacuate their home instead of coming to work, and so the fire affected her two-fold. **(EPHC)**
18. 6. His supplies for his shop, they were hard to get from his main supplier because they cut their hours in half, Getting there on time was hard **(covid)(AE)**

V. Policies

1. 8. What was frustrating- Tried to do donate resources to red cross Did not take sleeping bags, air mattresses, ice chests etc. Camp mattresses that you can wipe down and hand them out Limits to what they can take Only took a minute piece of it Have to find others who can take and share resources it to the ones who need it **(PDHS)**
2. 2. Lucky ones with recommended evacuation Where do we go from here? When you go to a place for shelter, and you hear that they do not take pets. How about my cats, where can they go? When you think about all those people who could not bring their cats to shelters, you must think how awful it must have been The grief is really strong for people who have lost things. **(PDHS)**
3. 8. Certain agencies had a lot of resources only serving a few people When helping people out who were evacuated to Chester with the response team (who were trying to count all of these families) PCIRC were just serving people. They had a spreadsheet of all the families that they had served Response team got angry for serving people outside of this system (their system) But PCIRC said no, we are going to serve these people. **(PCIRCS)**
4. 8. The COVID-19 policies need to put more well together **(PCIRCS)**
5. 8. Red Cross in Portola Treated clients like criminals Clients Had to sign in to take a shower, and sign out when they left the building because they had to let red cross know where they were going. So they rather took cold showers in the pools They did not want to be held accountable by all those restrictions that the Red cross pushed on them for them to use their services.Instead of working with Red cross Stayed in the park or stayed in motels. **(PCIRCS)**

6. 8. For PCIRC Because they do not broadcast what they do for the community as a nonprofit, everybody knows there for here but they do not know the outcomes, and they do not know how valuable our agency or our services are So we are excluded from the decision making and all of these other things that happen at the top People who do not know anything are making rules and handing out money And people on the ground or at the front lines are not getting the benefit Retroactive auditing of the money that came down Has been extremely difficult For them Red Cross serving four people with all of their resources For PCIRC Serving hundreds and being neglected (PCIRCS)
7. 8. Non profits Had to turn people down due restrictions in Susanville You do not do that to people who are in trouble Red Cross: Having to sign in made people think that they were criminals (opinion of the staff) (PCIRCS)
8. 2. When families were able to visit, nursing having to police (do you have your covid vaccine, and a bunch of protocols and questioning of tests and vaccinations) with something they had no control over Families getting frustrated at the nurses doing their job to keep everybody safe Refusing to wear mask A huge fight They did not want to hear the explanations. They did not care They wanted to do what they wanted to do, then they took it out on the hospital staff This was the worst For something that you had no control over. (PDHS)
9. 8. The unemployment check People became dependent on it Got the stimulus (rental checks), but did not use it appropriately for their rent and daily necessities As soon as the money stopped, did not know what to do. For clients Gov could not control how people used the money Resulted in people recklessly spending and now in further trouble Problem on both sides Did not give them money, people suffer Did give them money, people use it irresponsibly. (PCIRCS)
10. 8. There was a promise for huge cash payout Never got it, could not communicate with them Office only helped out once, but never helped afterwards Stayed on the phone for nine hours, office said that they were coming but never did. A lot of people were in that same situation Could not get through to social security for benefits on the phone Tried to get death benefits for her husband, but did not get anything Stayed on the phone for six hours Tried to reach out to Legislators to help intervene for the community that were promised unemployment but nothing happened (PCIRCS)
11. 6. There is no collective decision making happening in the county that would be helpful to their clients County gave away housing vouchers without discussing it with any providers who would care for those people who need housing vouchers. County did not due home key dollars All the people who need a home were referred to PCIRC (PCIRCS)
12. 8. My turn was a barrier, and as a hospital, chose not to use it. We chose to do our own vaccine clinics. Get our own stuff going, and enter the data manually. We chose not to use MyTurn and chose to manually get the data into the statewide system, so that they could get those shots to people as quickly as possible.
13. 1. Roles and regulations being implement People worry about it People not used to it. (PCIRCC)
14. 2. Things are different now because people are being forced to be afraid of going out of their home Can't control that, so live life by the moment Residents worry about what's not in their control Focus on what you can control (way to stay sane) (PCIRCC)
15. 10. County enforces so many rules , makes companies leave They need to know that it is not all about the money (PCIRCC)
16. 1. One specific item from Greenville Has to do with the soil standards that the government set for the rebuild, which exceed the previous standard Last time one checked, there were ten or eleven active building permits for over a year because the lots have not applied for rebuilding. Besides rebuilding They have been taking in dump trucks and have been scooping away soil, and that seems like a BS thing to do. There should be more state level help to get rid of those factors. (PCIRCS)
17. 4. Process of trying to go home was extremely difficult Have to have approval from the sheriff's office at first if you wanted to go through Before you can go home had to have power, water, food in your home. Once you got home the grocery stores were not quite open yet. (PCIRCS)

18. 6. Clients Whole group of people who got employment pandemic benefits The pandemic benefits earned them more than their normal wages. Many clients getting 1000 dollars each week They were spending or gambling instead of saving it for housing and other bills A lot of people showed up at PCIRC for services because of that. Because they no longer had any money. Many clients thought they did not have to pay rent anymore and that the landlords could not evict them It created this new system of help Miscommunication on what to spend the money on People thought being able to be terminated for their lease or to be kicked out of their house was no longer going to happen When that ended A lot of people showed up at PCIRC (PCIRCS)
19. 2. Still going on Tell patients to wear masks that are at the door Still have to wear in the hospital But at some point you just let it go because its' not worth it anymore to get into a disagreement with them over a mask. Most patients and family members are really good but there are people who dig their heels in At this point in the game, it is not worth fighting them anymore. Not really fighting, but trying to get them to see their point of view, but they did not care. Hard for patients to see their point of view. (PDHS)
20. 8. So there was a lot of waiting for then next layer in the process to give some direction In some cases, we felt as a community standpoint, we could deliver services faster and more efficiently (We felt we could deliver stuff faster and more efficient,) but because of the bureaucracy of the process, it really kind of slowed things to a halt . (the MyTurn process with vaccine) it created a bottleneck of uploading data vs utilize staff time to delivering the vaccine. The push nationally/state/etc. was to get it moving, but then they delivered it as a bottle neck. The question arise, why isn't it going faster, because of the deployment. (EPHC)
21. 6. Restaurant-Transition of people being in the restaurant (outside and inside)- Also limitations on how many people they could seat in a section or how far apart they had to be. (COVID)(AE)
22. 8. When unemployment skyrocketed, everyone rather took on unemployment over working. -If they knocked that out (unemployment) it might have been a better thing.(AE)
23. 8. Pandemic – hospital did a great job trying to mitigate the changing requirements, the changing information. One minute the State was saying this then nope, we are sorry, we really want it to be this, and this was difficult. even with getting all the different and changing information out to the staff and getting the vaccines and promoting boosters out. Getting the changed information to our staff, getting those vaccines available and promoting the boosters and all that kind of stuff. We did what we could with what we had at that time. (EPHC)

W. Information

1. 8. Access to information was scarce Inner county service, had plans, but were flatfooted during the event. (PCIRCC) no
2. 3. Access to healthcare was a very big deal in the beginning. Were receiving a lot of calls from the community for this. We had to lock down our community. First time that the clinic had to be lock down. We couldn't have people in the clinic or business office to look at their bills. Couldn't take walk ins in the clinic anymore. Everything was shutdown. People did not know what they could or could not do. (pandemic affected that a lot). (EPHC)
3. 8. Pandemic – hospital did a great job trying to mitigate the changing requirements, the changing information. One minute the State was saying this then nope, we are sorry, we really want it to be this, and this was difficult. even with getting all the different and changing information out to the staff and getting the vaccines and promoting boosters out. Getting the changed information to our staff, getting those vaccines available and promoting the boosters and all that kind of stuff. We did what we could with what we had at that time. (EPHC)
4. 8. There was no communication about what the government was doing for the community. (PCIRCC) no
5. 6. Conflicting information was hard- No one knew what to believe -The uncertainty in rules made things difficult(AE)no

X. Technology

1. 8. Technology: helped, like zoom to stay connected Online businesses boomed, which was good We learned what was possible with zoom and how we could try to stay connected Because we could not be next to each other. There was some benefits that came out of the events. (COVID)(AE)

Y. Buildings/ rooms/space

1. 2. For the Agency Lost building Had to relocate in a haunted house Had to meet people outside regardless of weather Had to work with clients to make the operation move smoothly Example: policy (PCIRCS)
2. 7. Especially as the world/community is rebuilding, will it ever actually be rebuilt? Is Greenville actually ever going to be Greenville again? (PCIRCS)
3. 6. Not being able to ship patients out to higher levels of care, cuz no room or beds for them It just got to be a fight Sent two patients to modaro county in the fresno area and another to moneray How are families expected to go see them if they have to travel six hours just to see them to go pick them up if they were ready to be discharged. It was hard to fly one of them back No beds to go to (PDHS)
4. 6. Patients not listening to rules Numbers may not be bad in plumas but These are the kind of behaviors that contribute to other places being so full, which means that we cannot get patients who need high levels of care out Because these were not covid patients. No beds for them to go to. (PDHS)
5. 4,6 When PDH was evacuating some of their patients to EPHC to our key floor, space was an issue, staffing was an issue. During the pandemic and the fires combined because were they covid tested? Having the room to accommodate. (EPHC)
6. 1. Not enough space to anymore (PCIRCC)
7. 1. The Physical scars in the community, is hard to see More built institutions and buildings would be nice that open up. Planting more trees and wildlife coming back would be nice. (PCIRCC)
8. 1. Buildings being built again such as the post office, and the clean up of the community. (PCIRCC)
9. 4. Our community we didn't have much loss of buildings (except Loyalton). This was able to be prevented. Pandemic for sure. (EPHC)

Z. Management

1. 8. Certain agencies had a lot of resources only serving a few people When helping people out who were evacuated to Chester with the response team (who were trying to count all of these families) PCIRC were just serving people. They had a spreadsheet of all the families that they had served Response team got angry for serving people outside of this system (their system) But PCIRC said no, we are going to serve these people. (PCIRCS) no
2. 1. There are some counties/communities who have a regular interdisciplinary team so that they are ready for those kinds of larger incidences Healthy community: a Regular interdisciplinary team that meet quarterly so that they continue to be aware of what resources or needs there are (PDHS) no
3. 8. A lot of things wrong with the structure. A lot of things that should be improved We are a small county and a small community There isn't a reason why it shouldn't be this hard Should not be that hard but is. (PCIRCS) no
4. 8. For PCIRC Because they do not broadcast what they do for the community as a nonprofit, everybody knows there for here but they do not know the outcomes, and they do not know how valuable our agency or our services are So we are excluded from the decision making and all of these other things that happen at the top People who do not know anything are making rules and handing out money And people on the ground or at the front lines are not getting the benefit Retroactive auditing of the money that came down Has been extremely difficult For them Red Cross serving four people with all of their resources For PCIRC Serving hundreds and being neglected (PCIRCS) no
5. 8. The unemployment check People became dependent on it Got the stimulus (rental checks), but did not use it appropriately for their rent and daily necessities As soon as the money stopped, did not know what to do. For clients Gov could not control how people used the money Resulted in people recklessly spending and now in further trouble Problem on both sides Did not give them money, people suffer Did give them money, people use it irresponsibly. (PCIRCS)
6. 8. There was a promise for huge cash payout Never got it, could not communicate with them Office only helped out once, but never helped afterwards Stayed on the phone for nine hours, office said that they were coming but never did. A lot of people were in that same situation Could not get through to social security for benefits on the phone Tried to get death benefits for her husband, but did not get anything Stayed on the phone for six hours

Tried to reach out to Legislators to help intervene for the community that were promised unemployment but nothing happened (PCIRCS) no

7. 6. Clients Whole group of people who got employment pandemic benefits The pandemic benefits earned them more than their normal wages. Many clients getting 1000 dollars each week They were spending or gambling instead of saving it for housing and other bills A lot of people showed up at PCIRC for services because of that. Because they no longer had any money. Many clients thought they did not have to pay rent anymore and that the landlords could not evict them It created this new system of help Miscommunication on what to spend the money on People thought being able to be terminated for their lease or to be kicked out of their house was no longer going to happen When that ended A lot of people showed up at PCIRC (PCIRCS) no
8. 6. Funding system was not timely or credible (PCIRCS)
9. 6. There is no collective decision making happening in the county that would be helpful to their clients County gave away housing vouchers without discussing it with any providers who would care for those people who need housing vouchers. County did not due home key dollars All the people who need a home were referred to PCIRC (PCIRCS)
10. 1. I see grants that gov are giving it out now in 2022 to people who are victims in 2013 That is not helpful to healing in any way. You have all this grief for all of this time. And you have no rebuild, no sustainability The PTSD that people experience from being part of that wildfire does not go away And the slowness of the help given after the incident only adds to that. (PCIRCS)
11. 6. Housing Clients with covid Had a lot of homeless people get covid We had some money that was supposed to shelter people, Following the governor's order to shelter people And we got stuck on the bank on those dollars since we did take care of those people (40.53) (PCIRCS)
12. 1. The Grief is huge So in this table you have those that lost their house, those that experienced the fire but did not lose their house, and people who lost their house a while back who have not been compensated back years later. (PCIRCS)
13. 8. Calfire and Plumas national They screwed up in a lot of places (PCIRCC)
14. 1. Infrastructure Even through community effort, state help and structure is needed to make a community healthy. Ex: Insurance companies People are not being paid out still Long after effect affecting the community (PCIRCS)
15. 10. But for other situations, we got those resources but they have not necessarily been all put together in a way to make that work. (EPHC) no
16. 2. Watch the fire to come over We see sparks and the fire spreading People were supposed to go to certain places to evacuate Fire moving towards greenville Greenville being evacuated Very proud of how the process of evacuation was enacted People getting out was very well done (PCIRCC)
17. 8. There was no communication about what the government was doing for the community. (PCIRCC) no
18. 10. With covid – same thing with aligning resources. (from state to local they were trying to do the best they could but there was overlap, confusion, inefficiencies, misinformation, etc. (EPHC) no
19. 10. The work we did with city of Portola for example (which was just equipment moving)– we were able to evacuate all our patients within 90 minutes because all resources were aligned and fully committed beforehand, which expedited and made it very efficient. (EPHC)
20. 4 The pandemic and wildfire combined was a lot and rough because we were trying to evacuate the skilled nursing facility while trying to keep all of the residents and staff distanced as much as possible and safe, which was tricky. (EPHC)
21. 6 We were limited to how many evacuee patients we could take as well - clients we could take that were evacuated (during wildfires because of pandemic) While trying to maintain the social distancing and following the guidelines of testing (EPHC)

22. 8. Hospital perspective – trying to be proactive when it came to the wildfires than reactive. Our hospital and staff did a fantastic job to respond and to be available to evacuate the skilled nursing facility. We had a plan in place and were able to execute it well before the mandatory order was given. They did it now before waiting for the mandatory order last minute. (EPHC)
23. 8. Process systems whether it was software or reporting that either frankly was excessive... organizations did not have enough manpower to be able to deliver that information and so it becomes for not only the public health agency, the hospital, and community members but you are getting multiple directives and trying to manage those at the same time. Frankly it was probably impossible for public health to try to navigate through which state department mandate they were dealing with to then be able to support the hospital in terms of what to roll out (EPHC)
24. 8. So there was a lot of waiting for then next layer in the process to give some direction In some cases, we felt as a community standpoint, we could deliver services faster and more efficiently (We felt we could deliver stuff faster and more efficient,) but because of the bureaucracy of the process, it really kind of slowed things to a halt . (the MyTurn process with vaccine) it created a bottleneck of uploading data vs utilize staff time to delivering the vaccine. The push nationally/state/etc. was to get it moving, but then they delivered it as a bottle neck. The question arise, why isn't it going faster, because of the deployment. (EPHC)
25. 10. Hoping that we take away as a community the lessons learned – how do we avoid some of the challenges going forward. There is an opportunity on how to align our resources better – i.e., the Greenville fire and displacement. There was a number of groups and agencies who wanted to support but the coordination becomes difficult. How do we align resources, so the deployment works the best. (EPHC) no

AA. Medical

1. 2. Even though the dixie fire didn't have direct impact on Portola we saw other areas that were evacuated, and pushing community members that were now homeless up to our area. So how do you deal with folks who are having some medical issues, housing issues/problems, etc. And that put quite a bit of strain on folks. Folks did the best that they could, but that was a resource issue in our community. People coming from Chester, quincy, or Greenville. (EPHC)
- 2.

BB. Substance Abuse

1. 6. Increase in mental health issues have also created an issue with illicit substance abuse/use. It has become more challenging for those folks with these problems to receive services because again, its illicit use. It is not pharmaceutical use. (EPHC)
2. 6. Substance abuse field Four former clients OD Could not get services to substance abuse There meetings closed down Not in this county but still was affected Stayed home and got high. (PCIRCS)

CC. Inaccessibility of resources

1. 4. Shopping Still shocking to see shortages in the grocery store Harder to recognize friends when wearing the mask. (PCIRCC)
2. 4. Can't find the things you need, you won't find it. (PCIRCC)
3. 1. Shortages Shelves more filled in grocery stores Almost feels like living in a foreign country Shortage of supplies People running around with masks Air quality is going to be an issue for a while Causing the fear and uncertainty factor. Had to go to chico or reno for supplies (PCIRCC)
4. 4. Getting gas locally, no bank, hard to cash a check (PCIRCC)
5. 6. So now you have an issue at a social services standpoint on how do I get the resources that I need when I am either homebound with covid, homebound because I am susceptible to high acuity illness, etc. (EPHC)

DD. Division

2. Still going on Tell patients to wear masks that are at the door Still have to wear in the hospital But at some point you just let it go because its' not worth it anymore to get into a disagreement with them over a mask. Most patients and family members are really good but there are people who dig their heels in At this point in the game, it is not worth fighting them anymore. Not really fighting, but trying to get them to see their point of view, but they did not care. Hard for patients to see their point of view. (PDHS)
2. When families were able to visit, nursing having to police (do you have your covid vaccine, and a bunch of protocols and questioning of tests and vaccinations) with something they had no control over Families getting frustrated at the nurses doing their job to keep everybody safe Refusing to wear mask A huge fight They did not want to hear the explanations. They did not care They wanted to do what they wanted to do, then they took it out on the hospital staff This was the worst For something that you had no control over. (PDHS)
2. Emotional trauma for what is going to happen in the future Social and familial unrest Felt it was something that was never going to be fixed, but they were able to. (PCIRCS)
7. COVID has become politicized. It has caused family issues, disagreements, and ridiculous things because it has become so politicized. I don't see it going away. We will see a longer-term disruptive effects because of the pandemic. (EPHC)

EE. Trust/mistrust

2. When families were able to visit, nursing having to police (do you have your covid vaccine, and a bunch of protocols and questioning of tests and vaccinations) with something they had no control over Families getting frustrated at the nurses doing their job to keep everybody safe Refusing to wear mask A huge fight They did not want to hear the explanations. They did not care They wanted to do what they wanted to do, then they took it out on the hospital staff This was the worst For something that you had no control over. (PDHS)
7. The trust that community has of public health and hospital – there has been so much misinformation and so much... so many changes from the information that is out there it will be hard for community members to trust any type of authority when it comes to healthcare. It will be difficult for to repair this trust. (EPHC)

FF. Walkability/environment/amenities

2. When Greenville burnt down (biggest impact) Used to go to there A lot of patients come from there to see her Now seeing them in hotels around the country because they did not have any other place to go. You can't really talk about their blood pressure or diabetes until you listen and empathize with them in the struggles they went through and counseling them the best you can Heart breaking to see people struggling so much. In the last few months, things have opened up again (concerts and other things) When I moved here, everything was shut down Still getting to know the place that she lives now (PDHS) no
8. Recovering the trees (PCIRCC)
9. World shutting down, Health activities not the same as it once was People hardly go out for a walk anymore Fear of safety to go out Hard to fit in self-care and the cost for eating healthy foods while doing the work that they do (PCIRCS)
2. Secondhand stores, power (PCIRCC) no
2. The lighthouse in the storm to go to for safety, community needs that. (PCIRCC) no
- Getting gas locally, no bank, hard to cash a check (PCIRCC) no
2. All the trees are gone (PCIRCC)
2. PTSD - Fortunate enough to come home Loss pets Loss of chickens and traveling to get decent prices on stuff Not having a doctors office here made things unaffordable Groceries Lost 600 dollars worth of meat Fear of looking at the back porch and fire in the distance The continued need to shop and go to doctor's appointment some where else Had inflation \$6 dollar for canned chili Rough to shop locally and do Things locally (PCIRCC)
1. Buildings being built again such as the post office, and the clean up of the community. (PCIRCC)
1. The Physical scars in the community, is hard to see More built institutions and buildings would be nice that open up. Planting more trees and wildlife coming back would be nice. (PCIRCC)

11. 1. Hopefully the community will come back and turn back to the way it was To be productive in the area More places to eat now than there was before. Your neighbor is there (PCIRCC)
12. 1. NO kids at parks, creeks fun to play at are no longer there Very hard to see (PCIRCC)
13. 1. More people out, walking around (PCIRCC)
14. 1. Don't see enough kids running around anymore. (PCIRCC)
15. 1. Healthy community Not being afraid to go out in a crowd Being able to get together without being afraid to get sick Family not telling you not to leave to house to get what you need (PCIRCC)
16. 1. More people walking around in the community (PCIRCC)
17. 1. More places to eat than before the fire, Grocery store was open within about a month or two months, Almost immediately, the Gas stations have started to be been up and running again. (PCIRCC) no
18. 1. For people do not know what to do Led to PTSD,, Had to go to doctor more for more medicine Saw smoke had to evacuate Every place is like a disaster Trees on the side of the road, it takes you to a different place, Heightened awareness Of fire (PCIRCC)

GG. Active Community (more life in the area)

1. 6. People were always around helping each other, and still do, but now everyone is more strangers, its more different (PCIRCC)
2. 9. Wish I had more peace and quiet, but then everyone moved, so taking it back. (PCIRCC)
3. 10. People Seeing the children cuz the children are our future We want our herd back We want people to come back We do not see them anymore Seeing kids get to school (PCIRCC)
4. 1. More people involved in one form or another in different functions in the community Everybody pulling together. Makes you feel proud to live in a community like that (PCIRCC)
5. 1. Neighboring communities coming to help the community get back up there feet, Showing up, Support system (PCIRCC)
6. 1. The feeling of responsibility for one's community to bring the community back to what it once was. (PCIRCC)
7. 1. Buildings being built again such as the post office, and the clean up of the community. (PCIRCC)
8. 1. People working in their yards. (PCIRCC)
9. 2. People picking up the trash after the fire (PCIRCC)
10. 2. Wildfires: not will be quite the same, people no longer decorating anymore Not going to be the charm that it once was. What are the houses going to look like, hard to remember what the houses look like before the fire (PCIRCC)
11. 2. Hosting parties/people, stopped (PCIRCC)
12. 1. Hopefully the community will come back and turn back to the way it was To be productive in the area More places to eat now than there was before. Your neighbor is there (PCIRCC)

HH. Physical concern

1. 2. Worrying about family members getting hit by the pandemic, especially ones close to high infection areas (PCIRCS)
2. 4 Heard a lot of people losing a lot of people. Having to evacuate, his body could not take that. The person could not get out of his house. (PCIRCC)
3. 1. Air quality bad (PCIRCC)
4. 9. The air the fumes made it difficult for good health (PCIRCC)

II. Support Structure

1. 10. Connection with people Whether its through work or anything Isolation was the hardest part (PCIRCS)
2. 10. After trauma and grief, Prioritize what's most important in one's life social support with kids, family, etc. time with my kids present concentrated good time with people One person prioritizes that over a lot of things. How I work The person figure out that already. (PCIRCS)

3. 6. Amazing how people pulled together, but there are some distinct access barriers for sure. (PDHS)
4. 8. The fact is who is going to take charge, to be the central person for this endeavor to get everything set up We have a board of supervisors Should it be their responsibility to set this up? And mapped out? We have that for the hospital, but how does that look for public health. (PDHS)
5. 10. Celebrating ways that it got stronger And the connectedness that was lost Delayed griefs that are happening Because people had to knuckle down and survive. In the fall and then finally could start grieving in the spring. Rebuilding the connections (PDHS)
6. 4. Social services closed down to some degree No support network. The AAB closed down (33:39) (PCIRCS)
7. 2. For another, the worst for her happened in March 20, 2020 Everything shut down Husband died of heart attack that very day Completely Loss all of one's support system, family could not come around No funeral, Couldn't do anything Weekly groups immediately shut down, social networks and therapy session were closed off, discontinued, or not offering any services It was extremely lonely and hard to deal with the death of her husband all by herself basically. No one would come around At the same time, her daughter was pregnant so she could not leave the house Personally her mental health was really bad And then the wildfires came, and was left alone to figure out what to do with all of their stuff and kid's stuff while she evacuated four times within a couple of months and had nowhere to go. (PCIRCS)
8. 1. Strong communication and people working together to work out the many losses from those conditions - A support structure. People working together to help people rebuild not just physically but emotional. Basically from all of the loss that happened from the pandemic and wildfire. (PCIRCS)
9. 1. Infrastructure Even through community effort, state help and structure is needed to make a community healthy. Ex: Insurance companies People are not being paid out still Long after effect affecting the community (PCIRCS)
10. 2. Social connections lost (PCIRCS)
11. 2. Good neighbors couldn't talk to them cuz health safety Lost friends over masks and when the vaccine showed up People went wild (PCIRCS)

JJ. Outside help

1. 6. We got MOAB involved And that's how we were able to do these things and it went to three that day that needed to be shipped. One was kept, but two was managed to be shipped. It was tough. (PDHS)
2. 8. Dixie fire Talks of trainers coming into the area for help would be helpful The Calfire trainers , FEMA No one knew who to go to, who was getting accepted in these things Or what to do Said it was a shitshow, it really was. No one knew what they were doing. (PCIRCS)

KK. People needed more

1. 2. Professionally: Length of the appointments got longer People need more, it is not just following up on one thing Not following up on one thing, another layer added (PDHS)

LL. Denial of events happening

1. 2. So much denial seen in the community and in patients Did not think it was real Unless people were personally affected So much denial in trying to get people to listen People did not listen Hard to educate people Tough to educate Knowing that we had fragile people in the facility that could be affected We all are still trying to be at work and take care of people And within the criticism that was a little bit tough (PDHS)

MM. Trying to Inform but people do not listen

1. 6. Patients not listening to rules Numbers may not be bad in plumas but These are the kind of behaviors that contribute to other places being so full, which means that we cannot get patients who need high levels of care out Because these were not covid patients. No beds for them to go to. (PDHS)
2. 6. Knowing that there were public health mandates for everybody to wear masks if you had to go out and the disregard from college students, some of the people who worked at public health, some of the people who worked at PDH. Patients you happened to know who were positive were walking down the supermarket without

any mask on. From patients to public health to other officials No regard for other people but themselves (not wearing a mask), even if they were positive Depressing to see because you see those sometimes in the world today. People being selfish Which makes you get angry (PDHS)

3. 6. People who were not thinking of others For people who are following the rules and seeing others who don't, was very disheartening and maddening Had it, didn't care, avoided testing, and still not following the rules that were put in place to protect everyone (PDHS)
4. 6. US was entitled and eccentric Not much of a problem for other countries (PDHS)
5. 2. When you walk in a room, patients put masks around their neck, which is a little frustrating. It will always be a part of what we have to live with now. Always ask about flu and covid vaccinations A lot of patients don't get them You can only encourage so far to get it but it is still hard (PDHS)

NN. Effect on Hospitals

1. 7. Effect hospital Numbers are going to be down a lot for the hospital cuz We are not pulling from what we used to pull from Because they are not there anymore. They got relocated Not getting enough people anymore to receive service Wildfires were a big deal, probably wildfires will have more of an impact for long-term effects than covid.

OO. Poor Living Conditions

1. 6. Displaced to Portola, so she was in like the church housing people, but then she got covid. So the church quarantined her with the rest of the COVID people in the basement Picture a 75 year old, very arthritic, COPD, oxygen dependent, now with covid Too stable to warrant hospitalization but now in a basement facility with no family in the area. (PDHS)
2. 7. People with mobile homes in Greenville Most of them were insurable because they were so old. On a fixed income Where are they going to go? There is such a big issue with low income housing People with fixed incomes, with disabilities Because there isn't enough to go around Big issue on housing There isn't enough to go around Going to affect the community for a long time (PDHS)

X. Top two

A. Wildfire effect

1. Access to healthcare 2(AE) 2 (EPHC) 4 (PCIRCC) 1 (PCIRCS)
2. Employment 6(AE) 2 (EPHC) 2 (PCIRCC) 1 (PCIRCS)
3. Housing 7(AE) 2 (EPHC) 3 (PCIRCC) 5 (PCIRCS)
4. School for you or your family 2 (EPHC) 1 (PCIRCC) 2 (PCIRCS) 1 (PDHS)
5. Transportation 2(AE) 2 (EPHC) 5 (PCIRCC) 1 (PCIRCS)
6. Mental Health Services 1(AE) 2 (EPHC)
7. Social Services 2 (EPHC)
8. Substance Use Treatment 1(AE) 1 (EPHC) 1 (PCIRCS)
9. Access to necessities like food or household supplies 4(AE) 1 (EPHC) 3 (PCIRCC) 2 (PCIRCS) 4 (PDHS)
10. Mental Health (trauma)
11. Communication (roads/etc.)

B. COVID 19 effect

1. Access to healthcare 1(EPHC) 2 (PCIRCC) 4 (PCIRCS)
2. Employment 6(AE) 2 (EPHC) 1 (PCIRCC) 4 (PCIRCS)
3. Housing 1 (AE) 2 (EPHC) 1 (PCIRCC) 2 (PCIRCS)
4. School for you or your family 2 (EPHC) 3 (PCIRCS)
5. Transportation 2(AE) 2 (EPHC) 1 (PCIRCC)
6. Mental Health Services 2 (EPHC) 2 (PCIRCS)
7. Social Services 2 (EPHC) 1 (PCIRCC)

8. Substance Use Treatment 2(AE) 1 (EPHC)
9. Access to necessities like food or household supplies 8 (AE) 1 (EPHC) 4 (PCIRCC) 3 (PCIRCS)
10. Connections 1

Appendix III

Community Survey Data

Affected By COVID-19

	Yes	No
Loss of housing (1.95%)	1.95	98.05
Loss of employment or income (20.78%)	20.78	79.22
Loss of property (3.25%)	3.25	96.75
Harm to mental health (50.65%)	50.65	49.35
Loss of social connections (62.99%)	62.99	37.01
Loss of healthcare access (22.73%)	22.73	77.27
Lack of access to food and household supplies (14.94%)	14.94	85.06
Harm to physical Health (25.97%)	25.97	74.03
Not sure (3.9%)	3.9	96.1
Not affected (18.18%)	18.18	81.82
Other (9.74%)	9.74	90.26

Affected by Wildfires

	Yes	No
Loss of housing (12.34%)	12.34	87.66
Loss of employment or income (20.13%)	20.13	79.87
Loss of property (16.88%)	16.88	83.12
Harm to mental health (61.69%)	61.69	38.31
Loss of social connections (35.71%)	35.71	64.29
Loss of healthcare access (14.94%)	14.94	85.06
Lack of access to food and household supplies (18.83%)	18.83	81.17
Harm to physical health (25.32%)	25.32	74.68
Not sure (5.19%)	5.19	94.81
Not affected (16.88%)	16.88	83.12
Other (18.83%)	18.83	81.17

Helpful Factors during COVID-19/Wildfires for Business and Organizations

	Yes	No
Access to information (81.82%)	81.82	18.18
Receiving financial aid (54.55%)	54.55	45.45
Receiving help from the community (9.09%)	9.09	90.91
Support with quarantine (9.09%)	9.09	90.91
Receiving other types of aid (18.18%)	18.18	81.82
Nothing (9.09%)	9.09	90.91
Other (9.09%)	9.09	90.91

	Wildfires		Covid-19	
	Yes	No	Yes	No
Harm to Mental Health	61.69	38.31	50.65	49.35
Loss of Social Connections	Yes 35.71	No 64.29	Yes 62.99	No 37.01
Not Affected	Yes 16.88	No 83.12	Yes 18.18	No 81.82