

Attachment 1: Description of COVID-19 Response Activities and Cost Estimates; Allocation of Funding Sources by Activities and Periods

No.	Cost Estimate for COVID-19 Emergency Response Activities	7/1/20 – 12/31/20	7/1/20- 6/30/21
1	<p>Temporary COVID-19 Section within Public Health Division to continue the extended emergency response to the COVID-19 Pandemic. The cost estimate includes salaries for extra help staff, payroll and other taxes of 10%, mobile equipment (laptops, headsets, etc.), temporary space, maintenance and cubicle set up, and overhead costs. Emergency response activities currently under the Health Department Operations Center (DOC) will be transferred to the temporary COVID-19 Section of the Public Health Division. The Department of Health Services has worked to implement emergency response activities in the Health DOC model and the temporary COVID-19 Section will continue the efforts of fine tuning the response while scaling up its various programs to adequately respond to the COVID-19 pandemic emergency.</p> <p>Case investigations</p> <p>Conduct telephone interviews with cases to gather information about exposures, symptoms, any contacts, and other details. Manage and monitor cases and encourage voluntary isolation of cases and quarantine of close contacts and suspected cases.</p> <p>Contact Tracing</p> <p>Conduct telephone interviews with contacts to gather information about exposures, symptoms, and other details.</p> <p>Case Management</p> <p>Monitor cases and contacts isolated at home and coordinate support services. Social Workers will be part of a resource team that contact tracers will refer via cal-connect platform COVID contacts that need additional assistance due to potential isolation/quarantine and lack of resources such as access to food, medication, or other services.</p> <p>Testing/Field Surveillance</p>	\$8,679,654	\$18,909,700

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	<p>Support outbreak investigation and management in residential care facilities, schools, prisons and other institutions. Monitor and support testing of at risk groups (when identified). Coordinate strategies to reduce the spread of disease among the public and in schools, worksites, and other community sites and mass gatherings.</p> <p>Epidemiology/Surveillance</p> <p>Provide guidance on investigation and surveillance strategies and oversee implementation. Coordinate the collection and analysis of surveillance information.</p> <p>Public Health Lab</p> <p>Expansion of laboratory capacity to test for COVID-19.</p> <p>Hotline</p> <p>Operationalize a telephone bank with live operators able to provide answers, recommendations, and capability to schedule testing appointments. Receive requests for information and provide approved responses and/or materials. Forward requests for which there are no approved responses for information creation.</p> <p>Administrative functions that the COVID-19 section positions will carry out include the following:</p> <p>Coordination, planning, and monitoring</p> <p>Maintain and share current information on the emergency and response internally. Project issues and needs for future operational periods. Troubleshoot as necessary. Oversee operations and ensure that objectives are met.</p> <p>Operations support and logistics</p> <p>Maintain staff, equipment, and management systems and deploy stockpile items from storage sites to delivery locations ready for use. Receive and process requests to purchase items required by the response.</p> <p>Finance</p>		

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	Monitor the cost of the response, oversee purchasing and supplies.		
2	<p>Non-Department of Health Services Staff Resources</p> <p>Public Information</p> <p>Coordinate messaging to provide information on the status of disease spread and develop and package guidance documents (e.g. fact sheets, Health Alerts, web text, press releases and other materials) for public distribution.</p> <p>Policy Coordination</p> <p>Organize the response and recovery of the COVID-19 pandemic unifying departments and agencies to align with policies.</p> <p>Information Technology</p> <p>Provide information technology services; develop maintain technological solutions and data infrastructure.</p> <p>Disaster Finance</p> <p>Reconcile 214 forms to labor hours in timesaver; Reconcile 214 forms to labor hours on vendor invoices; track contract expenses</p> <p>County Counsel</p> <p>Provides legal counsel advice to DHS staff and support FEMA/CARES funded contracts</p> <p>Human Resources</p> <p>Provide recruitment and Human Resources support for the COVID-19 Section</p> <p>RSS Warehouse</p> <p>Provide supply chain management and logistical support</p>	\$1,666,049	\$3,771,890

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3	<p>Disease Control include Public Health disease control personnel to the extend necessary and associated overhead expenses redirected to the COVID-19 emergency response through December 31, 2020, medical and testing supplies, emergency ambulance and Paramedic services contracted staff through September 2020, contracted disease control consultants, and other related testing expenses. COVID-19 activities embedded in Phase 5 of ACCESS Sonoma Watson Care Management tool are included in this category.</p> <p>Public Health Lab includes some existing public lab resources redirected to COVID-19 through December 31, 2020, and expands laboratory capacity/capability to detect/test for COVID-19 with new equipment and additional supplies. The Public Health Lab provides guidance on specimen collection, testing procedures, regional lab resources, and report summarized lab reports.</p> <p>EMS Medical includes some existing resources redirected to COVID-19 through December 31, 2020 and is operating as the Medical Health Operational Area Coordinator (MHOAC) coordinating the infectious disease emergency response with local medical care systems (EMS, hospitals, clinics, etc.).</p>	\$3,331,480	\$4,466,515
4	<p>Processing of Tests and Operator for On-site Testing Locations is expected to begin in October 2020, after State sponsored OptumServe no longer provides on-site testing services at two Sonoma County locations. The estimate assumes the Department will contract out to an entity the COVID-19 testing operations at two locations (similar to the current OptumServe model). The cost estimate assumes that the contractor will continue to operate the two testing locations after December 2020 and that the Public Health Lab will have increased its test processing capacity by then to process the tests in the county lab. If the State extends the OptumServe testing services as it has done in the past months, we anticipate realizing savings that could be redirected to other COVID-19 activities.</p>	\$3,862,600	\$5,475,100

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5	<p>Alternate Care Site at Sonoma State University (SSU) and Other location. Prior to July 31, 2020, the Alternative Care Site (ACS) was located at Sonoma State University (SSU) and comprised of non-congregate spaces for COVID-19 persons with surge capacity available as necessary for additional residents.</p> <p>In August 2020, the ACS relocated to another location with a capacity of 60 rooms for COVID-19 or COVID-19 pending result patients. The cost estimate model assumes the capacity will be scaled down by half, effective January 1, 2021. Targeted populations include those who are COVID-19 positive that do not require hospitalization, but still require some level of monitoring by medical staff such as Registered Nurses and Medical Assisted Personnel; and those who are pending COVID-19 tests who are unable to isolate at home. The estimated cost for the ACS includes non-congregate space rental, space design and set-up services, meals, security, medical staff, emergency transportation, portable toilets and hand washing stations, portable showers for medical staff, medical supplies and equipment, PPE, custodial services, ambulance services, and biohazard waste disposal.</p>	\$6,547,350	\$10,029,766
6	<p>Sonoma State University Non-Congregate Sheltering (NCS) through mid-July. In July 2020, the NCS relocated from SSU to a new site.</p>	\$495,555	\$495,555 *
7	<p>Motels and Shelters - non-congregate sheltering are comprised of motel rooms and shelter with projected occupancy of 34 rooms and space for 60 individuals at another NCS site, with surge capacity of up to 99 individuals. Targeted populations include FEMA eligible homeless vulnerable individuals over 65 with certain underlying health conditions (respiratory, compromised immunities, chronic disease). The estimated cost includes room rental, special room cleaning, meals, security, laundry services, and service provider.</p>	\$5,330,395	\$11,244,123 *
8	<p>Sonoma County Fairgrounds non-congregate sheltering is comprised of 10 FEMA trailers with projected occupancy of 22 individuals through mid-September and 24 additional trailers with projected occupancy of 48</p>	\$1,744,603	\$3,899,244 *

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	individuals thereafter. Targeted populations include FEMA eligible homeless who are COVID-19 vulnerable individuals over 65 with certain underlying health conditions (respiratory, compromised immunities, chronic disease.) The estimated cost includes general services trailer set-up, sewer and trash services, clinic in a can service, meals, security, janitorial and laundry services, household supplies, and service provider.		
9	Personal Protective Equipment is comprised of N95/KN95 masks, surgical masks, face shields, coveralls, goggles, protective glasses, surgical gowns, isolation gowns, gloves, wipes, sanitizer, and boot/shoe covers.	\$815,000	\$1,745,000
10	Sanitation Stations	\$585,334	\$2,313,334
11	Health Services Department Operation Center (DOC) was formed on April 5, 2020, in response to the COVID-19 crisis and is comprised of DOC Management and typical functions such as Planning, Operations, Logistics, Communications, Legal, Finance, and Safety. The Operations Section oversees and directs the Homeless and the Alternate Care Sites task forces, the health emergency response of the Disease Control unit, the Hotline unit, the Environmental Health unit, and the Medical Branch unit. The estimated cost is comprised of salaries and benefits for April 5, 2020 through August 31, 2020.	\$3,345,570 with end date of August 31, 2020	\$3,345,570 with end date of August 31, 2020
	Total:	\$36,403,591	\$65,695,798

* Total estimated cost is \$15,638,922 for the operations of the non-congregate sites related to vulnerable individuals over 65 or with underlying health conditions who are homeless or at-risk of homelessness.

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Proposed Allocation of Funding Sources

No	Activities	FEMA 75% 7/1/20 - 9/30/20	7/1/20 –12/31/20 CARES Act (pending approval)*	1/1/21 – 6/30/21 NCS Vulnerable Homeless **	1/1/21 – 6/30/21 Unidentified Funding Source	Total
1	Temporary COVID-19 Section within Public Health Division	1,068,932	7,610,722	-	10,230,046	18,909,700
2	Non-DHS staff from other County departments	287,785	1,378,264	-	2,105,841	3,771,890
3	Disease Control and Public Health Lab	1,500,293	1,831,187	-	1,135,035	4,466,515
4	On-site Testing, Processing of COVID-19 specimen by Third-party	370,800	3,491,800	-	1,612,500	5,475,100
5	Alternate Care Site at Sonoma State University and Other Facility beginning in mid-July 2020	2,109,536	4,437,814	-	3,482,416	10,029,766
6	Sonoma State University non-congregate sheltering	371,666	123,889	-	-	495,555
7	Motels and Shelters - non-congregate sheltering	1,716,281	3,614,114	5,913,728	-	11,244,123
8	Sonoma County Fairgrounds non-congregate sheltering	487,870	1,256,733	2,154,641	-	3,899,244
9	Personal Protective Equipment	611,250	203,750	-	930,000	1,745,000
10	Sanitation Stations	370,001	215,334	-	1,728,000	2,313,334
11	Health Department Operation Center (DOC) through 8/31/20	2,509,177	836,394	-	-	3,345,571
	Total:	11,403,591	25,000,000	8,068,369	21,223,838	65,695,798

Notes:

*CARES Act amount includes \$3,801,199 for the FEMA 25% required match.

**Activities 6, 7 and 8 assume that the populations at the NCS are homeless individuals. Other funding sources such as ESG-CV and Disaster HHAP may be available for homeless vulnerable individuals who are staying at non-congregate sites. CDC will actively seek funding for these activities.

The proposed activities assume that the Department will continue to respond to the COVID-19 crisis through June 30, 2021. Activity #5 – Alternate Care Site (ACS) for is for COVID-19 positive patients and COVID-19 pending test results patients are assumed to be scaled down by half effective January 1, 2021. Depending on funding availability, activities 7, and 8, may be scaled down. Scaling down the ACS and NCS could result in an adverse impact on the COVID-19 response depending on the pandemic status.

We estimated that the fringe benefits rate will be below the 72.26% FEMA approved rate.