

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> <p>Support outbreak investigation and management in residential care facilities, schools, prisons and other institutions. Monitor and support testing of at risk groups</p>	\$6,553,516	\$18,015,528

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	<p>(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> <p>Monitor the cost of the response, oversee purchasing and supplies.</p>		

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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>	\$1,758,449	\$3,771,890
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, medical and testing supplies, emergency ambulance and Paramedic services contracted staff, 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>	\$3,711,379	\$6,843,685

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	<p>Public Health Lab includes some existing public lab resources redirected to COVID-19, 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 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>		
4	<p>Processing of Tests and Operator for On-site Testing Locations. We are anticipating that the State will continue its contract with OptumServe through June 30, 2021, at no cost to the County and will come back to your Board for additional appropriations if the plan changes based on needs at the time when the State no longer provides the OptumServe contracted services for testing.</p>	\$0	\$0
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</p>	\$5,685,573	\$11,582,248

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	supplies and equipment, PPE, custodial services, ambulance services, and biohazard waste disposal.		
6	Sonoma State University Non-Congregate Sheltering (NCS) through mid-July. In July 2020, the NCS relocated from SSU to a new site.	\$426,344	\$426,344*
7	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.	\$4,537,153	\$10,404,742 *
8	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 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.	\$815,709	\$2,452,107 *
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.	\$876,975	\$1,056,975
10	Sanitation Stations	\$1,106,667	\$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	\$3,345,569 with end date of August 31, 2020	\$3,345,569 with end date of August 31, 2020

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No.	Cost Estimate for COVID-19 Emergency Response Activities	7/1/20 – 12/31/20	7/1/20- 6/30/21
	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.		
	Total:	\$28,817,334	\$60,212,422

* Total estimated cost is \$13,283,192 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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No.	Cost Estimate for Enhanced COVID-19 Strategies	7/1/20 – 12/31/20	7/1/20- 6/30/21
12	Strategy 1: Hire additional Extra Help staff to extend capacity (i) of intake, testing, site set-up, and monitoring of testing activities in target census tracts, (ii) of hotline operations due to additional call volume, (iii) data analysis, and (iv) support to equity manager. Also includes a new request for funding to transition to a 3 rd party vendor end-to-end testing service of \$2 million.	\$161,596	\$2,982,455
13	Strategy 1: Expand Intensive and Data Driven Testing: Contract with Health Care partners to expand testing capacity	\$51,763	\$178,819
14	Strategy 2: Enhanced Outreach to the Latinx Community: Contract with local partners to expand the outreach to the LatinX Community	\$274,563	\$1,921,941
15	Strategy 3: Incentive Program / Financial Assistance: Offer incentive in the form of a gift card for all individuals in the target census tract (through 12/30/20)	\$695,939	\$851,999
16	Strategy 3: Incentive Program / Financial Assistance: Provide lost wage replacement to most vulnerable community members - those in the lowest Healthy Places Index quartile census tracts and others in the community who do not have access to other forms of coverage	\$2,083,738	\$7,709,829
17	Strategy 5: Isolation / Quarantine Support: Provide hotel accommodation for positive individuals who cannot safely isolate in their own home	\$152,530	\$2,568,662
18	Strategy 6: Communication, Promotion and Campaign: Enhance communication strategies, promotions and campaigns	\$231,682	\$371,447
	Total:	\$3,651,812	\$16,585,152

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No.	Cost Estimate for Vaccination Coordination Activities	7/1/20 – 12/31/20	7/1/20- 6/30/21
19	<p>Hotline and content development in support of centralized Public Information Office and communication to providers, partners, target populations, and general public regarding early, targeted vaccine efforts as well as widespread availability.</p> <p>Liaison to Long Term Care Facilities, Residential Care Facilities Elderly. Provide subject matter expertise and technical assistance to LTCF residents and staff on the safety and efficacy of vaccine candidates and products, including dosing, storage, administration, contraindications, patient reminders, and all reporting requirements.</p> <p>Receipt and inspection of vaccine allocation for redistribution and delivering ultra-sensitive products countywide within short delivery windows. Ensure federally provided associated ancillary kits are delivered with vaccine to the identified vaccine provider.</p>	\$0	\$917,745
	Total:	\$0	\$917,945

No.	Cost Estimate for Non-DHS County Departments	7/1/20 – 12/31/20	7/1/20- 6/30/21
20	Salaries, benefits and other associated costs related to COVID-19 activities.	\$7,598,784	\$7,598,784
	Total:	\$7,598,784	\$7,598,784

No.	Summary of Cost Estimate by Major COVID-19 Activities	7/1/20 – 12/31/20	7/1/20 – 3/31/20	7/1/20- 6/30/21
1	COVID-19 Emergency Response Activities	\$28,817,334	\$44,444,153	\$60,212,422
2	Enhanced COVID-19 Strategies	\$3,651,812	\$10,306,964	\$ 16,585,152
3	Vaccination Coordination Activities	\$0	\$557,812	\$917,745
4	Non-DHS County Departments COVID-19 Activities	\$7,598,784	\$7,598,784	\$7,598,784
		\$40,067,930	\$62,907,713	\$85,314,103

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Proposed Allocation of Funding Sources

No.	COVID-19 Emergency Response Activities (Lines 1 – 11) Enhanced COVID-19 Strategies (Line 12) Vaccination Coordination (Line 13)	FEMA 75% 7/1/20 - 12/31/20	CARES Act 7/1/20 – 12/31/20	FEMA 75% 1/1/21 – 3/31/21	Grants 1/1/21 – 3/31/21	County Contribution 1/1/21 – 3/31/21	Unfunded 4/1/21 – 6/30/21	Total
1	Temporary COVID-19 Section within Public Health Division	780,247	5,773,269	-	1,965,669	3,421,279	6,075,064	18,015,528
2	Non-DHS staff from other County departments ¹	287,785	1,470,664	-	153,692	848,089	1,011,660	3,771,890
3	Disease Control and Public Health Lab	1,347,750	2,363,629	-	705,066	860,530	1,566,710	6,843,685
4	On-site Testing, Processing of COVID-19 specimen by Third-party	-	-	-	-	-	-	-
5	Alternate Care Site at Sonoma State University and Other Facility beginning in mid-July 2020	4,264,180	1,421,393	2,342,441	-	780,814	2,773,421	11,582,248
6	Sonoma State University non-congregate sheltering	319,758	106,586	-	-	-	-	426,344
7	Motels and Shelters - non-congregate sheltering	3,027,865	1,009,288	1,871,229	958,000	623,743	2,914,617	10,404,742
8	Sonoma County Fairgrounds non-congregate sheltering	611,782	203,927	612,201	-	204,067	820,129	2,452,107
9	Personal Protective Equipment	\$180,000	696,975	-	-	180,000	-	1,056,975
10	Sanitation Stations	370,001	736,667	-	-	600,000	606,667	2,313,334

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11	Health Department Operation Center (DOC) through 8/31/20	2,509,177	836,394	-	-	-	-	3,345,571
	Subtotal Lines 1 - 11:	13,698,545	14,618,792	4,825,871	3,782,427	7,518,522	15,768,268	60,212,424
12	Enhanced COVID-19 Strategies ³	-	2,782,425 869,386 County Fund	-	-	6,655,152	6,278,187	16,585,152
13	Vaccination Coordination Activities ²	-	-	-	-	557,812	359,933	917,745
14	Non-DHS County Departments COVID-19 Activities	-	7,598,784	-	-	-	-	7,598,784
	Grand Total Lines 1 - 13:	13,698,545	25,000,000* CARES and 869,386 County Fund	4,825,871	3,782,427	14,731,486 **	22,406,388 ****	85,314,103

Notes:

*CARES Act amount includes \$4,566,181 for the FEMA 25% required match. The Board approved \$25 million in CARES Act funding on September 1, 2020, to fund a portion of the COVID-19 Emergency Response. The Department anticipates using \$17.4 million of the \$25 million allocation due to (i) the extended FEMA funded availability through at least December 31, 2020, for the Alternate Care Site and Non-congregate Site expenditures and (ii) OptumServe contract extension with the State for testing at no cost to the County. We anticipate that the remaining \$7.6 million will be redirected to fund Non-DHS County Departments for COVID-19 related activities.

**County Contribution from January 1, 2021 through March 31, 2021, includes \$1,608,624 for the FEMA 25% required match.

***Activities 6, 7 and 8 assume that the populations at the NCS are homeless individuals. We anticipate that the expenditures will be FEMA reimbursable during the period of January 1, 2021 through March 31, 2021, although end date of FEMA funding availability is unknown at this point in time. The Community Development Commission will continue to seek other funding sources for homeless vulnerable individuals who are staying at non-congregate sites. We estimated that the \$500,000 of the \$958,000 in RoomKey funding will be applied to the July 1, 2020 through December 31, 2020 period.

****Assuming that the COVID-19 Emergency Response is to continue beyond March 31, 2021, we anticipate that the Paycheck Protection Program ELC grant will fund \$2.5 million of the projected \$22.6 million in expenditures during the April 1, 2021 through June 30, 2021 period.

¹Appropriation request from the Board December 15, 2020 for Non DHS Staff from other County Department expenditures 1/1-3/31/21 includes \$150,010 for RSS Warehouse (Fairground staff) for 4/1-6/30/21 due to Fairgrounds budgetary cycle expenditure and funding must be included at this time. The 4/1-6/30/21 update will not include this appropriation request but will include as expenditure reporting.

²Appropriation request on December 15, 2020 for Vaccination Coordination Activities includes \$200,000 requested by the County Administrators Office for marketing/advertising.

³Appropriations of \$823,689 of the \$6,655,152 for On the Move will be addressed in a separate board action on 12/15/20.

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