Covid-19 Point in Time Feedback Report

7.27.21

In June 2021, the Sonoma County Board of Supervisors requested a to-date review of the County's response to the COVID-19 pandemic. With particular interest in hearing about the County's preparedness, response to changing conditions, and equity, the Board tasked the Department of Health Services (DHS) with developing a report of the response through fiscal year 2020-2021.

The following report is intended to provide to-date feedback in order to:

- Assess the functional capacity of existing systems to prepare, prevent, detect and respond to a pandemic event;
- Identify challenges and best practices encountered during the response;
- Document and share experiences of response stakeholders;
- Identify practical actions for improving existing capacities and capitalizing on best practices;
- Improve preparedness, readiness, and response plans.

The report relies on information gathered through program metrics for COVID-19 programs and conversations with program staff, a survey of feedback from internal staff and community partners, a feedback session with health partners, a focus group with the Latinx Health Workgroup, as well as feedback gathered throughout the pandemic. The data collected here is meant to provide a snapshot of the successes and challenges of the County's response, and inform decision making until a full After Action Report is conducted by DHS's Public Health Preparedness team[1].

Executive Summary

The COVID-19 pandemic has affected Sonoma County, and the globe, in ways that were unexpected and unpredictable. Overall, this report finds that the County, like the rest of the globe, was unprepared for many of the initial challenges; however the County reacted by rapidly mobilizing staff, operationalizing elements of the COVID response, and opening communication channels with the public and stakeholders. The County adapted strategies in the face of changing conditions and new awareness of the virus, learned from its own successes and failures along the way, and found balance in developing mitigation measures.

This report provides an overview of the County's response, including summaries of major accomplishments of the various response components, followed by feedback from a community survey and input from the Latinx Health Workgroup.[2]

[1] The full After Action Report (AAR) prepared by Public Health Preparedness will occur after the bulk of COVID-19 response operations have wound down, hopefully in October or November. The exact date is dependent on how the pandemic progresses.

[2] The survey focused on equity response and asked about the preparedness, adaptability, and ability to serve those most impacted of major response components; solicited open-ended feedback on programs; and invited sharing of specific community best practices and recommendations. This survey was open from June 29 to July 5 and was offered in English and Spanish. The survey was distributed to staff who had been part of the response, contracted partners, hospital and health partners (e.g. Health Action and the Committee for Health Care Improvement), Latinx Health Workgroup, and others. There were 177 responses, 4 of which were in Spanish.

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Background

On January 9, 2020, the World Health Organization reported that Chinese Authorities had determined that an outbreak of viral pneumonia was caused by a novel Coronavirus. In the coming months, the world watched as community transmission of COVID-19 spread across the planet, cases increased, and health care systems were overwhelmed. In Sonoma County, Public Health Officials were starting to plan for mitigation measures as they watched the disease spread. On March 17th, the County issued a Health Order for residents to Shelter in Place. The state would issue a state-wide order two days later.

In the months to come, Sonoma County would be faced with unprecedented challenges in trying to mitigate the mortality and morbidity from the virus. These included severe shortages in resources like personal protective equipment (PPE) and testing equipment and prioritizing essential work while trying to mitigate the impacts of the shutdown on individuals, families, and businesses. Sonoma County Board of Supervisors grappled with community fear, loss, confusion, indifference, and unrest as the pandemic forged on well beyond a year – taking bold and compassionate action to provide funding, resources, support and services to County staff, small businesses, homeless, service providers, low income renters and landlords, families and individuals suffering economic loss. It was a historic task for County leaders and staff, as well as partner agencies in the health, education, and social sectors.

The pandemic has asked for great sacrifice and placed great burden on our community including those in residential care facilities, essential workers, school-age children, health care workers, businesses[2], and families in need of childcare. As of July 23rd 2021, 328 County residents have lost their lives to COVID-19, and countless others have lost family members across the state, country, and globe. Over 32,000 residents contracted the virus (6% of the population) and nearly 1,500 residents required hospitalization.

COVID-19 did not affect the community equally. Over the course of the pandemic, the Latinx community made up 62% of all cases, despite making up just 27% of the County's overall population. In cases per 100,000, the highest rates were all among communities of color.

This report aims to shed light on how well the County did in responding to the virus and supporting the community in following health and safety guidance. It is not meant to be a comprehensive assessment, and the feedback included here is limited and not inclusive of all partners or community groups. We acknowledge that the survey turnaround time, in particular, made it difficult for many to weigh in.

[2] The Sonoma County Economic Development Board has engaged Dr. Robert Eyler to complete an analysis of the pandemic's impact on businesses and employers in Sonoma County.

OVERVIEW OF THE RESPONSE

Non-Congregate Sites (NCS)

The County established Non-Congregate Sites (NCS) early in its response to serve vulnerable populations without the ability to safely shelter in place and observe Health Orders aimed at reducing the spread of the virus. Sites were established across the County at the Astro Motel in Santa Rosa, the Sonoma County Fairgrounds, the trailer site at D-Lot Fairgrounds, the trailer site at Ballfield Fairgrounds, the Windsor Holiday Inn, and at Alliance Redwoods in Occidental (the NCS at Alliance was closed in May and residents were moved to the Windsor location). The following section includes feedback from NCS program metrics as well as a feedback discussion held with providers and staff.

Over the course of the pandemic, 429 people were sheltered at six Non-Congregate Shelter sites across the County. Of those, the vast majority had most previously been in emergency shelters (35%) or in places not meant for human habitation (streets, car, etc.)

Location Prior to Entry	**Percent**
Emergency Shelter	35%
Place not meant for human habitation (street, car, etc.)	28%
Hospital or other residential non-psychiatric medical facility	2%
Jail, prison, or juvenile detention facility	1%
Housing	2%
Staying with family/friends	5%
Unknown	27%

In our County, people identifying as American Indian or Alaska Native, Black or African American, or other multi-racial categories are disproportionately represented in our homeless population. For example, people identifying as American Indian or Alaska Native make up 9% of our homeless population but only 2% of our overall population. Blacks and African Americans make up 6% of our homeless population but just 2% of our overall county population. People identifying as multi-racial make up 4% of our overall population but 19% of our homeless population.

The NCS served comparable proportions of American Indian or Alaska Native persons (7%) as compared to the overall homeless population (9%) and Black or African American persons (7%) as compared to the overall homeless population (6%). Those identifying as Hispanic or Latino were significantly underrepresented in the NCS (15%) as compared to the County homeless population (25%) as were those identifying as multiple other races (6%) as compared to the County homeless population (19%). Whites were overrepresented in the NCS population (77%) as compared to the overall county homeless population (64%). (See table below for full demographics).

NCS Resident Demographics	NCS residents	Homeless Census	NCS Resident population higher/lower than homeless population
Total	429	2,745	
Ethnicity*			
Hispanic or Latino	15%	25%	↓
Non-Hispanic or Latino	83%	75%	↑
Race**			
American Indian or Alaska Native	7%	9%	↓

Asian	1%	1%	–
Black or African American	7%	6%	↑
Native Hawaiian or Other Pacific Islander	1%	1%	–
Other Multi-Racial	6%	19%	↓
White	77%	64%	↑

*2% declined to state ethnicity
**4% declined to state race

Successes:
Program providers and staff highlighted the following successes of the NCS program in their feedback session:

- Created new opportunities for those who may not have access to housing and services;
- Telehealth was available to homeless at Sonoma State University (SSU) site through Alternate Care Site (ACS) medical service provider
- Coordinated the transition of 175 homeless individuals from SSU to Alliance Redwoods;
- Established new precedents for disaster service and sheltering the unhoused during emergencies, including greater communication with the established Department Operations Center (DOC) structure;
- Continues to house vulnerable persons; no one is turned out on the streets;
- Coordinated patient referrals with clinics in order to ensure adequate medical care;
- Held consistent meetings around operations and case management;
- Collaborated with community based organizations to provide services and resources.

Barriers:
Program staff also identified barriers to their taskforce's overall success:

- Rigid Incident Command Structure (ICS) structure and FEMA rules were a barrier to taskforce efficiency and flexibility;
- Initial lack of staffing in the Emergency Operations Center (EOC);
- Lack of communication between components of the EOC and siloed operations;
- Roles and responsibilities needed to be established "on the fly" in a reactive, not proactive, way;
- Service contracts were bottlenecked in the County system resulting in delays including significant delays in payments to Community Based Organizations (CBOs);
- The ICS process for securing transportation (213s) made securing paratransit to appointments for disabled persons almost impossible;
- The job of standing up trailers was given to the Taskforce who did not have the construction/project management experience to handle this type of work.

Alternate Care Sites (ACS)

The County established Alternate Care Sites at Sonoma State University in Rohnert Park and subsequently at the Dry Creek Inn/Best Western in Healdsburg to provide a safe place for individuals to quarantine and isolate. The ACS has served 890 clients to-date, providing them with shelter, food, and medical monitoring.

ACS Resident Demographics	ACS residents	County
Total	890	

Ethnicity		
Hispanic or Latino	41%	27%
Non-Hispanic or Latino	59%	63%

Location Prior to Entry/Referral Location	**Percent**
Home	55%
Shelter	13%
Hospital or other residential non-psychiatric medical facility	3%
Clinic/FQHC	2%
Place not meant for human habitation (street, car, etc.)	26%
Rehabilitation Facility	1%

Successes:
Some of the successes that staff working at the ACS noted were:

- Medical providers were on site 24 hours a day, 7 days a week addressing client care;
- Site had the ability to accommodate a surge if necessary (SSU);
- Coordination with the National Guard facilitated efficient implementation and demobilization;
- Weekly care coordination meetings with healthcare partners for collaborative client care;
- Email referral system simplified intakes;
- Use of County-provided cell phones for residents at ACS allowed families to communicate;
- Onsite inventory setup allowed for seamless access to supplies;
- Quick turnaround on PPE and needed medical supplies.

Barriers:
Challenges faced by the ACS included:

- Support from Public Health Nurses as well as community based organizations providing medical support were duplicative, created inconsistencies and confusion among residents and staff.
- The County faced two major fires during the pandemic requiring one evacuation including temporary setup at the Petaluma Fairgrounds. During evacuations, it was difficult to transport COVID-19 positive patients safely, and with reduced risk to others, during evacuations;
- It was challenging to set up contracts with food vendors to meet the array of nutrition needs of clients including culturally appropriate food and dietary restrictions;
- It was challenging to procure adequate linen services during the pandemic;
- Due to lack of hotel owners able to accommodate COVID positive guests, the only option for an ACS was in Healdsburg. This location made it difficult for some individuals from South County and Central County to use the ACS for quarantine.

COVID Testing

The County's COVID testing strategy consisted of several elements including the formation of a County COVID testing team, full utilization of the State's OptumServe program, partnerships with community health clinics, hospital testing efforts, and independent operators such as Curative and retail pharmacies. The combination of testing sites and strategies has resulted in a favorable COVID case-rate modifier for the County.

County Test Team:

Early in the pandemic the County established a COVID testing team managed and staffed by County Public Health Nurses, staffing agency nurses and American Medical Response (AMR) Ambulance service staff. This team conducted daily testing at a popup locations, a drive-through operation at the Chanate Road Public Health Lab, and at the Public Health Administration Building on 5th Street in Santa Rosa. Most of the popup locations have been selected to consider communities most impacted by the pandemic. Generally, popup locations have been selected to prioritize Latinx and other communities of color as they have been most impacted by COVID. In addition, a high-volume, drive-thru fixed site was established in the parking lot of the Public Health Lab. Operated by AMR Ambulance service, this site was able to collect up to 300 test samples per day. A second fixed drive-through site was established at the Public Health Administration Building to serve individuals who have been identified by our Contact Tracing Team as needing rapid testing due to possible exposure.

OptumServe Testing:
The County fully leveraged the state-sponsored OptumServe Testing program. At its peak, the County had three OptumServe sites, (Petaluma, Santa Rosa, Windsor) able to collect over 1000 specimens per day. Only Los Angeles County and San Bernardino Counties had more OptumServe capacity than Sonoma County. Currently, OptumServe has a mobile bus conducting testing 5 days/week in Rohnert Park.

Hospital, Community Clinic, and Independent Operator Testing:
All of the County hospital systems and community clinics participated in some form of testing. Similar to the county, many of the clinics also did pop-up testing in their sphere of service. Operators such as Curative had operations in various locations across the County and occasionally partner with the County and CBO's on special equity pop-ups such as testing at farmworker evacuation sites during the LNU Fire and testing at the County evacuation centers during the Glass Fire.

Antibody Testing:
The County performed Antibody Testing at the Chanate Road Public Health Lab with prioritization on first responders and hospital workers in an effort to better understand the transmission of the COVID-19 Virus

Successes:
- High testing rates contributed to favorable COVID case-rate modifiers for the County.
- Established partnerships with Movimiento Cultural de la Union Indigena (MCUI) to provide translators in indigenous languages
- Successfully increased laboratory capacity to process a high volume of samples quickly
- County Information Services Department provided staff to develop an effective scheduling and registration system
- County able to get some laboratory staff through National Guard mutual-aid.

Barriers:
- Global shortages of testing supplies, especially sample collection swabs, limited early testing.
- Initially scheduling and registration were difficult and slow. Developing an effective system took over a month.
- Initially, popup and fixed test site did not have sufficient bilingual/bicultural staff.
- Initial lab capacity was limited. Backorders of additional testing equipment to expand capacity.

Contact Tracing

The County's contact tracing program was one of the most dynamic, evolving components of the response. With contact tracers acting as primary liaisons between individuals who had contracted or been exposed to COVID-19 and available supports, these staff played a critical role both in mapping the spread of the disease and supporting the community to safely and successfully manage their quarantine or isolation, thereby reducing the spread of the virus.

Near the height of the pandemic in December of 2020, contact tracers were receiving an average of 305 new cases and 95 new contacts **per day** for interview and follow-up. Contact tracers had a primary mission of documenting the spread of the virus and identifying potential community members who had been exposed to support their testing and quarantine. But early on the role of contact tracers took on some significant case management duties as well. As fearful or unsure community members grappled with their test positivity or exposure, worrying about how to stop the spread while also continuing to take care of themselves and their families, contact tracers helped link people to much needed services like food delivery, cash aid, and rental assistance both directly and by referring to partners like CURA or Alternate Care Sites. Contact tracers helped to elevate the stories of community members to help inform the response: their fears and barriers to getting testing, challenges with staying away from work, worksites where their might be increased transmission, barriers to isolation and quarantine including needs for food, income, or safe housing.

Successes:

Some of the contact tracing program's successes included:

- The ability to scale up quickly to meet the need of increased cases;
- Prioritization of hiring staff who were multi-lingual and multi-cultural;
- Establishing teams focused on certain populations to grow expertise and share information;
- Implementation of state sponsored record keeping system.

Barriers:

Key barriers the program faced included:

- Retention of staff, including extra-help and disaster service workers;
- Impact of the emotional toll the work took on some staff;
- The resources and time needed to train and onboard new staff;
- Challenges building trust with community members;
- Challenges with building the infrastructure needed to scale up Contact Tracing efforts effort including records keeping, phone systems, and other technologies.
- Nurses and other staff experienced an initial lack of adequate technology to support contact tracing. Getting people their test results, etc. resulted in inefficient processes (calling people with their results, no system for texting results, etc.) that detracted from other core work.

Vaccine Administration

The County rolled out its vaccination administration program as soon as vaccines started becoming available in late 2020. As with other elements of the response, resources were initially limited and out of the County's control, the state regularly changed expectations and guidelines that made it difficult for the County to adapt and develop its own local protocols.

Beginning in January of 2021, the County and Federally Qualified Health Center (FQHC) Partners opened a constellation of vaccine clinics geographically distributed across Sonoma County. By May of 2021, 13 vaccine clinics were opened with a capacity of nearly 60,000 vaccine doses per week. These vaccine clinics were primarily operated by the County's six FQHCs with additional operators such as Sonoma

County Medical Association, Jewish Community Free Clinic, Fox Home Health, OptumServe, Safeway, and Santa Rosa Memorial Hospital. The County provided space, equipment, vaccine, infrastructure, event staffing, and as many as 320 nurses sponsored by the State.

Concurrent with the fixed-site vaccine center strategy, the County partnered with community based organizations to support outreach, education, vaccine events, and promotion of the vaccine mission. This effort was community centered and organized by the CBO's with County support. CBO's coordinate with County Staff as well as FQHC staff to host events and provide outreach to communities underserved by healthcare programs.

Successes:

- The County was able to mobilize quickly due to clear direction from the Board of Supervisors. Rapid staffing support by the County Administrative Office and County Human Resources provided sufficient trained and qualified staff to allow the mission to create a vaccine administration network with capacity that always exceeded state/federal supply;
- Sonoma County remains consistently among the top counties in the state at delivering vaccines per capita and percent of population totally vaccinated;
- Early prioritization of older populations while vaccine supplies were limited resulted in lives saved;
- The County engaged a community engagement and communications firm, Leap Solutions, to conduct multiple community and stakeholder meetings to solicit input on best ways to solve complex vaccine administration problems. The input from these meetings provided valuable input to the vaccine team and was incorporated into operational strategies;
- The Vaccine Mission staff had regular communications meetings with vaccination center operators, equity partners, vaccine providers, media, and other stakeholders to ensure consistent messaging and updates in a time when information from the state and federal government was changing rapidly.
- Effective use of over 300 state-sponsored nursing staff as well as organized use of medical and non-medical volunteer groups.

Barriers:

The County's initial vaccine administration program was inhibited by a number of factors:

- The County and vaccine partners had to frequently modify plans and operations in the face of ongoing changes in state and Federal direction and response strategy.
- Challenges with storing the vaccine and state/federal vaccine supply issues,
- Difficulty procuring equipment for rapid deployment at the beginning of the vaccine response.
- Challenges with getting all of the independent vaccine center operators consistently applying the County's equity framework.

Logistics, including Procurement and Distribution of Personal Protective Equipment (PPE)

The COVID logistics mission has served multiple functions during the pandemic. While the most visible part of the logistics mission was the procurement and distribution of personal protective equipment, the logistics team also supported the greater COVID mission by procuring staffing for the various COVID teams, supporting testing and vaccine efforts, procuring equipment and supplies to outfit ACS and NCS sites, procuring and managing electronic equipment, and managing a storage/distribution warehouse. To date, over 4,500 resource requests have been processed through the Logistics section.

Personal Protective Equipment:

The early COVID response was defined in part by the efforts to procure and distribute PPE to medical providers, community based organizations, and first responders. Global supply chain disruption as well as global competition for limited resources drove prices up and made sourcing of PPE extremely difficult. Nonetheless, the County was able to maintain key PPE such as N-95 masks, surgical masks, gloves, face shields, hand sanitizer, sanitizing wipes, surgical and procedure gowns, and other key PPE without major disruption. PPE along with most other procured items are received and stored at the COVID Mission warehouse which has been operated in partnership with General Services.

Testing / ACS / NCS Support:
The Logistics team supported the setup of large pop-up testing events, providing staffing and equipment which allowed testing staff to focus on client services. Logistics also supported setup of ACS and NCS sites, providing equipment, supplies and contract services

Staffing:
Initially, the Logistics Mission partnered with County HR to provide staffing through Disaster Service Workers, temporary staffing agency workers, and extra-help workers. This function moved to the Department of Health Services HR section in late 2020.

Successes:

- Completed thousands of deliveries of PPE to medical providers, dentists, first responders, community organizations, and essential workers;
- Maintained undisrupted critical supplies of PPE;
- Implemented the Web EOC electronic documentation system which streamlined processes;
- Provided major support to the COVID Operations section in the area of testing, ACS, NCS, and Contact Tracing;
- Procured and distributed electronic equipment that kept staff productive during the Shelter in Place Order;

Barriers:

- Extremely slow supply chains and competition for resources during the early months of the pandemic required a great deal of time and resources;
- Complex FEMA rules required bidding on contracts once exigency had subsided;
- Slow resource request approval process due to WebEOC not having workflow available;
- Loss of institutional knowledge as disaster services workers were required to return to their regular County jobs and replaced by new, extra-help workers.

Department of Health Services Operations Center (DOC)

Staff involved in the COVID-19 response were invited to respond the feedback survey to inform this report. In the fall of 2020, staff were also engaged in focus group discussions led by Public Health Preparedness (PHP) to inform an Intra-Action Review (IAR) of the first six months of the response. Key feedback and recommendations from the survey and the IAR are included here. PHP will undertake a full After-Action Review once the response phase of the pandemic has mostly wound down.

Successes:

- Overall, staff acknowledged that the Department Operations Center continues to run more smoothly and effectively with each emergency, citing major steps forward since the 2017 Tubbs fire;
- Previous exercises in pandemic preparedness provided understanding when responding to COVID-19;

- Internal communications, including daily Health Officer Briefs, helped to build confidence and provide assurance to team members who also had concerns for their friends, families, and themselves in the uncertainty of the pandemic;
- County disaster service workers stepped up—once again, an over tapped core group of people stepped away from their day-to-day responsibilities to stand up the COVID-19 response and eventually establish the COVID-19 unit. It is their dedication, long-hours, and hard work that made the response successful;
- Supporting remote work proved essential to recruiting a sufficient workforce as many staff were impacted by lost childcare or pre-existing conditions that made them especially vulnerable to the virus;
- Creating populations of focus in the response (Latinx community, homeless, farmworkers, etc.) allowed for more strategic and appropriate responses within those communities and helped increase the successes of program components like contact tracing, case management, communications, and testing and vaccination outreach
- Communications were reported as much improved over previous emergencies, including internal and outward facing communications;
- The Medical and Health Operational Area Coordinator (MHOAC), in particular, was named as functioning well as a result of pre-established procedures and relationships;
- The Hotline, dedicated PIO team, and use of socoemergency.org were all noted as successes in the Intra-Action Review.

Barriers:

- Staff reported that lack of sufficient training is a barrier to disaster response success. Insufficient staff have basic or specialized training in the Incident Command System (ICS) structure, which is employed during an emergency;
- For a variety of reasons, the same staff are often called up in each disaster. This created disaster fatigue as well as resentment for not sharing the work more equitably across staff.
- Early confusion between the DOC and EOC. Objectives were often at odds; roles were confused; and authority was sometimes unclear between the two entities;
- Challenges with securing sufficient disaster service worker staff from across the County;
- Slow-moving systems that prevented timely supply purchases, global shortages/supply chain issues with personal protective equipment (PPE), and a number of issues with the County's use of the ICS-213 form for securing resources
- This emergency called on a small team of Public Health nurses to step away from their regular duties to respond to the pandemic. This resulted in an overworked and overburdened nursing staff that worked long hours most days of the week through holidays and without relief of a day off. There was resentment that nursing staff elsewhere in the County weren't called upon to join the effort as well as concern about the welfare of the clients in their normal programs that were put on hold. All of this took a significant toll on the health and well-being of these staff and their families.
- Serving the homeless population proved to be a challenge as this population has been historically overlooked in disasters. The community generally was less accepting and more resistant to standing up services for the homeless, which made it difficult to secure partners and resources like motel rooms. Lack of pre-established contracts and relationships made the ACS process, both set up and demobilization, challenging;
- There were challenges and serious delays caused by FEMA funding requirements to bid new contracts and renewed contracts for critical services and supports. These processes often took

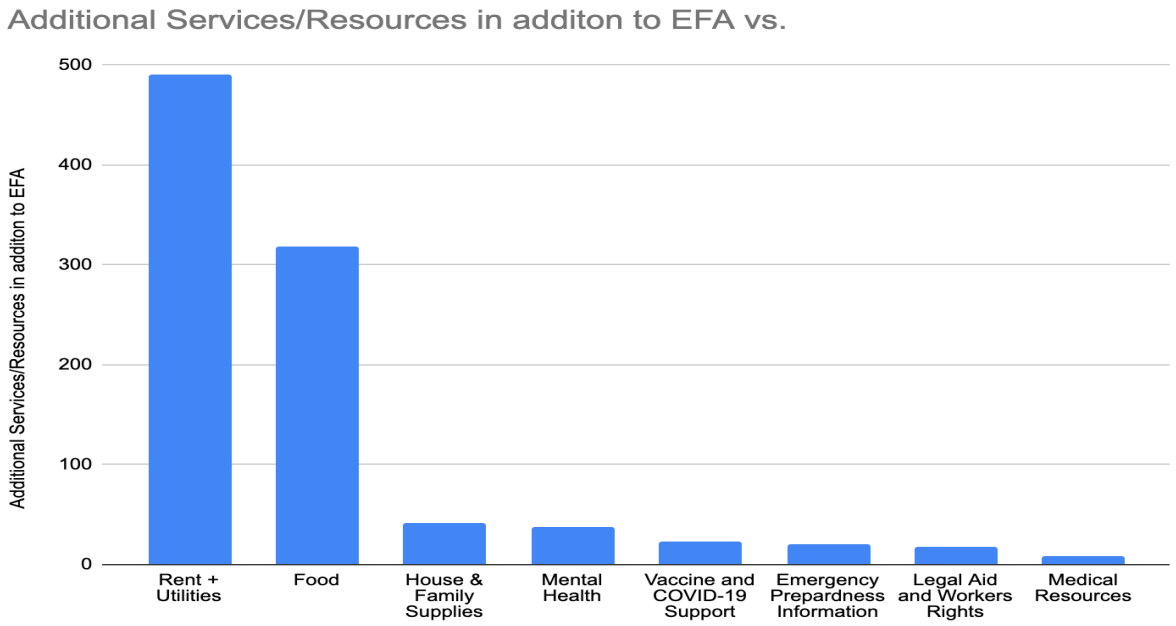
weeks, and at times months to put in place as this on-going pandemic was no longer seen as an emergency disaster.

COVID -19 Urgent Response and Aid (CURA)

CURA was established in fall 2020 as a key strategy in trying to drive down the case rates in the Latinx community. Since its inception, CURA has:

- Distributed $5,106,300 in Emergency Financial Assistance (EFA) to 3,074 community members;
- Provided direct services to 4,161 individuals;
- Reached 13,276 people through CURA's outreach teams and community partners.

Key to CURA's mission was identifying resources to support individuals and families. Most commonly, CURA clients were in need of rent and utility support and food support. CURA also connected people to resources for housing and family supplies, mental health, vaccine and other COVID-19 support, among others. The table below illustrates the services and resources CURA connected clients to.



CURA Emergency Financial Assistance Amount per Region

From October 2020 through June 2021, CURA distributed $5,106,300 to 3,074 individuals. The following table reflects the geographic distribution of these clients and funds.

	Count of Community Members by Region	% By Community Members by region	$ Amount Distributed by Region
West Region	92	3%	$153,189
North Region	338	11%	$561,693
East Region	368	12%	$612,756
South Region	555	18%	$919,134
Central Region	1,721	56%	$2,859,528
Total	3074	100%	$5,106,300

Case Management

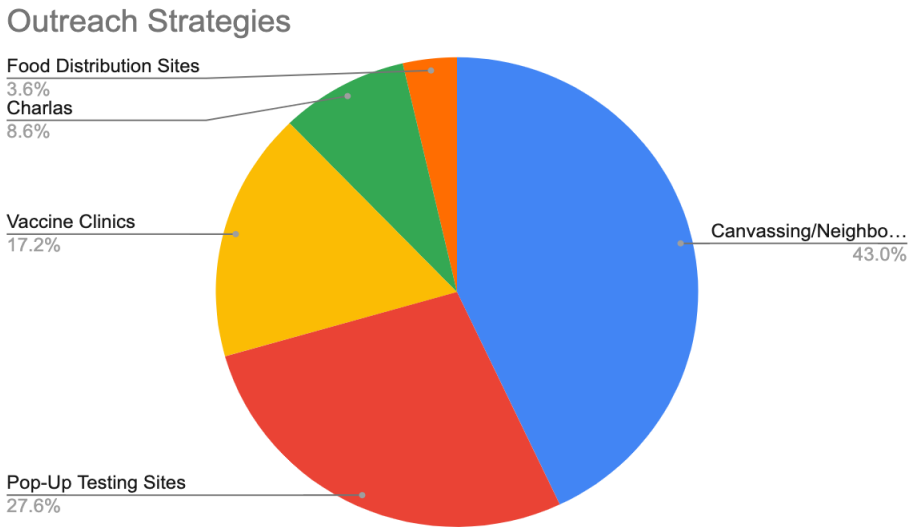
1,270 individuals received case management for additional services. Case management programs largely served low wage income earners, LatinX community members, and renters throughout Sonoma County.

Food Access

- CURA has provided 1,966 individuals with emergency food support
- 1,252 of the individuals who received meals are minors
- The average family size who have received emergency food support is 5
- Over 4,000 meals have been distributed to families in Sonoma County

Outreach and Education

CURA reached 13,276 through its community engagement strategies between October 2020- June 2021 which focused on neighborhood canvassing, and presence and pop-up testing sites and vaccine clinics[3].

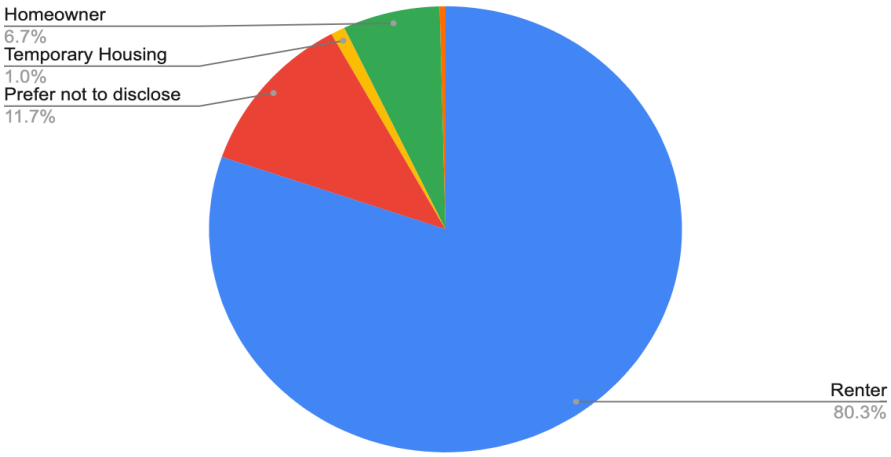


CURA Client Demographics

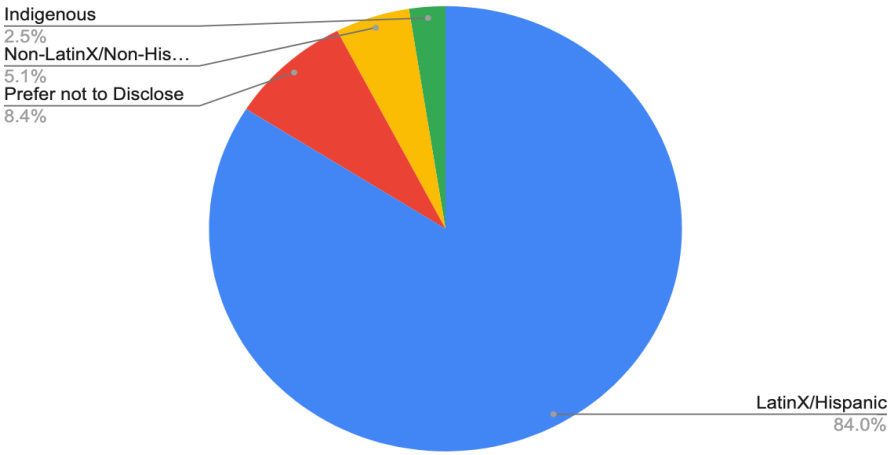
CURA clients were overwhelmingly Latinx/Hispanic (84%), renters (80%), and spoke Spanish (83%).

[3] Charlas are "chats," one-on-one educational conversations between Community Health Workers and potential clients.

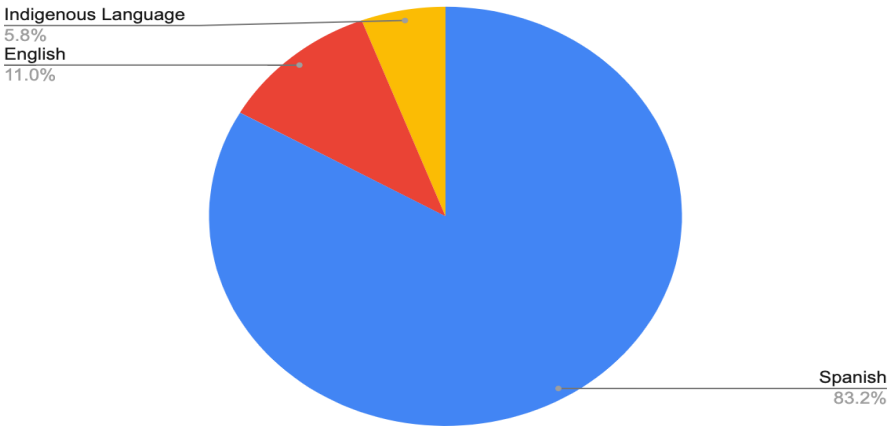
Housing Status of CURA Participants



Ethnicity/Race of CURA Participants



Language Spoken



The Emergency Rental Assistance Program

The County of Sonoma Emergency Rental Assistance Program (ERAP) helps eligible households who have been financially impacted by the COVID-19 pandemic. The program provides payment assistance for renters or landlords who need help with rent and utilities.

Demographics of ERAP Participants

As of this report writing, there were 1,364 tenant and 593 landlord applications in process for the Emergency Rental Assistance Program. Of the tenants, 44% identified as Hispanic or Latino (compared to 27% of the County, 60% identified as White (compared to 87% of the County), and 6% identified as Black or African American (compared to 2% of the County). The program did not collect demographic data on landlords. See tables below for full demographic details.

Program Data (4/19/21-6/25/21)*	**Applicant**
Tenant Applications Submitted**:	1,364
Applicants receiving funding requested:	346
Applicants awaiting payment:	161
Applications in all other stages of process:	857
Landlord Application Submitted:	593
Total	**1,957**

*As of 6/25/21 may not match funding data by provider below as reports were pulled on different days.
**Does not include 123 applicants denied for a variety of reasons including being over the income eligibility limit, failing to respond to requests for more information, etc.

Tennant Applicant Demographics				
	Applicant	**County**	**Applicant population higher/lower than County**	**% of population that rents#**
Ethnicity*				
Hispanic or Latino	44%	27%	↑	63%
Non-Hispanic or Latino	56%	63%	↓	n/a
Applicant Race**				
American Indian or Alaska Native	4%	2%	↑	65%
Asian	3%	5%	↓	40%
Black or African American	6%	2%	↑	89%
Native Hawaiian or Other Pacific Islander	2%	0%	↑	64%
Other Multi-Racial	25%	4%	↑	55%
White	60%	87%	↓	37%
Location				
West County	11%	7%	↑	n/a
Cloverdale	3%	3%	–	n/a
Healdsburg	2%	4%	↓	n/a
Windsor	3%	6%	↓	n/a
Santa Rosa	45%	43%	–	n/a
Rohnert Park	13%	9%	↑	n/a
Cotati	2%	9%	↓	n/a
Penngrove/Petaluma	10%	2%	↑	n/a

*12.3 of applicants declined to provide their ethnicity
**19.9% of applicants declined to provide their race
#2015 5 year American Community Survey

In Sonoma County overall, 40% of households are renter-occupied. Households of color are disproportionately likely to be renters compared to White households. For example, only 37% of all White households are renting compared to 63% of Latinx or Hispanic households and 89% of Black or African American households. Further, renters in Sonoma County are significantly more likely to experience housing cost burden (housing costs greater than 30% of income). With Hispanic or Latinx households (57%) and other households of color (56%) facing greater rates of burden than White households (51%) according to the Bay Area Equity Atlas.

Participants in the Emergency Rental Assistance Program were already likely experiencing many financial hardships, including housing cost burden, before the pandemic. In a survey of participants, 19% reported that in the last two years they had experienced a rent increase that caused them to be unable to afford other basic necessities like food, medical care, or childcare. Fifty-two percent reported that they had taken on debt (bank or payday loan, family/friends loan) in order to pay rent during COVID-19.

ERAP Funding Distribution
The County's ERAP has received $52,945,784 to-date to help support tenants impacted by COVID-19, and their landlords, to remain in their housing. $6,665,067 has been spent and $46,280,717 remains.

The Emergency Rental Assistance Program relies on funding from several different sources including:

- $887,327 through the US Department of Housing and Urban Development (HUD)'s Community Development Block Grant for Coronavirus.
- $2,500,000 through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act).
- $32,226,218 through the federal Emergency Rental Assistance program, round 1.

The County also anticipates receiving approximately $17,332,239 through the federal Emergency Rental Assistance program, round 2, which has not yet been distributed to jurisdictions. This funding would expire in September 2025.

Funding Source	Budget	Distributed	Remaining
CDBG-CV	887,327.00	833,928.25	53,398.75
CARES ACT Coronavirus Relief Fund	2,500,000.00	2,500,000.00	0
Emergency Rental Assistance Program (ERA 1)	32,226,218.00	3,331,139.29	28,895,078.71
Emergency Rental Assistance Program (ERA 2)	17,332,239.80		17,332,239.80
Grand Total	**52,945,784.80**	**6,665,067.54**	**46,280,717.26**

The ERAP has partnered with a number of different community based organizations to help process and distribute funds.

For the current Emergency Rental Assistance Program, round 1, the following table highlights the number of clients/cases processed by each CBO and the dollar amount distributed.

Community Based Organization	Total Cases in Process*	Complete	% Complete	Budget	Distributed	Remaining
Cal Parenting Institute	201	70	35%	$3,151,719	$658,062	$2,493,657
Catholic Charities	150	67	45%	$697,950		$697,950
Community Action Partnership Sonoma	216	73	34%	$1,831,444	$250,000	$1,581,444
Face 2 Face	12	10	83%	$38,940	$2,765	$36,175
La Luz Center	71	45	63%	$275,000	$35,031	$239,969
North Bay Organizing Project/Undocufund	292	114	39%	$10,000,000	$500,000	$9,500,000
Petaluma People Services	234	115	49%	$5,203,750	$853,595	$4,350,155
Reach for Home	94	36	38%	$825,000	$187,500	$637,500
Russian River Alliance	29	22	76%	$250,000	$164,090	$85,910
West County Community Services/River to Coast Children Services	140	104	74%	$4,678,520	$680,095	$3,998,425

*Data as of 7/2/21. May not match demographic data above as reports were pulled on different days and provided "live" data.

The County conducted engagement efforts including robust stakeholder engagement with cities, tenant and landlord organizations, community based organizations and Legal Aid. This engagement included feedback on the design and structure of the program and its rollout. Essential to this design was a "no wrong door" approach in which applicants could apply and access resources through any of the ten community based organizations helping to process applications. Recognizing the varied needs and barriers related to access, technology, and relationships, the process was designed to incorporate a variety of applications method including online portal, over the phone, and in-person walk-in application support. The County also partnered with Marin County to hold joint community forums with a variety of landlord organizations to help spread the word about the program. These efforts are critical to making the community aware of these resources.

While there were legitimate barriers related to the Federal regulations, improved outreach and engagement would have helped overcome some of the miscommunications that led to people avoiding the program altogether. In addition, though there was some overlap between ERAP and CURA providers, these connections could have been strengthened to create more referrals and trusted information sharing.

The Next Phases of ERAP

The limitations of the program, advocacy from the Board of Supervisors and other counties throughout the state, encouraged the legislature to re-visit SB91. Additional guidance has now been released making it easier for individuals to apply for and receive the available assistance. Individuals and families can now self-attest without benefit of documentation. Some additional key updates include the following: Increases rental assistance payments to 100 percent of unpaid rent, keeping tenants housed and making landlords whole, as well as 100 percent of prospective rent and utilities; Authorizes the payment of rental assistance for non-occupancy situations, where tenant has vacated the premises but still owes rental arrears; Extends through September 30, 2021 California's current eviction protections for all tenants who suffered COVID-related financial hardships; Continues to impose a stay on court actions by landlords to recover COVID-19 rental debt until November 1, 2021. Maintains the same debt recovery provisions, requiring a landlord seeking to recover COVID-19 rental debt to provide

documentation showing that the landlord has made a good-faith effort to cooperate with a tenant to obtain rental assistance; Re-location expenses are now eligible for payment to tenants; Additional federal funding will provide up to 18 months of assistance in total (inclusive of the original 15 months). Debt accumulation is being researched as on eligible expense.

Code Enforcement

A total of 2,340 health order violations were received from August 6, 2020 through July 18, 2021. Of those 249 were received in the unincorporated area of Sonoma County. Nineteen administrative citations were issued.

Permit Sonoma staff involved in code enforcement cited the quick effort to establish the reporting hotline and email point of contact to receive citizen complaints about health order violations as contributing to its success. These efforts were stood up within 48 hours of BOS request for COVID-19 enforcement protocols and staff outreached to participating County and City agencies to identify personnel that would receive complaints within their purview. County code enforcement responded typically within 24 hours of a received complaint and provided educational information on the current County health order. This resulted in very few repeat offenders. County Counsel kept enforcement staff aware of any changes to the County or State Health Orders and was diligent in answering all questions in a timely manner.

Staff involved in code enforcement noted that they were initially receiving over 100 complaint calls per day for the first few weeks. Although most calls were concerning businesses not enforcing the masking protocols required of their staff or customers, quite a few of the calls were just for information or were complaining about enforcement in general. Additionally a large number of complaints were transitory in nature, (e.g. people in a park or beach not wearing masks) which was difficult to enforce.

COMMUNITY FEEDBACK SURVEY RESULTS

Feedback Survey – (With Emphasis on Equity Response)

The following feedback is informed by a community and staff survey requesting feedback on the County's COVID-19 response to date, feedback sessions with health partners, and data from programs and program staff. The survey focused on equity response and asked about the preparedness, adaptability, and ability to serve those most impacted of major response components; solicited open-ended feedback on programs; and invited sharing of specific community best practices and recommendations. For each program item, the survey asked about how well the response met the needs of communities most impacted by the virus and by the shutdown. The survey was open from June 29 to July 5 and was offered in English and Spanish. The survey was distributed to staff who had been part of the response, contracted partners (e.g. CURA, food providers, etc.), hospital and health partners (e.g. Health Action and the Committee for Health Care Improvement), among others. There were 177 responses, 4 of which were in Spanish. Respondents were not required to answer all of the survey questions and the actual responses per question varied[4].

Preparedness

Overall, survey respondents recognized the magnitude of this event and the scale on which humanity was unprepared. Many noted that no one was fully prepared for this and did not fault the County for lack of preparation. Still, respondents recalled several issues that contributed to challenges with the early response:

- *Respondents felt that County leadership did not appear unified*: lack of uniform messaging and even public debates between leaders, including the Health Officer, DHS leadership, the Sheriff, and the Board sowed uncertainty and hindered the initial response and had impacts for the duration of the pandemic.
- *Respondents generally felt that internally, the County struggled to establish the appropriate response structure*: confusion between the Department of Health Services' Department Operations Center (DOC) and the County's Emergency Operations Center (EOC), lack of training in ICS structure, resulted in confusion around roles and responsibilities.
- *Respondents generally commented that the Public Health Division was under-resourced and unsupported:* The initial response appeared under-staffed and under-resourced.

As a result of these and other issues, survey respondents noted that the initial response appeared to overlook many of our most vulnerable communities: language access was an issue; early testing didn't always meet the needs of Spanish, indigenous, and other languages; health orders didn't consider the working conditions, living conditions, or access to outdoor spaces that made the stay at home orders difficult to comply with.

Many survey respondents noted the important role many CBOs played in helping address these gaps. Because CBOs work so closely with community members, they were quick to see the ways in which marginalized communities, particularly communities of color, were challenged. Many CBOs stepped up to provide translation, pass out masks, support isolation and quarantine, and funnel cash assistance to those in need.

Survey respondents ranked the County lowest in its readiness to establish a contact tracing program, Alternate Care Sites (ACS), Non-Congregate Shelters (NCS), and to provide a safety net to those in need. The County's ability to share information with the public, through a variety of media and messengers, stood out as the greatest perceived area of preparedness (55% of respondents reported that the County

[4] Demographics of survey respondents are included in Appendix A.

was “moderately” prepared or better). Several people noted lessons learned from recent emergencies as contributing to this increased preparation. Several also noted that these communications did not reach the Spanish speaking community and were absent for those speaking other languages.

Preparedness: **Thinking back to the beginning of the pandemic, how prepared was the County to support the community’s needs in the following areas?**	**Percent responding “moderately,” “very,” or “extremely” prepared**
Establishing a contact tracing program to meet the needs of everyone in our community, including those most impacted (e.g. language accessible, culturally responsive, timely call backs, helpful information, etc.).	22%
Standing up Non-Congregate Shelter (NCS) sites that were easy to access (e.g. clear referral process, wraparound services, medical monitoring, site safety, etc.).	25%
Providing a safety net to those who needed to quarantine or isolate or who were financially impacted by the shutdown (e.g. rental assistance, sick leave policy, etc.)	25%
Standing up Alternate Care Sites that were easy to access (e.g. clear referral process, medical monitoring, site safety, etc.).	27%
Securing and distributing supplies and resources (e.g. PPE, hand sanitizer, testing supplies, etc.)	28%
Sufficiently enforcing Health Orders and mandates (e.g. masking, large gatherings, proper PPE for employees, sick leave protections, etc.).	37%
Providing adequate and accessible COVID-19 testing (e.g. recurring and pop-up sites, partners, incentives, communications, etc.)	37%
Providing timely, clear, relevant, information about the event TO PARTNERS (e.g. MHOAC, stakeholder meetings etc.)	39%
Providing timely, clear, relevant, information about the event TO THE PUBLIC (e.g. public information hotline, press conferences, socoemergency.org, Facebook updates, etc.)	55%

Adaptability

Overall, survey respondents rated the County much higher in its ability to *adapt* than in its initial *preparedness.* Again, the County’s communications with the public were rated as most adaptable (73% ranked this area as “moderately” adaptable or better), with the same caveats noted as above regarding insufficient consideration and resources directed toward reaching non-English speaking communities. Respondents also noted the need for outreach and engagement strategies targeting overlooked communities.

The County rated lowest in its ability to adapt to the needs of those requiring a safety net to quarantine or isolate or who were impacted by the shutdown, and in its ability to provide Non-Congregate shelter (50% ranked these areas as “moderately” adaptable or better). Many survey respondents noted that the County was slow to begin considering the needs of communities of color, citing the length of time it took to develop strategies to address the disproportionality in the Latinx community, and delays in making Emergency Financial Assistance available.

Internally, respondents noted that many of the same issues hindering the initial response also made it more difficult for the County to adapt. These included strained internal communications, systems (contracting, HR, etc.) that did not adequately adapt, and lack of understanding of ICS structure.

Adaptability: **How adaptable was the County in responding to shifting needs and feedback in the following areas?**	**Percent responding "moderately," "very," or "extremely" adaptable**
Providing a safety net to those who needed to quarantine/isolate or were financially impacted by the shutdown (e.g. rental assistance, sick leave policy, etc.)	50%
Providing Non-Congregate Shelter sites that were easy to access (e.g. clear referral process, wraparound services, medical monitoring, site safety, etc.).	50%
Providing Alternate Care Sites that were easy to access (e.g. clear referral process, medical monitoring, site safety, etc.).	53%
Operating a contact tracing program to meet the needs of everyone in our community, including those most impacted (e.g. language accessible, culturally responsive, timely call backs, helpful information, etc.).	53%
Sufficiently enforcing Health Orders and mandates (e.g. masking, large gatherings, proper PPE for employees, sick leave protections, etc.).	53%
Providing timely, clear, relevant, information about the event TO PARTNERS (e.g. MHOAC, stakeholder meetings etc.)	56%
Rolling out an adequate, accessible, and culturally responsive vaccine administration program (e.g. prioritization criteria, clear communication, partners, vaccine hesitancy, etc.)	57%
Providing adequate and accessible COVID-19 testing (e.g. recurring and pop-up sites, partners, incentives, communications, etc.)	66%
Securing and distributing supplies and resources (e.g. PPE, hand sanitizer, testing supplies, vaccine supplies, etc.)	68%
Providing timely, clear, relevant, information about the event TO THE PUBLIC (e.g. public information hotline, press conferences, socoemergency.org, Facebook updates, etc.)	73%

Serving those most impacted

Survey respondents ranked NCS shelters, safety net supports, and Alternate Care Sites lowest in their ability to meet the needs of those most impacted by COVID-19 and the shutdown. Some of the challenges noted included:

- The County was slow to implement feedback on how to make services more accessible or culturally appropriate (e.g. having bilingual/bicultural staff at Alternative Care Site);
- Isolation and quarantine guidance overlooked people living in multi-generational households;
- Guidance to "go to your provider" about testing and vaccinations failed to address those without health care and those who couldn't easily access it;
- Significant delays in tracking and reporting demographic data related to cases, testing, and vaccines that contributed to a lag-time in response;
- Lack of strategies geared toward many of our communities with smaller populations (indigenous, Black, Asian, Pacific Islander), youth and children, and the unhoused.

Respondents ranked the vaccine administration program and data collection and reporting highest in terms of responding to diverse community needs.

Serving those most impacted: **Thinking back to the overall response, how well did the County meet the needs of our diverse community in the following areas?**	**Percent responding that the County served diverse communities "moderately," "very," or "extremely" well**
Providing Non-Congregate Shelter sites that were easy to access, culturally responsive, offered appropriate wraparound services, etc.	34%
Providing a safety net to those directly and secondarily impacted by COVID-19 that served low Healthy-Places-Index communities, that considered system and institutional barriers, addressed root causes, etc.	37%
Providing Alternate Care Sites that were easy to access (e.g. clear referral process, medical monitoring, site safety, etc.).	39%
Operating a contact tracing program that had bilingual, bicultural staff, made referrals to culturally appropriate resources, prioritized highest need clients, etc.	46%
Prioritizing supply distribution to agencies and organizations serving those most impacted.	49%
Enforcing Health Orders and mandates without targeting or profiling certain groups, in a way that protected vulnerable essential workers, etc.	50%
Establishing a COVID-19 testing program that was accessible everywhere in the county, had bilingual and bicultural staff and nurses, provided accurate information about required documentation, provided results quickly, etc.	56%
Providing timely, clear, information about the event TO THE PUBLIC in multiple languages, through Spanish and other language media, engaged trusted partners, etc.	56%
Establishing a vaccine administration program that was accessible everywhere in the county, prioritized those at greatest risk, was culturally responsive, engaged trusted partners, etc.	58%
Collecting and sharing data (about cases, testing, vaccines) that could be used to focus resources, programs, and services on those most impacted.	61%

Health Care System Collaboration

The survey asked respondents about successes and barriers to collaboration with the health care system. Collaboration and partnership with hospitals, Federally Qualified Health Centers (FQHCs), community based organizations (CBOs), and other agencies were seen as critically important to the response. These partnerships were essential to many components of the response including: meeting testing needs, contact tracing and data sharing, developing and disseminating information and materials, engaging trusted messengers, and making vaccines accessible.

Successes:

This collaboration was credited with a number of successes:

- *More equitable testing and vaccine distribution*: Both Federally Qualified Health Centers (FQHCs) and Community Based Organizations (CBOs) were credited for their role in ensuring communities of color, those at greater risk, the uninsured, the undocumented, and others, had greater access to testing and vaccinations.

- *CBOs provided much needed "boots on the ground"*: CBOs played a critical role outreaching to communities, providing education and connecting people to needed services. They brought messaging and information to communities otherwise not being reached. They built trust and encouraged people to utilize testing sites and get vaccinated.
- *Creating and disseminating shared communications:* partnerships helped to provide a unified front in messaging about mitigation factors and available resources and supports, and shared materials to reduce duplication.

Survey respondents noted that these collaborations were helped by long-term collaborations between health system partners, including through Health Action, CHI, and Hearts of Sonoma County, and will help strengthen the overall system for the future.

Barriers:
Survey respondents noted that, particularly in the beginning, existing silos response resulted in what sometimes felt like an "every-institution-for-itself" approach with lack of uniformity and agencies establishing their own protocols. Some survey respondents reported that at times it appeared that collaboration efforts were limited to those seen as the "official" or "traditional" health care system being engaged. This helped to create gaps in who was being served and had access to resources.

COVID-19 Urgent Response and Aid (CURA)

Survey respondents generally felt that CURA filled an important gap in the County's response and contributed to increased testing and vaccinations, primarily by providing financial support and building trust in the community.

Successes:
Overwhelmingly, respondents credited CURA with their role in providing resources, particularly financial resources, which enabled people to safely isolate and quarantine to reduce the spread of the virus. They were also credited with helping increase testing and vaccination rates within the hardest hit communities.

Other CURA successes included:

- Establishing a program that was community-oriented, with community leadership, and which used an equity-lens in its design in order to center impacted communities.
- It build trust and name recognition by having a broad presence in the community.
- It included broad partners in CBOs by building new relationships and relying on existing ones.
- Helped fill the gaps in community outreach.

Barriers:
Two areas rose to the top as the biggest barriers to CURA's success: insufficient organizational capacity to meet the need and running out of funding for emergency financial assistance. Respondents noted that community demand far outpaced CURA's resources including staffing and emergency financial assistance. CURA needed more staff to meet the demand and became backlogged in processing requests as a result. It was also widely noted that CURA ran out of funding for emergency financial assistance around the holidays, when many families needed it most, effectively pausing its program just as the surge was reaching its pinnacle.

Other barriers to CURA's success included:

- Not making inroads in the indigenous community and other communities in need and a lack of cultural sensitivity toward these communities;
- Pre-existing silos between CBOs, over tapped CBO systems, and lack of pre-existing relationships between CBOs and the health care system;
- Lack of connectivity to the COVID-19 unit at times;
- Emergency Financial Assistance (EFA) was only available one time though many bills, especially those related to housing, are monthly incurrences.

Emergency Rental Assistance Program (ERAP)

Overall, survey respondents, including many staff who have worked in the COVID-19 response, had little awareness of this program. In fact, nearly 2/3 of people who answered this question reported that they themselves had no awareness of this program or the community had little awareness.

Successes

Of those more familiar with the program, the successes noted by survey respondents were baked into its purpose: for those who could access it, ERAP successfully provided funding and prevented people from being evicted.

Barriers

Many survey respondents perceived a lack of sufficient outreach to communities who could have benefited as well as a difficult-to-navigate process that left out those who had secured other means to avoid eviction (bank, pay day, or friends and family loans) and multi-family homes. Some reported that the process off-putting and overwhelming. Some clients were turned off by fears or miscommunication about what the process required—e.g. an email address, proof of a lease, engagement with the landlord, etc.—and did not proceed with the process even though workarounds were available.

County Ordinances/Policies

The Board of Supervisors adopted a number of policies to support the needs of those impacted by COVID-19. For example, the *COVID-19 Eviction Protection Ordinance* (and subsequent amendments) strengthened protections against evictions from residential property. *The Urgency Paid Sick Leave Ordinance (*and subsequent amendments) expanded sick leave and sick leave protections in order to ensure that workers could stay home and isolate if impacted by COVID-19. Survey respondents were asked to provide feedback on these and other County ordinances and policies adopted in response to the pandemic.

Successes:

The vast majority of survey respondents credited these policies with supporting communities most impacted by the virus and the shutdown. Respondents recognized the support these policies provided for workers (keeping people paid and employed when sick), renters (helping avoid eviction), and families (helping people care for sick family members) and credited them with helping to reduce overall spread and transmission of the disease.

Internally, County staff were grateful for work-from-home policies that reduced transmission, helped people take care of family members, and supported families with young and school-age children.

Barriers:
Many survey respondents reported that the County could have done a better job communicating about these policies to those most impacted. Respondents reported that employees needed more information and support and employers needed better support to implement them. Some respondents reported that landlords and employers were also treated unfairly in these policies.

Challenges with enforcement (explored further in the next section) were also noted as a barrier in the survey. Without employer compliance, and without a mechanism to encourage or require compliance, many workers remained unprotected. Often, these were employees such as farmworkers and undocumented workers who were already experiencing precarious working conditions and feared retaliation.

Code Enforcement
The survey asked respondents to provide feedback about the County's code enforcement efforts.

Successes:
Many survey respondents thought that the community deserved a lot of the credit when it came to complying with mitigation orders like staying home, social distancing, and masking. The orders were widely understood and followed by people looking out for the health of their community. The multiple-formats in which information was shared (on Facebook, in press briefings, on socoemergency.org, etc.) helped to ensure broad awareness.

Barriers:
A significant number of survey responses pointed to the Sheriff's public refusal to enforce health orders as the primary barrier to enforcement. These respondents felt that such a public statement set a precedent that it was acceptable to challenge and disregard the Health Officer's orders. Many also noted the dissemination of misinformation through various forms of media and word of mouth as contributing to enforcement challenges.

Several respondents noted that calls to the enforcement hotline went unanswered and messages were not returned. Some noted that lack of workplace enforcement contributed to greater workplace transmission.

Community Best Practices
Survey respondents were invited to share best practices that their organization or other organizations implemented in response to the pandemic. Some of the many practices recommended include:

- Recruiting and training vaccination volunteers—these volunteers were critical to vaccination efforts outside of health care settings including the Sonoma County Office of Education, Sonoma County Medical Association, the County Jail, and Santa Rosa Junior College. Volunteers were free and training was provided by volunteer organizations.
- Quarantine and isolation support—CBOs led the early charge in supporting community members who could not easily follow or comply with quarantine and isolation support due to fear of lost wages, inability to access food, shared housing, etc. ISOcare was an early leader in this space.
- Community Based Organizations were quick to address community needs—immediately mobilized to provide financial resources and supports. They served as the model for federal, state, and local programs that came along later to provide aide with more eligibility requirements and bigger hoops to jump through.

- Food resources increased—Community organizations providing food to those in need were able to significantly increase their food distribution capacity while also putting in place safety measures for all. The County contributed substantially more to these efforts than it has in the past which helped their success.
- Providers expanded telehealth—many agencies noted their quick switch to telehealth as a boon for the response and for keeping essential functions and services moving forward. This included clinical settings as well as social and safety net support when in-person meetings weren't available or safe.
- Partners came together to address equity in communications--The Committee for Health Care Improvement formed a Communications and Equity Group dedicated to addressing communications gaps with an equity lens. It involved the health system, County, and CBOs sharing information, resources, and developing shared strategies to tackle inequities. This group had cross-membership with the Latinx Health Workgroup and the two entities reinforced and supported their shared efforts.
- Community advocates put pressure on decision makers—many community and advocacy groups stepped up their campaigns and advocacy for the rights of overlooked populations. These efforts helped put pressure on decision makers and increased accountability.

Vaccine Administration[5]

Successes:

Survey respondents recognized the massive task that the County took on in getting the community vaccinated. This in and of itself was marveled at by many. The scale and scope of the effort was substantial, and the County was commended for bringing many partners to the table and helping the community navigate the confusing guidance coming down from the state.

Many survey respondents noted how essential collaboration was in accomplishing this max vaccination effort. Specifically, CURA, CBOs, and FQHCs were all recognized for the essential role they played in helping expand vaccination outreach efforts, increase accessibility, and ultimately increasing the number of people in the county who got vaccinated. CURA, CBOs, and FQHCs were recognized as culturally responsive strategies to help connect people to vaccines and help inform people about their benefits and essential to increasing access to vaccines to some of the most impacted communities.

Barriers:

The largest barrier indicated by several survey respondents was lack of outreach to communities most impacted. This was especially frustrating to many as it felt like lessons learned from other areas of the pandemic were not initially applied to the vaccination program. Some of the specific barriers referenced included:

- Insufficient communications strategies in communities of color about the benefits of the vaccine;
- Not setting up vaccination sites in the most impacted communities (e.g. Roseland) in a timely manner;
- Not replicating or expanding some of the efforts utilized in the Latinx community in other communities of color and communities being impacted by the virus.

[5] The vaccine administrative program was not a specific area of feedback in the survey though it was highly discussed in open-ended questions.

LATINX HEALTH WORKGROUP FEEDBACK

Establishing the Latinx Health Workgroup

Established by the Director of the Department of Health Services in May 2020 as the extent of the disparate impact of COVID-19 on Sonoma County's Latinx community was becoming apparent, the Latinx Workgroup met weekly to provide direction, feedback, and guidance to DHS and the County's response in the Latinx community. On June 30th, 2021 DHS hosted a focus group with the workgroup to capture the group's feedback and received recommendations assessing the capacity of existing systems to prepare, prevent, detect, and respond to a pandemic event equitably. The following section captures key themes and messages from that conversation, feedback throughout the pandemic, as well as information captured from members responding to the feedback survey.

Summary of Recommendations over the Course of the Pandemic

While there is still significant work to be done to implement an equitable response, the Latinx Health Workgroup was instrumental in helping DHS and the County move in a more equitable direction. Some of the Workgroup's recommendations over the course of the pandemic included:

- *Throughout the pandemic, the workgroup has recommended the collection, release, and use of detailed demographic data and data specific to the inequities, particularly in communities of color and with a race and ethnicity lens, in decision making. The group:*
    - Provided interpretation of data with a culturally appropriate lens to better inform decision making;
    - Helped inform the narrative that accompanies discussion of the data including recommending a narrative that acknowledges long-standing systemic bias and racism, acknowledges persistent differences in quality of life, over blaming individuals or individual behaviors.
    - Recommended for new data collection and reporting including: employment data in testing and cases; geographic data related to testing, vaccine, and cases; expanded capture of language data to be used for understanding gaps and properly resourcing the response.
    - Used data within their own agencies and worked to drive their responses.
- *Urged the County to increase its hiring and retention of a bilingual, bicultural workforce:*
    - The workgroup provided early feedback from the community about lack of translators at testing sites and helped to establish a working relationship with Movimiento Cultural de la Union Indigena (MCUI) to provide translators in indigenous languages.
    - Helped strategize about how to increase the County's applicant pool of community health workers and nurses who would become front line staff in contact tracing, intake, hotline, testing, etc.
    - Encouraged the County to listen to the expertise of bilingual/bicultural staff and their feedback for improved services, as evidenced by the Latinx Focus area that developed in the Contact Tracing program.
- *Informed more accessible, culturally appropriate testing, contact tracing, and vaccination programs:*
    - Used data to help identify and recommend locations for pop-up testing and vaccination sites and provided feedback on the cultural and linguistic appropriateness of these sites (signage, staffing, resources on hand, timing and days of the week, etc.)
    - Worked with the communications team to develop and disseminate messaging about pop-up testing sites, made recommendations for trusted messengers and appropriate partners, helped spread the word about sites and provided feedback when sites were

still being overrun by the "worried well" who were mostly older, White residents with the means to shelter in place; helped identify strategies to raise awareness of vaccination availability and to address vaccine hesitancy.
    - Recommended faster contact tracing of Latinx members, many of whom were essential workers or lived in multi-family or multi-generational homes with increased risk of spreading the virus.
- *Improved the availability of culturally appropriate services at Alternate Care sites:*
    - Informed the County of the need for culturally appropriate food services contracts and the fears and worries that kept people from taking advantage of the ACS (including lack of contact with family members);
- *Recommended enhanced strategies for outreach and engagement by highlighting these and cultural best practices:*
    - Helped to identify trusted partners and messengers;
    - Reviewed communications materials and methods and encouraged thinking outside of the "traditional" box that primarily targeted and reached White and affluent communities.
- *Requested greater support for isolation and quarantine by highlighting the systemic barriers for many in the County:*
    - Uplifted the work of CBOs that were providing cash aid, culturally appropriate isolation and quarantine guidance, food support, etc. as best practices in the Latinx and immigrant communities;
    - Recommended more comprehensive and holistic case management as part of the contact tracing effort;
    - Recommended a resourced network of CBOs to lead on engagement, case management, and financial aid distribution, resulting in the establishment of CURA.
- *Highlighted the need for institutional supports for equity work:*
    - Recommended expanded learning opportunities for the *entire county* with the lessons learned from the workgroup and through the pandemic.
    - Helped influence the establishment of the Health Equity Manager within the COVID-19 response and the Office of Equity at a county-level.

Institutionalizing Equity

During the pandemic the Department of Health Services' COVID-19 Unit hired an Equity Program Manager and the Board of Supervisors created the county-wide Office of Equity as steps toward building their equity infrastructure. The Department of Health Services' vaccine equity framework was designed to place equity at the center of program design and services. These were important steps toward building more equity "infrastructure" and certainly helped to reduce, but not eliminate, harmful impacts in our community. However, these resources must be truly embraced, resourced, and empowered by the County in order to improve delivery of critical services and reduce health disparities. Equity-centered practices require resources, personnel, and willingness to pivot from existing practices and strategies to greater serve communities, particularly in emergencies.

Culturally Responsive Communication, Outreach, and Engagement

Throughout the pandemic, the County's approach to communications with Latinx and indigenous communities seemed to be dominated by media outreach strategies: developing materials and messages in English, translating them primarily into Spanish, and then disseminating through Spanish language media. This left big gaps in the County's ability to reach Indigenous communities and communities speaking languages beside English and Spanish. In an equity-centered design process, the County might resource trusted community partners, from a variety of cultures and in a variety of languages, to develop key messaging and deliver it through a network of broad trusted partners and community outreach workers. The workgroup emphasized that media strategies are not the same as community outreach and engagement practices which are essential practices in serving and collaborating with the community, and particularly communities outside of the White, English-speaking community.

Thinking beyond "traditional" communication modes is essential in improving the County's overall communication strategy, especially during emergencies. For example, the County could expand on how it currently uses its Nixle alert system to provide vital messaging to specific neighborhoods or zip codes. During the pandemic, Nixle could have been a useful tool to inform people about high incident rates in their zip codes in order to spread the message of masking wearing or alert people about health orders.

Vaccine Equity Strategies:

The County adopted a set of strategies to ensure its vaccination program prioritized equity in its design, process, and outcomes. Through this process, the County committed to:

- Providing transparency about the science of the vaccines and vaccination process;
- Prioritizing those who shoulder the most risk;
- Including culturally responsive practices throughout each stage of the implementation process, (e.g. interpretation, translation, and language access, etc.);
- Through proactive communication and outreach strategies, explicitly acknowledging the negative and painful history of health care in communities of color that has led to distrust in health care, research, and government;
- Engaging community members and stakeholders to better understand their concerns and needs and respond to these needs as much as possible;
- Communicating with the public effectively in culturally sensitive ways through trusted partners;
- Regularly evaluating efforts, and learning and improving over time.

The Latinx Health Workgroup agreed that these strategies were an important step in the right direction but questioned how widely they were actually being used in designing the vaccination program. The group was not clear whether data were being collected to track the County's progress toward these strategies. They also noted that in terms of the community being able to play a role in holding the County accountable, the strategies were widely published and were buried in a difficult-to-find place on the socoemergency.org website.

Workforce Diversity

The workgroup recognized barriers that prevent the County from hiring and retaining multilingual and multicultural staff, in general, but specifically in relation to those positions that might be doing community outreach and engagement work. The County application process can be cumbersome and the County even provides special training to navigate the process. This alienates and excludes candidates without "traditional" professional development paths, overlooking those with the specific experiences necessary for community outreach and engagement work. The County can make the process of applying and interviewing for County jobs accessible and friendly to those who possess expertise in serving marginalized communities but lack traditional business tools and methods.

Community Feedback and Future Study Sessions

The workgroup noted that the quick feedback process established for *this report* itself did not use best practices in community engagement and did not center equity in its design. The process is rushed, offering limited time for broad, meaningful engagement and feedback. Rather than asking the community to scramble to meet County deadlines, anticipating that the County will use data to inform decision making and incorporating feedback channels into timelines early gives the community more opportunity to engage. The workgroup requests that this not be the last attempt to understand the successes and barriers of the County's response, or to solicit input for future emergency response or ongoing work. More study sessions are needed and a full After Action Report with public input, with a more robust timeline, are needed.

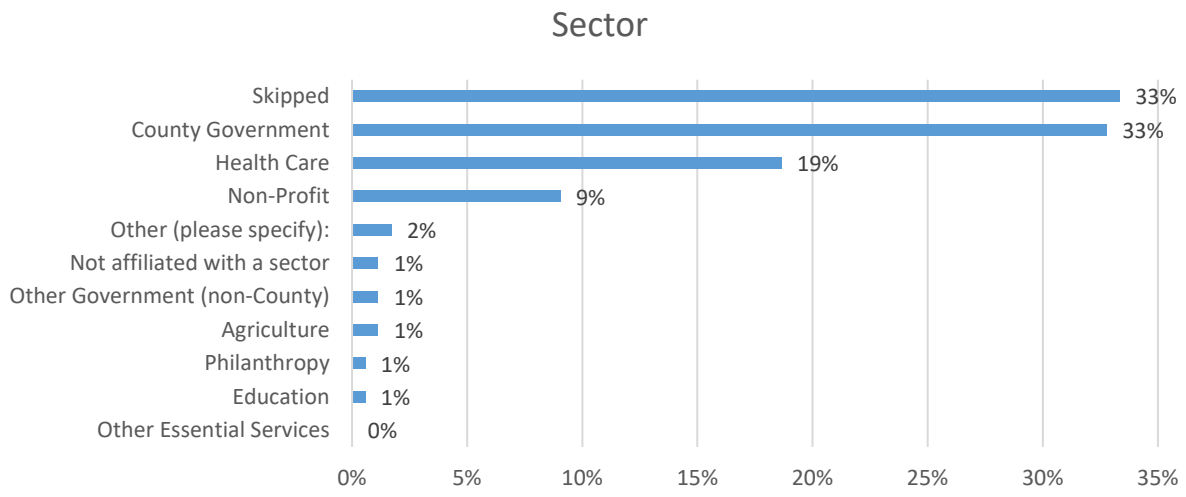
APPENDICES

Appendix A: Survey Respondent Demographics

DHS circulated a survey from June 29 to July 5 to collect feedback on the County's COVID-19 response. The survey was distributed to staff involved in the response, County Department Heads, the Latinx Health Workgroup, Health Action (which includes many of the County's response partners), CURA, as well as other partners in the response. There were 177 responses, including 4 in Spanish.

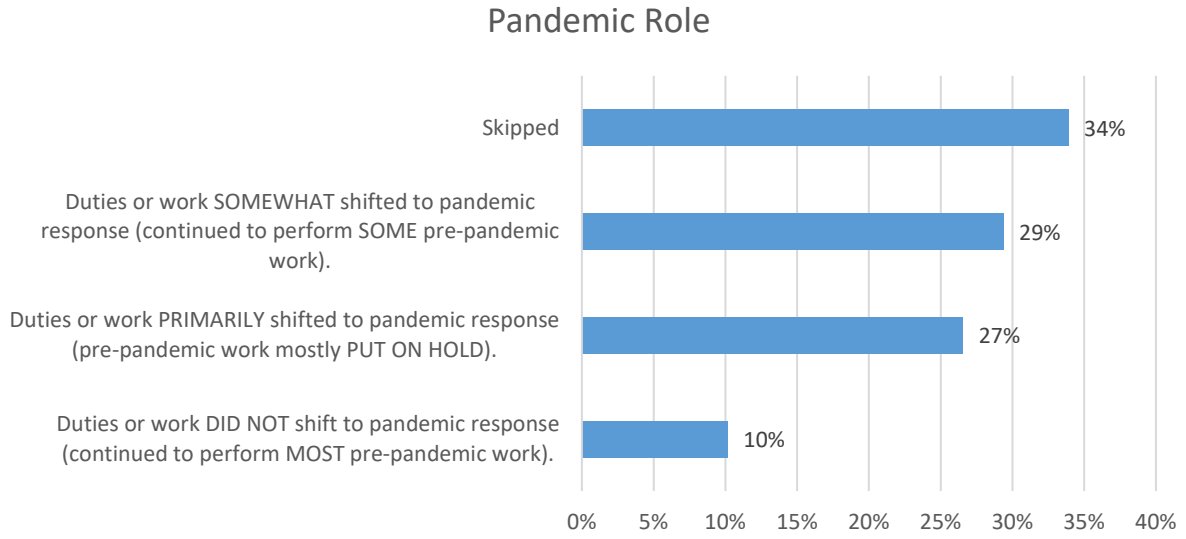
Sector

One-third of respondents reported that they worked for County government and one-third declined to choose a sector affiliation. Nearly 20% of respondents were from the health care system.



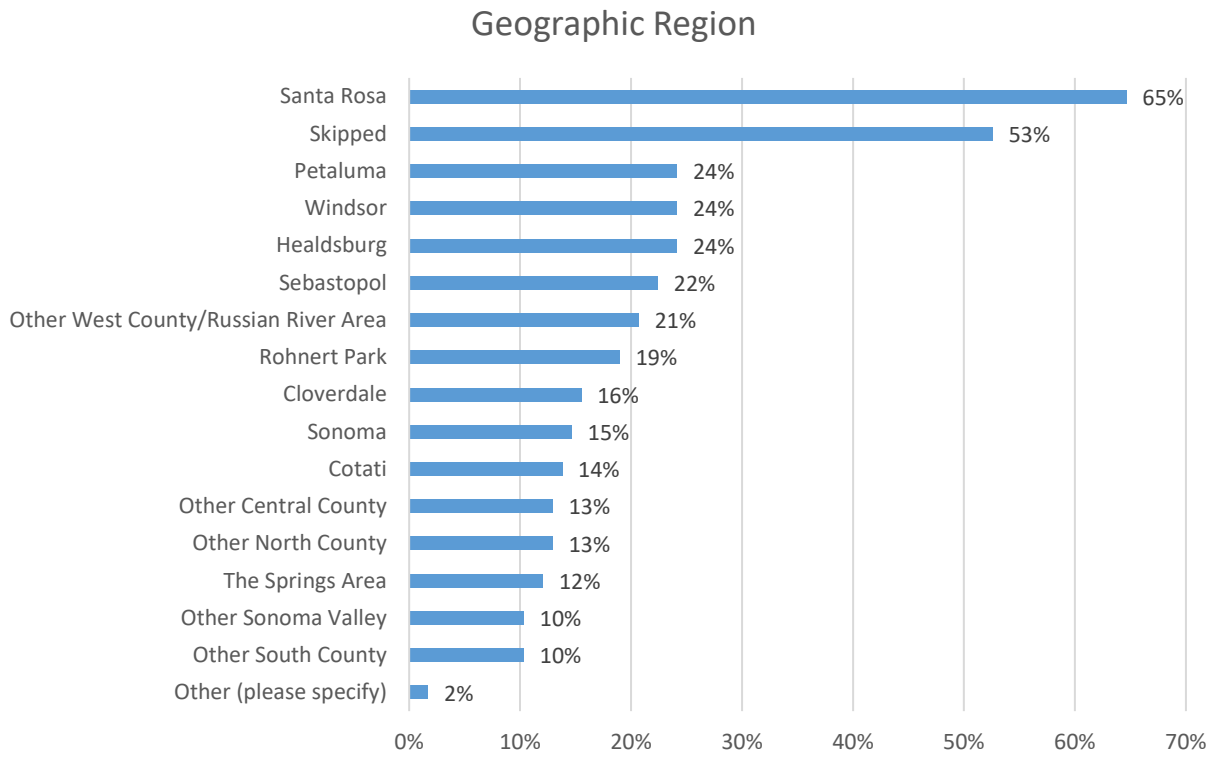
Pandemic Role

Fifty-six percent of respondents reported that their role primarily or somewhat shifted to Pandemic response over the last year.



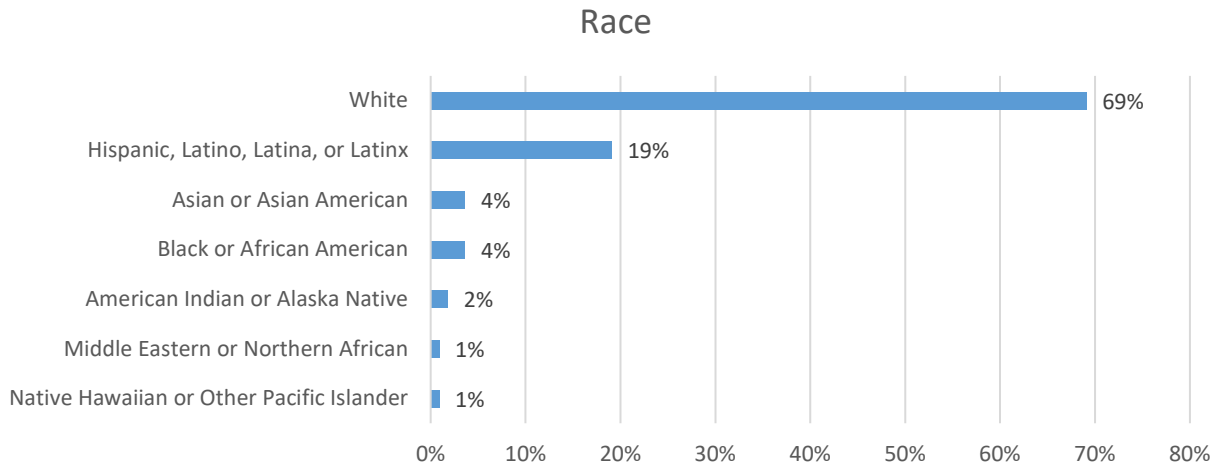
Geography Served

Respondents represented all areas of the County, though were heavily concentrated in Santa Rosa.



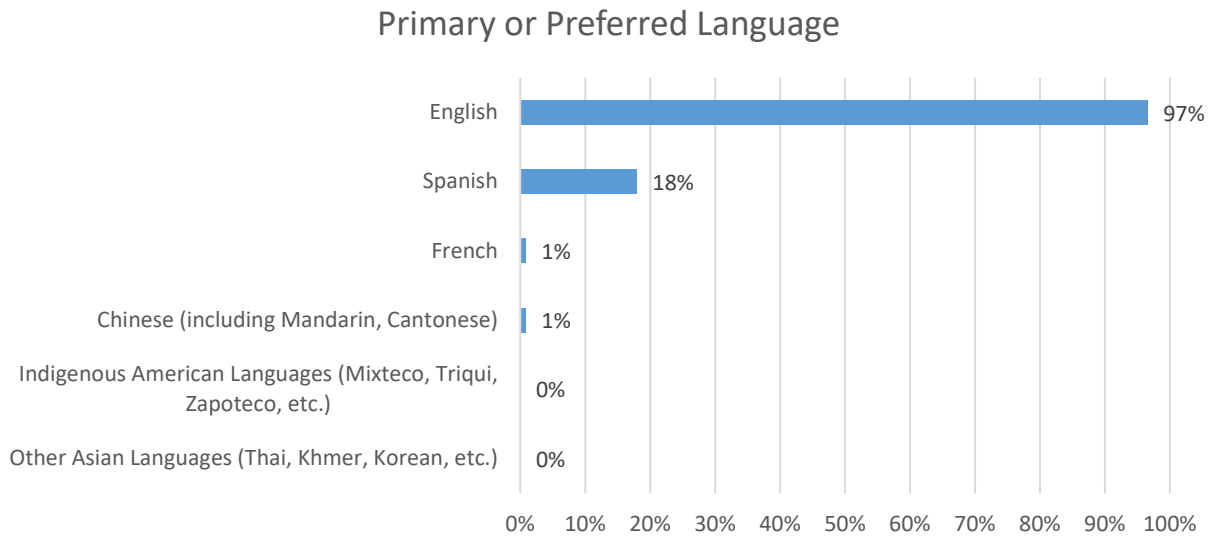
Ethnicity and Race

Nineteen percent of respondents identified as Latinx or Hispanic (79% did not). Seventy percent identified as White, followed by 19% who identified their race as Latinx or Hispanic, 4% who identified as Black or African American, and 4% who identified as Asian or Asian American. Fewer than 4% identified as any of the following races: American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Middle Eastern or Northern African. Forty-two percent of respondents skipped or preferred not to give their race.



Primary or Preferred Language

The vast majority of respondents reported that English was a primary or preferred language (97%), followed by Spanish at 18%. Only 4 surveys were completed in Spanish. Thirty-three percent of respondents skipped this question.



Age

Over half of respondents were between the ages of 45 and 64. Thirty-five percent of respondents skipped this question.