



COVID-19 Response: Point-in-Time Feedback Report

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sonoma county
DEPARTMENT OF HEALTH SERVICES

About the Report

- June 2021 BOS requested review of COVID-19 response (March 2020-June 2021)
- Informs:
 - American Rescue Plan Act (ARPA) and other funding decisions
 - Ongoing COVID-19 response
 - Future emergency response
 - Continuous County operations



Outline

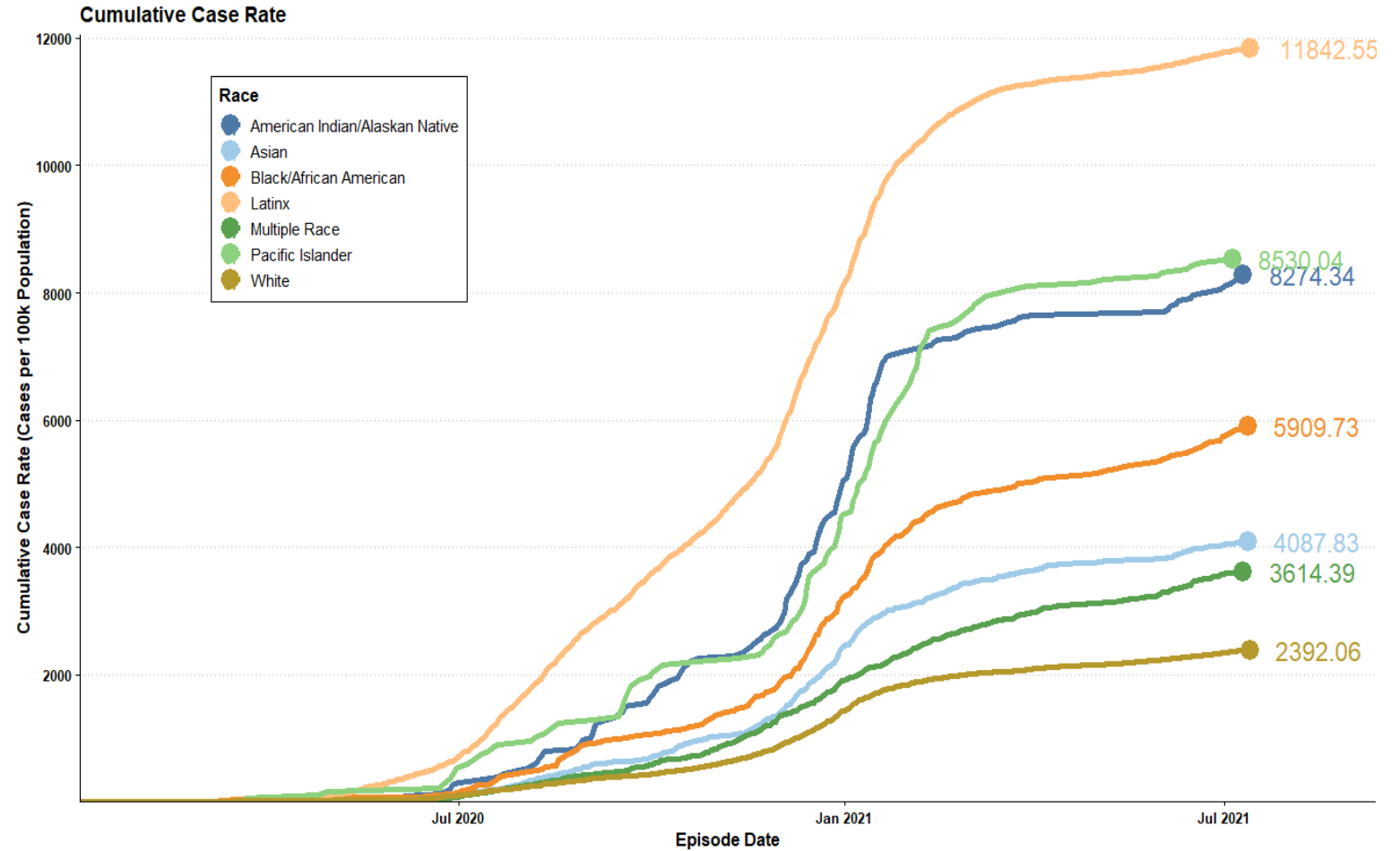
- Overview of the Response

- Non-Congregate Shelters
- Alternate Care Sites
- Food Task Force
- Testing
- Contact Tracing
- Vaccine Administration
- Logistics
- Department Operations Center (DOC)
- Emergency Rental Assistance Program (ERAP)
- Code Enforcement

- Community Feedback Survey
- COVID19 Urgent Response Aid (CURA)
- Latinx Health Workgroup

Background

- 31,000+ cases
- 1,400+ hospitalizations
- 329 deaths
- In cases per 100,000, highest rates in communities of color



Overview of the Response

NCS

Successes	Barriers
<ul style="list-style-type: none">• Housed those who didn't have housing and services;• Transitioned 175 homeless from Sonoma State to Alliance Redwoods;• Established precedents for sheltering the unhoused during emergencies;• Coordinated referrals with clinics;• Collaborated with CBOs to provide services and resources.	<ul style="list-style-type: none">• Rigid initial Incident Command structure a hindrance;• Lack of staffing and communication in the Emergency Operations Center (EOC);• Contracts, payments to partners delayed;• Securing paratransit for disabled;• Trailers should have been General Services task.

NCS

NCS Resident Demographics	NCS	Homeless Census	NCS pop. higher/lower than homeless pop.
Total	429	2,745	
Ethnicity			
Hispanic or Latino	15%	25%	↓
Non-Hispanic or Latino	83%	75%	↑
Race			
American Indian/Alaska Native	7%	9%	↓
Asian	1%	1%	–
Black or African American	7%	6%	↑
Nat. Hawaiian/ Oth Pacific Isl	1%	1%	–
Other Multi-Racial	6%	19%	↓
White	77%	64%	↑

ACS

Successes	Barriers
<ul style="list-style-type: none">• Medical providers on site 24/7 addressing client care;• Weekly care coordination meetings with healthcare partners;• Email referral simplified intakes;• Use of County cell phones allowed families to communicate.	<ul style="list-style-type: none">• Public Health Nurses and Community Based Organizations (CBOs) duplicated efforts;• Transporting COVID-19 positive patients during evacuations;• Food vendor contracts to meet food needs, dietary restrictions;• Procuring adequate linen services.

ACS

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

ACS Resident Demographics	ACS	County
Total	890	
Ethnicity*		
Hispanic or Latino	41%	27%
Non-Hispanic or Latino	59%	63%

Food Task Force

Food Providers	Total Funded March 2020-August 2021	Total Meals/Meal Equivalent to Residents
Ceres Community Project	\$940,000	78,595
Salvation Army	\$49,000	11,529
Petaluma People's Service Ctr	\$211,500	30,214
Council on Aging	\$490,000	98,000
Coastal Seniors	\$130,444	7,247
Redwood Empire FB	\$2,005,000	1,285,256
Sonoma Family Meal	\$982,500	122,813
Food For Thought	\$494,000	69,091
Catholic Charities	\$263,000	105,200
Total	\$5,565,444	1,807,946

Testing

Successes	Barriers
<ul style="list-style-type: none">• High testing rates led to favorable COVID case-rate modifiers.• Partnership with Movimiento Cultural de la Union Indigena (MCUI) to provide indigenous language translators.• Increased lab capacity.• Created scheduling/registration system.• Secured lab staff through National Guard• OptumServe sites doubled the County testing capacity	<ul style="list-style-type: none">• Global shortages of supplies• Initially scheduling and registration were difficult and slow.• Initially, testing sites did not have sufficient bilingual/bicultural staff• Initial lab capacity was limited

Contact Tracing

Successes	Barriers
<ul style="list-style-type: none">• Scaled up to meet increased cases;• Prioritized hiring staff who were multi-lingual, multi-cultural;• Team-focused approach to grow expertise and share information;• Implementation of state sponsored record keeping system.	<ul style="list-style-type: none">• Retention of staff;• Emotional toll on staff;• Training and onboarding;• Challenges building community trust;• Scaling up infrastructure (records keeping, phone systems, etc.)• Initial lack of adequate technology that detracted from other core work.

Vaccine Administration

Successes	Barriers
<ul style="list-style-type: none">• Mobilized quickly to create capacity that exceeded state/federal supply• At top in state at delivering vaccines, percent totally vaccinated• Prioritization of older residents saved lives.• Engagement with Latinx Health Workgroup• Leap Solutions• Engagement with Schools• Regular communications to ensure consistent messaging• Over 300 state-sponsored nurses and volunteer groups.	<ul style="list-style-type: none">• Changes in state and Federal direction and response.• County does not have a clinic system or clinicians to administer vaccine.• Vaccine storage and supply issues.• Challenges with getting all of the independent vaccine center operators consistently applying the County's equity framework.

Logistics

Successes	Barriers
<ul style="list-style-type: none">• Significant distribution of PPE to health care providers;• 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 equipment for staff during Shelter in Place;	<ul style="list-style-type: none">• Supply chains and competition for resources in early months;• Complex FEMA rules required bidding on contracts;• Slow resource request approval process due to WebEOC not having workflow available;• Loss of institutional knowledge with staff turnover.

Emergency Rental Assistance Program

Successes	Barriers
<ul style="list-style-type: none">• Served those most impacted;• Prevented people from being evicted;• Stakeholder engagement – Tenant & Landlord Org; Cities; CBOs;• No “wrong door” approach;• County-wide partnerships;• Over \$6.7 million distributed.	<ul style="list-style-type: none">• Complex federal regulations• Inefficient outreach to undocumented communities• Communication regarding “self-attestation” didn’t reach all field staff• Inefficiencies due to overlap between ERAP CBO’s and CURA providers

Emergency Rental Assistance Program

(as of 7/2/21)

- Served 1,957 people, including 1,364 tenants
- Tenants were:
 - 44% Latinx/Hispanic (compared to 27% in county)
 - 6% Black/African American (compared to 2% in county)
 - 4% American Indian/Alaska Native (compared to 2% in county)
 - 25% other multi-racial (compared to 4% in county)

Emergency Rental Assistance Program

- Geography:

Tennant Applicant Location			
	Applicant	County	Applicant pop. higher/lower than County
West County	11%	7%	↑
Cloverdale	3%	3%	–
Healdsburg	2%	4%	↓
Windsor	3%	6%	↓
Santa Rosa	45%	43%	–
Rohnert Park	13%	9%	↑
Cotati	2%	9%	↓
Penngrove/Petaluma	10%	2%	↑

CURA

(COVID-19 Urgent Response and Aid)

Department of Health Services and Latinx Health Workgroup Collaboration

CURA is an outcome of the partnership between the County of Sonoma's Department of Health Services and the Latinx Health Workgroup. The Latinx Health Workgroup identified the following needs:

- COVID-19 Testing
- Wrap Around Services/Case Management
- Outreach and Communication
- Farm workers as a specific population to reach

The services that existed were not reaching communities most disproportionately impacted by COVID 19 because they were either centrally located and/or not culturally responsive. As a result DHS issued a Request for Proposals for the creation of what today is the CURA system and network.

On The
Move

Partners

County

On The Move

***Mission:** On The Move partners with communities and mobilizes young and emerging leaders to take action in pursuit of social equity.*

La Plaza: Nuestra Cultura Cura, an initiative founded through On The Verge, our emerging leaders program, which housed three cohorts of Latinx emerging leaders in Sonoma County.

La Plaza is the host of the CURA Project and a representation of community led efforts to promote the health and wellbeing of the Latinx community.



CURA's Partners

- Our Partners come from all over Sonoma County and work at a hyper local level with communities in every region.
- This work would not be possible without the unified effort of community partners.
- The investment in community members who know and understand their communities is essential to our work.



CURA's Results

Through CURA we have begun to better understand the scope of disparities and inequities and the burden these have placed on communities during the COVID 19 Pandemic.

Emergency Financial Assistance (EFA):

- The total amount of dollars distributed throughout Sonoma County to date is **\$5,106,300**
- **3074** community members were supported through EFA

CURA Project Services:

- A total of **4161 individuals** were supported through at least one of CURA's direct services

Outreach and Community Engagement:

- **Over 13,276** people were reached by CURA's outreach teams and community partners

Outreach
and
Education

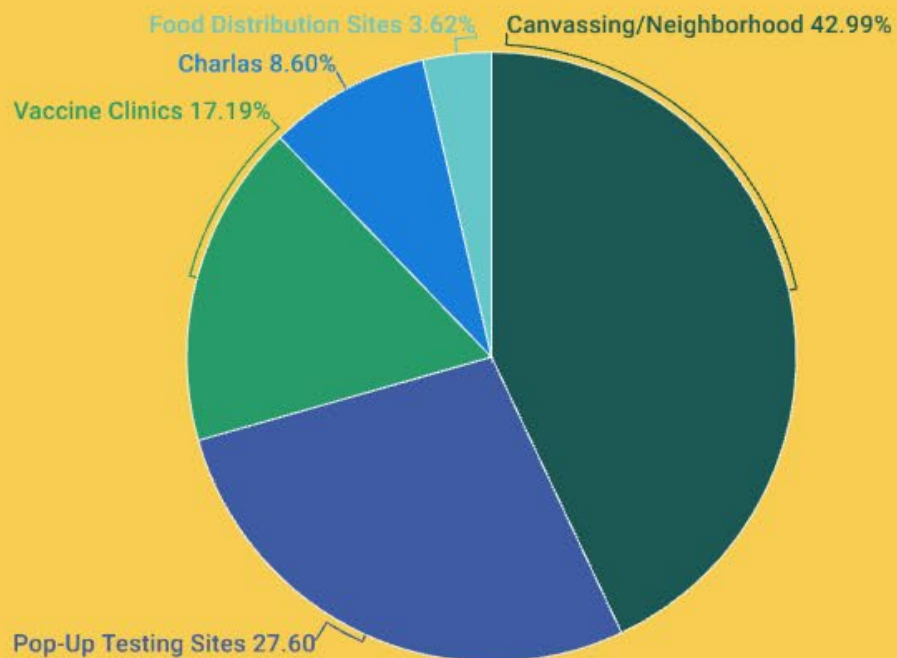
Food
Access

Case
Management

Emergency
Financial
Assistance

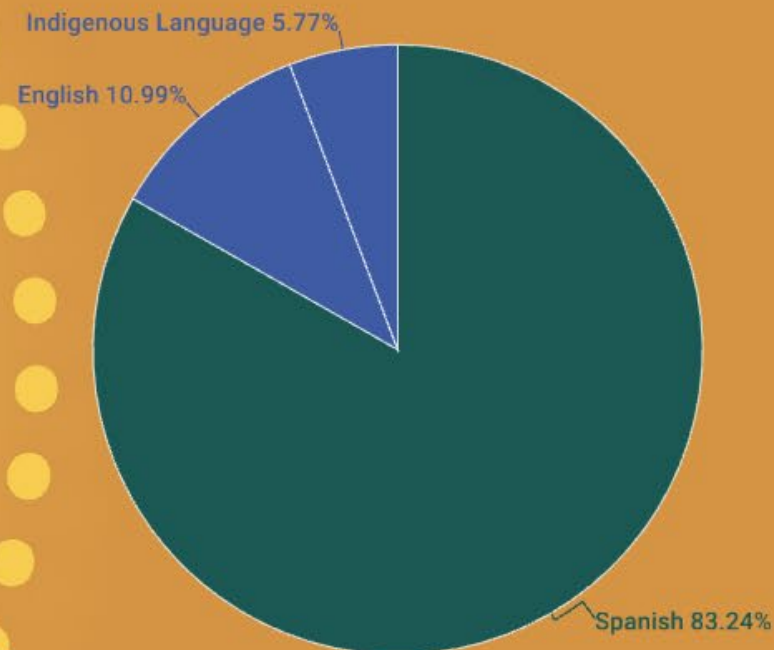
Outreach & Education

Outreach Strategies



The total number of people reached through community engagement between October 2020- June 2021 is **13,276**

Language Spoken



These numbers are reflected of the collaboration between: **La Plaza, Lideres Campesinas, Nuestra Comunidad, Graton Day Labor Center, and Botanical Bus**

Food Access

Access to food has been critical to supporting community members stay at home during their time of isolation/quarantine. With our partnerships we have been able to help in the effort to address food insecurity.

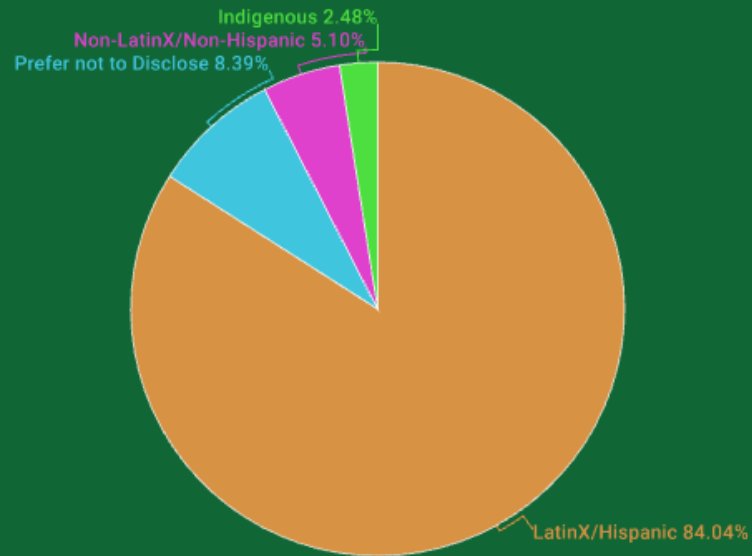
- CURA has provided **1,966 individuals** with emergency food support.
- **1,252 of individuals** who received meals **are minors**.
- The **average family size** who have received emergency food support is **5**.
- Over **4,000** meals have been distributed to families in Sonoma County



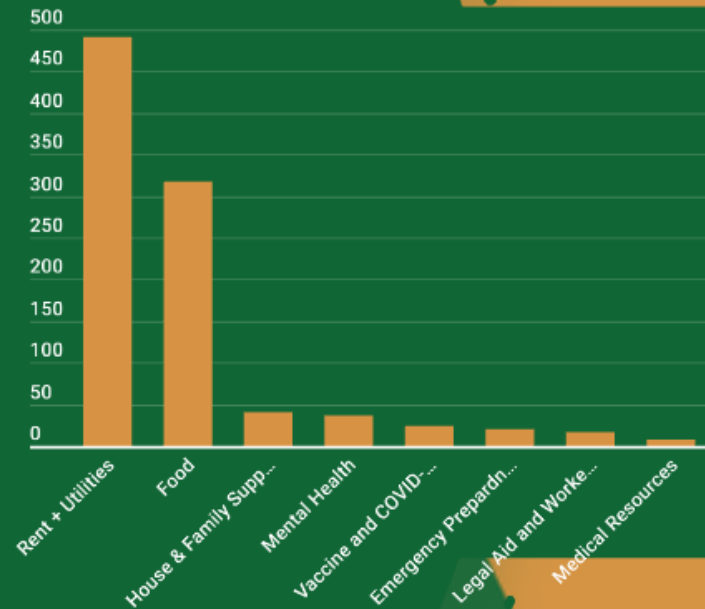
Case Management

Demographics served

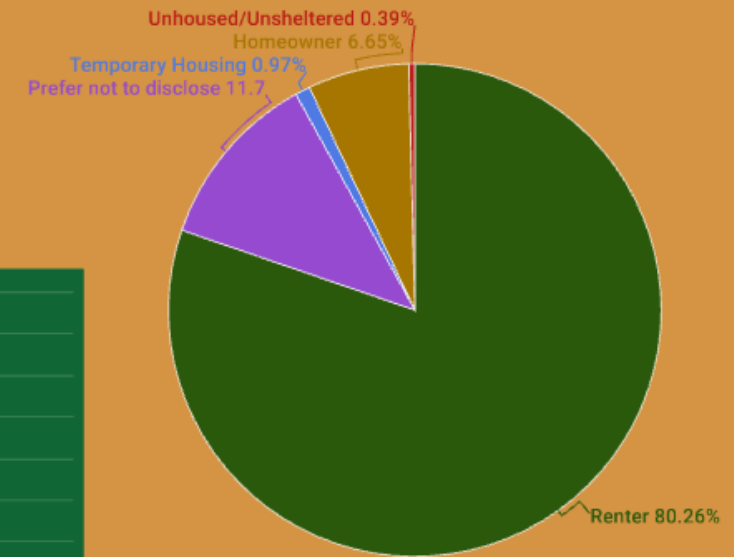
- Low wage income earners
- LatinX community members
- Renters in Sonoma County



Percentages of total individual participants by Ethnicity/Race



In addition to EFA, 1,270 required case management for additional services.



Percentages of total individual participants by Housing Status

Emergency Financial Assistance

Partners

Child Parent Institute

Corazón Healdsburg

La Luz

Mcdowell Family Resource Center

River to Coast

UndocuFund

Via Esperanza

	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%	\$5,106,300.00

Data: October 2020 - June 2021

Growth Opportunities

- **Build capacity to learn from and engage sub-populations**, i.e. Indigenous language speaking communities, LGBTQIA2s+ communities, West County and rural areas
- **Expand eligibility criteria** for emergency financial assistance
- **Invest resources in building the capacity and infrastructure** of small grassroots organizations closest to community
- **Develop an intentional planning process** to ensure sustainability and community healing



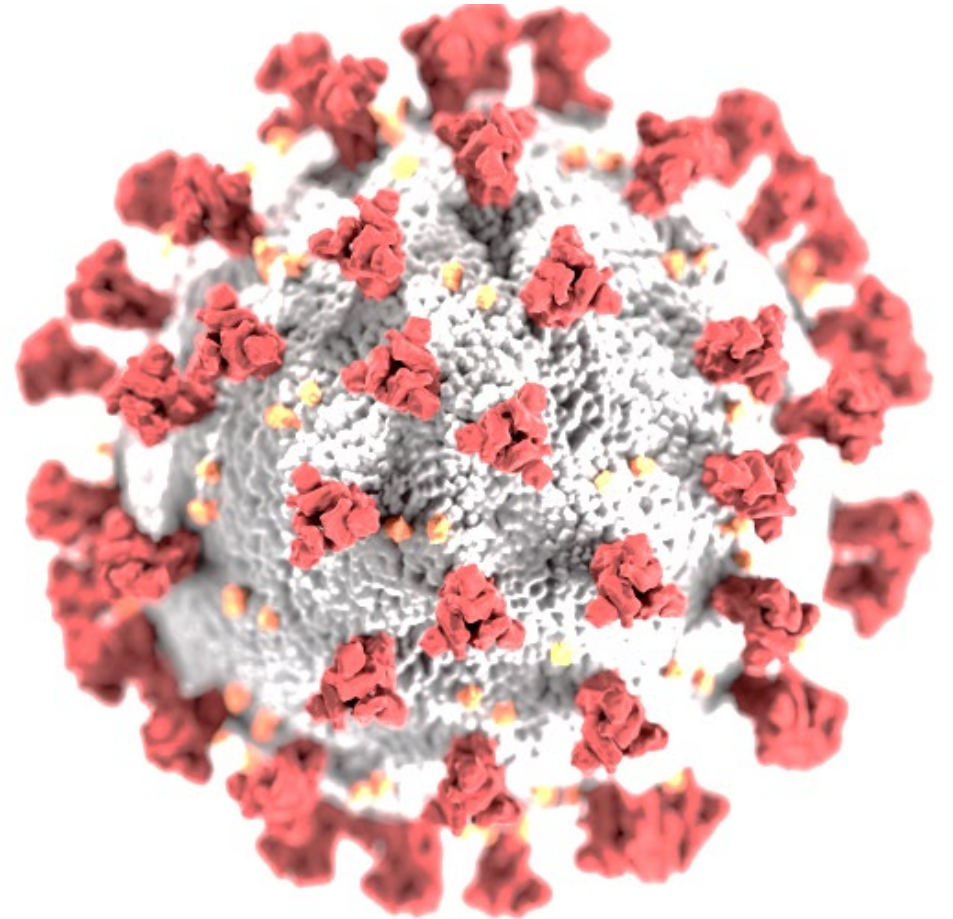
Feedback Survey

Preparedness

<i>Thinking back to the beginning of the pandemic, how prepared was the county to support the community's needs in the following areas?</i>	% responding "moderately," "very," or "extremely" prepared
Providing information about the event TO THE PUBLIC	55%
Providing information about the event TO PARTNERS	39%
Sufficiently enforcing Health Orders and mandates	37%
Providing adequate and accessible COVID-19 testing	37%
Securing and distributing supplies and resources	28%
Standing up Alternate Care Sites	27%
Standing up Non-Congregate Shelter (NCS) sites	25%
Providing a safety net	25%
Establishing a contact tracing program	22%

Preparedness—Contributing Factors

- Humanity was unprepared
- Lack of solidarity among County leadership
- Took time to establish response structure
- Under-resourced Public Health infrastructure
- Didn't initially center equity in design



Adaptability

How adaptable was the county in responding to shifting needs and feedback in the following areas? % responding “moderately,” “very,” or “extremely” adaptable

Providing information about the event TO THE PUBLIC	73%
Securing and distributing supplies and resources	68%
Providing adequate and accessible COVID-19 testing	66%
Rolling a responsive vaccine administration program	57%
Providing information about the event TO PARTNERS	56%
Providing Alternate Care Sites	53%
Operating a contact tracing program	53%
Sufficiently enforcing Health Orders and mandates	53%
Providing a safety net	50%
Providing Non-Congregate Shelter sites	50%

Adaptability—Contributing Factors



- Frequently changing information from Feds and State
- County systems strained
- Internal communications
- Slow to implement equity-driven strategies

Equity—Serving the Most Impacted

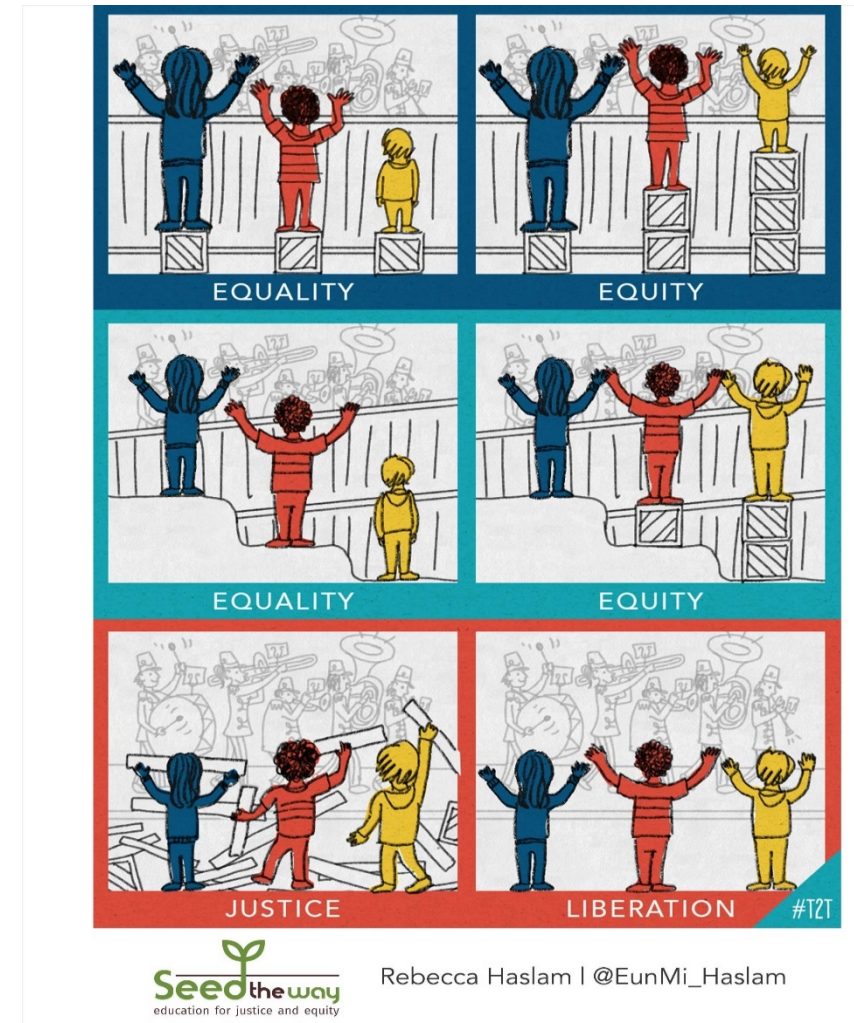
How well did the County meet the needs of our diverse community in the following areas?

% responding that County served the most impacted “moderately,” “very,” or “extremely” well

Collecting and sharing data	61%
Establishing a vaccine administration program	58%
Establishing a COVID-19 testing program	56%
Providing information about the event TO THE PUBLIC	56%
Enforcing mandates to protect the vulnerable	50%
Prioritizing supplies for agencies serving most impacted	49%
Operating a contact tracing program	46%
Providing Alternate Care Sites	39%
Providing a safety net to those impacted	37%
Providing Non-Congregate Shelter sites	34%

Equity—Contributing Factors

- Slow to make services more accessible, culturally appropriate;
- Guidance and strategies overlooked communities, hardships;
- Delayed disparity data on cases, testing, and vaccines slowed response



Health System Collaboration

Successes	Barriers
<ul style="list-style-type: none">• More equitable testing, vaccine distribution• Community Based Organizations (CBOs) were “boots on the ground”• Communications: Health Officer and collaboratively• Pre-existing collaborations• Protecting frontline health workers• Bolder Health Order usage	<ul style="list-style-type: none">• Early siloed responses• Outdated view of “traditional” health system excludes CBOs• CBOs lacked pre-existing relationships with some health partners, lacked resources to meet the need

Programs: CURA

Program	Successes	Barriers
COVID-19 Urgent Response and Aid (CURA)	<ul style="list-style-type: none">• Provided resources and supports to those most impacted;• Community-oriented and led;• Built trust, included broad partners.	<ul style="list-style-type: none">• Community need exceeded program capacity;• Insufficient funding to meet need;• Did not sufficiently make in roads with indigenous communities.

Programs: ERAP

Program	Successes	Barriers
Emergency Rental Assistance Program (ERAP)	<ul style="list-style-type: none">• Provided critical rent and kept people housed.	<ul style="list-style-type: none">• Many in community were unaware of the program;• Fear and miscommunication kept potential clients away.

Policies, Ordinances, and Enforcement

Successes	Barriers
<ul style="list-style-type: none">• Supported those most impacted: workers, renters, families;• Reduced overall spread of virus• “Telework” policy supported County staff• Community was largely compliant;• Orders were widely understood due to multi-media communications.	<ul style="list-style-type: none">• Needed more communication to those who could most benefit and more implementation support;• Overlooked farmworkers, undocumented, those fearing retaliation;• Sheriff’s public comments set precedent about compliance and enforcement.

Positive Impacts/Best Practices

- Recruiting and training vaccination volunteers
- Quarantine and isolation support
- County disaster service workers stepped up
- Community Based Organizations were quick to address community
- Food resources increased
- EOC/DOC adapted to work from home
- Providers expanded telehealth
- Partners came together to address equity in communications
- Community advocates put pressure on decision makers

Questions

Latinx Health Workgroup

Ana Horta, Ana Lugo—Latinx Health Workgroup Members

Background

- Latinx Health Workgroup convened by the Health Services Director in May 2020 to address disparate rates of COVID-19 in Latinx community.
- June 2021 Department of Health Services hosted a focus group to:
 - Provide feedback on the County's response in equity terms;
 - Discuss capacity of existing systems to prepare, prevent, detect, and respond to a Public Health emergency;
 - Suggest recommendations for improving existing capacities and capitalizing on best practices for better serving our Latinx, Black, Indigenous, and other communities of color.

Who We Are

- **Jenny Fish, MD** – HPEACE, Santa Rosa Community Health
- **Maricarmen Reyes** – Sonoma Valley Community Health Center
- **Stephanie Manieri** – Latino Service Providers
- **Ana Horta**
- **Gabriela Orantes** – North Bay Organizing Program
- **Irene de Barraicua** – Lideres Campesinas
- **Elliot Enriquez** – Petaluma Health Center
- **Chelene Lopez**
- **Rocio Rodriguez** – Sonoma County COAD
- **Ana Lugo** – Equity First Consulting
- **Rosa Gonzalez** – Graton Day Labor Center
- **Christy Lubin** – Graton Day Labor Center
- **Gricelda Correa Martinez** – Santa Rosa Community Health

Key Successes

- **Reviewed disaggregated data:** collection, release, and use of detailed demographic data
- **CBO engagement and wraparound services:** supported CURA and serving as coordination space
- **Addressing root causes and pressing for equity-driven systems change:** root causes integrated into response strategies
- **Bringing culturally responsive services to communities:** supported the Roseland Vaccine clinic and popup testing program
- **Enabled Latinx community support:** empowering promotoras and promotores

Local Health Orders

- Impacted communities without:
 - Access to health care;
 - A safe place to isolate;
 - Sick leave;
 - Access to safe outdoor spaces.
- County slow to provide support:
 - Communications
 - Outreach and engagement;
 - Quarantine/Isolation support;
 - Food and housing resources;
 - Emergency cash aid.



Latino families in Sonoma County struggle with both distance learning, COVID-19 risks

July 19, 2020

The families most negatively impacted by distance learning —



New data reveals Latinos hit harder than whites by coronavirus in Sonoma County

May 12, 2020

Latino residents of Sonoma County are about 4½ times more likely



The price of being 'essential': Latino service workers bear brunt of coronavirus

May 1, 2020

For low-paid employees whose work is rarely if ever glorified having



Nearly all of Sonoma County youths who contract coronavirus are Latino, data shows

May 21, 2020

Latino youth were 54 of the 57 confirmed COVID-19 cases under 18,

Vaccine Rollout

- Failed to incorporate lessons learned from testing:
 - Consider more than morbidity/mortality in prioritization
 - Use trusted partners to increase access
 - Overcome barriers to access like: language, location, timing, fear
- Leadership gap in ensuring that all partners centered equity and best practices.
- Did not consider disproportionate impacts on farmworkers and Black, Indigenous, communities of color.

Communications

- The County continues to rely on “traditional” methods of communication, i.e. English only communications, mainstream, English language media.
- County lacks mechanisms for best practice communication to other communities:
 - Language access
 - Trusted messengers
 - Outreach and engagement
- CBO engagement is crucial to communications.
- Tools like Nixle could have provided localized information and updates.



Race and Social Determinants of Health

- **Address racial and ethnic disparities:** deepen understanding of the role of systemic racism in health disparities.
- **Address the social determinants of health:** avoid “Band-Aids” for larger problems of housing, living wage, and access to healthcare.
- **Collect and use race and ethnicity data:** understand the impacts of all programs and funding on all racial and ethnic groups.
- **Make data-driven, equity-focused funding decisions:** distribute American Rescue Plan based on the inequitable impact of COVID-19.

Opportunities for Growth

- **BIPOC Communities:** Data shows that communities of color where most disproportionately impacted, non Latinx BIPOC community leaders must be included in future conversations.
- **Communications:** Embed lessons learned into communication's plan, need for language access plan.
- **Engagement:** Build systems to engage in community centered feedback and conversations.
- **Policy Change:** Create bold policy that addresses the inequities and institutionalizes equity.
- **Equity-Centered Decision Making:** Take lessons learned from the pandemic and ensure that future decisions center around people most impacted by systemic inequities, i.e. people of color.
- **Accountability Mechanisms:** Transform the culture of the Count of Sonoma
 - Foster accountability to community;
 - Engage in deep capacity building across all departments and all levels.



Future Study Sessions

- **Continued Learning:** Create more opportunities for COVID response feedback
 - Schedule study session on the CURA systems and other equity-driven efforts as promised.
- **Cultural Responsiveness:** Create and resource ongoing engagement
 - Implement best practices in community engagement when seeking feedback
 - Create mechanisms to capture and implement feedback from one emergency into the next.
- **Institutionalize Equity:** Equity driven policy change must be a priority for sustainable system transformation.
 - Departments must incorporate recommendations into their guidelines and plans in disaster response.

Institutionalizing Equity

- **ARPA Funds:** must be utilized to support communities most disproportionately impacted. Disbursement and projects must be grounded in data, equity metrics, and community dictated needs.
- **Equitable Systems:** utilize equity driven policy change to transform current systems
- **Uplift:** Resource and dedicate staff to equity;
- **Shared responsibility:** Equity is the job of every employee, every department, every leader;
- **Engagement:** Establish county-wide community engagement practice.
 - Promote mechanisms to gather and integrate community feedback;
- **Accountability:** create countywide equity framework
- **Ongoing Investment :** communities most disproportionately impacted by systemic racism.

Questions