



Legislation Details (With Text)

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Title: COVID-19 Emergency Response Strategy, Appropriations and Delegated Authority Update
Sponsors: Health Services
Indexes:
Attachments: 1. Summary Report, 2. Attachment 1 - Budget Summary Table, 3. Attachment 2 - Vaccine Mission Personnel, 4. Attachment 3 - Budget Resolution, 5. Attachment 4 - Personnel Resolution, 6. Attachment 5 - COVID-19 Response Transition Plan Executive Summary, 7. BOS COVID-19 Response Update 12.07.2021 Final.pdf

Date	Ver.	Action By	Action	Result
12/7/2021	1	Board of Supervisors	Approved as recommended	Pass

To: County of Sonoma Board of Supervisors
Department or Agency Name(s): Department of Health Services
Staff Name and Phone Number: Andrea Dos Santos, 565-6624
Vote Requirement: 4/5th
Supervisory District(s): Countywide

Title:
COVID-19 Emergency Response Strategy, Appropriations and Delegated Authority Update

Recommended Action:

- A) Authorize the Interim Director of Health Services, or designee, to execute the continued COVID-19 Response Plan, obtain necessary resources, services, supplies, equipment, and other properties or needed for the protection of life and property, and to bind the County for the fair value thereof not to exceed the appropriations authorized by the Board for the COVID-19 Emergency response until the emergency declaration has ended at the local level.
- B) Receive a staff update on the current COVID-19 Emergency Response efforts.
- C) Adopt a budget resolution authorizing adjustment to the Department of Health Services Fiscal Year 2021-2022 final budget to increase revenues and expenditures by \$7,511,664 to support continued COVID-19 response efforts. (4/5th Vote Required)
- D) Adopt a personnel resolution amending the Department allocation list for the Department of Health Services to add the following full-time equivalent (FTE), time-limited positions: 1-1.0 FTE Health Program Manager; 1-1.0 FTE Program Planning and Evaluation Analyst; 1-1.0 FTE Administrative Aide; and 1-1.0 FTE Community Health Worker Specialist as part of the Community Health Workers for COVID-19 Response and Resilient Communities Program Grant, through August 30, 2024.

Executive Summary:

On September 1, 2020, the Board authorized the Director of Health Services, or designee, to execute the continued COVID-19 Response Plan and obtain necessary resources, services, supplies, equipment, and such

other properties needed for the protection of life and property and to bind the County for the fair value thereof not to exceed the appropriations authorized by the Board for the COVID-19 Emergency response until the emergency declaration has ended at the local level.

The Department of Health Services continues to work on the COVID-19 Response Plan, including enhanced COVID 19 strategies and this year, the emergence of the Vaccine Mission team. This report addresses the ongoing operational goals, community needs, communication of COVID related information and efforts, development of partnerships within the County and the designated use of fiscal resources all targeting the underserved communities within the County.

Additionally, as COVID and the response changes to monitoring, so have the needs of program staff. The Department will plan to shift from emergency response to ongoing levels of sustainable efforts within the Department's Public Health Division. The staff report requests approval of our reduction and transition planning including a plan to extend the Vaccine Mission team into June 2022 due to changing demographics now receiving the vaccines and with the new recommendations for a booster to already vaccinated groups. See Attachment 5 Transition Framework.

The County's Department of Health Services has received confirmation of several grant-funding opportunities attributable to COVID related response and community engagement. Seven grants were awarded to the Department following the development and approval of the Department's budget in July 2021. Therefore, not yet included in the June 2021 Adopted Budget nor in the subsequent 1st Quarter Consolidated Budget Adjustments. As part of the staff report, the Department has prepared program change requests to add four time-limited positions to focus on the grant's deliverables and three-year oversight of this substantial project and scope of work. Attachment 1 - Budget Summary includes \$16.5 million of ARPA funds discussed during June 2021 Budget Hearings and included in the FY 2021-22 County Adopted Budget.

Additionally, the Department is requesting approval of a budget resolution authorizing adjustments to the Department's fiscal year 2021-2022 final budget to increase revenues and expenditures by \$7.5 million.

Discussion:

Update on the current state of COVID-19 in Sonoma County and the outlook for CY 2022

As of November 12, 2021, Sonoma County has 10.4 new cases per day per 100,000 population, 2.4% test positivity, and is averaging 25 COVID-19 hospitalizations per day (7-day average). Case rates have stabilized and an increase in cases, hospitalizations and deaths is predicted for December through March, but the degree of that surge is dependent on a number of factors.

Factors that may curb the spread of cases include: 1) nearly 70% of the total county population is vaccinated; 2) children 5-11 are now eligible to be vaccinated; and 3) vaccine verification, testing and indoor masking health orders in effect. However, risks remain: 1) 30% of the population remains unvaccinated; 2) the Delta variant is still present and new more transmissible variants may emerge; 3) there is an unknown degree to which waning immunity, booster effectiveness and uptake will balance one another; 4) colder, wet weather prompting more indoor dining including unmasked eating indoors in schools; 5) potential for more holiday travel, tourism, and gatherings than last year with fewer restrictions in place; and 6) the hospital census (of COVID and non-COVID patients combined) is higher this year than last year, meaning that hospitals may become overwhelmed more easily in the event of a winter surge.

The case and hospitalization surge due to the Delta variant in August 2021 was nearly twice that of the August 2020 surge, suggesting that, even with widespread vaccination, the community may be at risk of another significant surge. Fewer deaths were observed in August 2021 however, due to the large proportion of the 65+

community fully vaccinated. The majority of hospitalizations and deaths in the latest surge were among the unvaccinated.

Local data suggests that unvaccinated residents are 6.5X more likely to be infected with COVID-19, 27.8X more likely to be hospitalized with COVID-19 complications, and 13.5X more likely to die from COVID-19 related illnesses. Ongoing tracking of COVID-19 case data, variants, vaccine uptake/equity, and characteristics of hospitalizations and deaths will be essential in allowing the county to be strategic and effective in its scaled back COVID-19 response. Ongoing data and epidemiological staffing support is budgeted in fiscal year 2021-2022 and the Department anticipates the need for additional resources in fiscal year 2022-2023 with an estimate to be presented to your Board as an American Rescue Plan Act use of funds recommendations on December 14, 2021. This will allow for COVID-19 tracking while maintaining other essential non-COVID community health surveillance.

COVID-19 Emergency Response to Monitor - Attachment 5 Transition Framework

Since the first case of COVID-19 was identified in Sonoma County, the Sonoma County Department of Health Services has been activated in some level of emergency response. The Department plans to conduct a phased transition from a response organizational structure and staffing model to standard sustained operations over the next 9-month period. This transition will include COVID-19 post-pandemic operations while sustaining equitable long-term pandemic-related response and recovery activities region-wide.

The Response Transition Framework included in Attachment 5 is based on current predictions of the evolving COVID-19 situation, and makes estimates of potential timeframe of phase transitions over the next nine months. While phases are assigned potential goal time-frames, the ultimate determinant of progression from advancement of phase is reaching goal metrics and conditions. This Framework assumes that if the county incurs a major COVID-19 surge of cases that results in significant impacts to the healthcare system, that phase transitions may be delayed, or reversed, as situationally appropriate. The Framework assumes that a significant COVID-19 variant will not develop over the next 1-year period.

The Department's goal is to downsize the COVID-19 Section to reflect current realities and streamline operations as an interim step, with the eventual goal of subsuming the COVID testing and case investigation/contact tracing (CI/CT) services under Disease Control Unit within the Public Health Division, with oversight provided by the Department's Deputy Health Officer and the Supervising Public Health Nurse for Disease Control. This could allow the County to maintain COVID and other epidemic monitoring and response capability, shore up other Disease Control functions, and support Public Health Preparedness and emergency response activities with experienced staff.

The timeline for Phase 1 of this process should be completed by the end of March 2022. The move to integrate testing and CI/CT functions with Disease Control, if approved, could be completed by July 2022. The proposed timeline and dates are contingent on the metrics outlined in the transmission framework being met. The biggest hurdle to ensuring and creating a long-term, stable response is the lack of certainty in the next phases of the pandemic.

Current funding for the Case Investigation/Contact Tracing/Testing aspects of the COVID response are primarily funded by ARPA funds, Enhanced Laboratory Capacity (ELC) Expansion Grants, Immunization (IZ) Grants and Safe Schools for All Grant. The Department is working on an estimate for an operational plan for a sustained response in fiscal year 2022-2023. This information will be presented during the December 14th ARPA funding discussion for your Board to consider.

Hotline, Mobile Testing, Contact Tracing and Case Management

The recent delta surge illustrated the need for flexibility when planning for the future of COVID-19 response structure and staffing. Periods of lower case rates and test positivity can abruptly change despite rising numbers of vaccinated individuals. The mobile testing, hotline, contact tracing and case management sections will continue to maintain mission critical response operations while assuring schools, workplaces, shelters, healthcare centers and facilities have established infection prevention measures and testing methods and protocols.

Staff will be cross-trained to respond to outbreaks in all areas of the community as well as continue to provide education on resources available within the County. The testing team will continue to focus on response testing and provide information and guidance on how schools, organizations and facilities can establish their own testing programs in partnership with the California COVID-19 Testing Task Force.

The majority of surveillance testing will continue to be supported by private testing vendors with feedback and location guidance provided by the County. Incremental demobilization of temporary staff will begin once the outlined case rate and vaccination benchmarks are met. As COVID-19 becomes endemic, the goal is integration of a reduced number of permanent staff into the disease control unit after June 30, 2022 if benchmarks have been achieved at that time. These key staff members would provide ongoing support and monitoring of COVID-19 and develop a training program for other employees or volunteers in the event of another surge or a concerning level of increased transmission. The Department will include a proposal for the continued staff within Disease Control in the fiscal year 2022-2023 Recommended Budget if your Board approves additional ARPA funding for the Department continued COVID-19 Response.

Alternate Care Site

The Best Western Dry Creek Inn in Healdsburg has been serving as the County's alternative care site (ACS) since July 18, 2021. The ACS provides medical care for individuals diagnosed with mild or moderate coronavirus and for those awaiting test results who cannot safely isolate or quarantine. The Department will not continue operations at this site beyond December 31, 2021. In the event of a surge in which isolation measures are required, the Department will secure another appropriate site with the necessary medical supports to ensure patient safety.

Non-congregate Sites

The County's non-congregate sites, referred to as NCS, offer temporary shelter to individuals who have not been diagnosed with coronavirus, but are considered at high-risk of serious complications should they contract the virus. Individuals who are unsheltered who are over the age of 65 or have underlying medical conditions meet the criteria for placement at NCS locations.

Since November 1, 2021, the Department has eliminated the referral process in which local hospitals, clinics, departments and community partners referred individuals to the NCS. The Department's housing coordinators have been aggressively seeking appropriate permanent supportive housing and other housing solutions for individuals that remain at these sites.

- NCS Holiday Inn in Windsor and the Astro Motel will continue to house individuals in need of temporary shelter. Though the current contracts end on December 31, 2021; we anticipate extending the contracts through the end of March 2022 consistent with FEMA eligible cost extension to 4/1/22. This will allow Department staff to effectively transition individuals to temporary supportive housing and permanent supportive housing solutions.
- NCS Trailers at the Fairgrounds - 31 trailers for COVID response offer temporary shelter for COVID vulnerable individuals. The program will transition to the Community Development Commission (CDC)

with wrap around services provided through contracts and blanket purchase order (BPO) commitments going to CDC as of April 1, 2022. Clients in need of this shelter will remain in place and continue to receive medical care, behavioral health services, prepared meals and laundry services. Emergency Solutions Grant (ESG) funding and Section 8 Housing Vouchers are already in place for this effort.

- NCS Mikey Zane Place and Sebastopol Inn - These Project Homekey sites will continue under the CDC with wrap around contracts and BPO commitments going to CDC as of April 1, 2022. Clients in need of this transitional shelter will remain in place and continue to receive medical care, behavioral health services, prepared meals and laundry services. Funding from ESG, Enterprise Philanthropic Grant, Project Based Vouchers, No Place Like Home, Whole Person Care Pilot, County General Fund Discretionary Funding, Housing Vouchers are already in place for this effort.

The estimated total cost associated with extending the operations at the non-congregate sites for the 1/1/2022 - 3/31/2022 period is projected at \$6.4 million. The Biden administration announced on November 9, 2021, that the President is extending 100% Federal funding for COVID-19 Public Assistance Category B through April 1, 2022. However, as presented by CAO staff on 11/16/2021, overall FEMA reimbursements are slow to come in and thus not available as an immediate offsetting revenue to finance this fiscal year expenses. Consequently, the \$6.4 million projected Non-Congregate housing services eligible for FEMA claim, has been adjusted down to \$3,153,526; which is the amount the Auditor-Controller-Treasurer-Tax Collector Disaster Finance Team estimates will be available for additional current year programming, when all disaster funds are combined. As of 6/30/2021, \$42 million of COVID FEMA/Cal-OES eligible costs incurred, have not yet been reimbursed as of the writing of this report. Staff estimates reimbursements will be realized over the next 3 to 5 years. FEMA/Cal-OES revenues are ONLY recognized or accrued when the claim has been submitted and accepted by FEMA/Cal-OES.

The cost estimate for extending the NCS sites through March 31, 2022, is \$6.4 million. With only \$3,153,526 available to temporarily finance FEMA reimbursement with Disaster Funds, the Department anticipates that the end date of the extension for the NCS sites at the Holiday Inn in Windsor and the Astro Motel may be sooner unless other funding sources are identified.

Enhanced COVID-19 Response

In order to address the disproportionate impact of COVID-19 and examine accessibility to services through an equity lens, culturally responsive programs are vital.

To ensure that all COVID Programs (testing, hotline, epidemiology, etc.) are examined through an equity lens, the Department hired a Health Equity Program Manager to focus on developing programmatic recommendations, strategy building, and embedding the equity design process in those recommendations and strategy building. The Health Equity Program Manager is also responsible for the development of the equity framework for the vaccine roll out and supports vaccine leadership with community centered models to better execute on the framework. The Health Equity Program Manager has also participated in co-designing of strategies with other counties around the Bay Area and has been a bridge to community organizations to facilitate support from Public Health in areas where Public Health might not have existing relationships.

This position serves in a time-limited allocation through June 30, 2022. The Department plans to add a Department-wide Equity position who will work in concert with the Equity workgroup to address equity issues when this position transitions out. The funding for this position is the California Equitable Recovery Initiative (CERI) Grant. Currently, the Department of Health Services contracts with On The Move, and Raizes Collective to successfully meet the needs Latinx and Indigenous Language Speaking Communities. Both programs are focused on community centered design processes and systems; they are the highest quality of partnership we

currently hold to serve the Latinx community during the COVID pandemic and vaccine roll out.

The current contract with On The Move (ending December of 2021) is vital for our efforts as it ensures that communities who have been the most disproportionately impacted by the pandemic continue to have a safety net of services, receive financial assistance, case management and navigation, a connection point for vaccines, and testing. CURA also has created the infrastructure for surge capacity as needed.

In addition, the CURA collaborative is critical to ensuring that mental health services continue through partners like Humanidad, and the Botanical Bus who are vital to the recovery and resiliency efforts in the communities who suffer from the ongoing impacts and effects of the pandemic as disproportionate costs to inequity that sits squarely on the backs of communities of color.

The expansion of services through On The Move and extended timeline for the CURA project through June 30, 2022, requires an additional \$2.5 million. Currently, the Department has an estimated \$1,038,396 available from the Enhanced Laboratory Capacity (ELC) Expansion grant and \$940,594 from the American Rescue Plan Act (ARPA) funding for a total of \$1,978,990 in federal funding to fund these services through June 30, 2022.

No additional appropriations are necessary for the federal funding amount of \$1,978,990 to fund the On The Move contract extension as the Department will use the ELC Expansion grant for the \$1,038,396 and be redirecting ARPA funds of \$940,594 resulting from anticipated savings. The Department is requesting \$450,000 in general fund contingency to increase flexibility for On The Move to contract with community based organizations who assist in providing direct services and supports to the community. The proposed total funding amount for this contract is \$2,428,990.

Vaccine Mission

In July 2021, the Vaccine Mission strategy transitioned from a large-scale, County-led constellation of vaccine centers, to a more targeted outreach, education and equity-driven approach. As the number of providers such as pharmacies and individual healthcare providers increased, and demand decreased, this transition has allowed the County to maintain a leadership role and focus on underserved communities while allowing private sector operators to administer the majority of vaccine doses.

Since the closing of Fairground operations in August 2021, the County has funded two key vaccine centers in Roseland and Rohnert Park, while also providing funding or staffing for vaccine activities at the county's Community Clinics. The Rohnert Park Vaccination Center is operated by OptumServe and serves the largest zip code with the lowest vaccination rate in the County. The Roseland Vaccination Center is located at the Roseland Community Center and serves a large community with among the lowest Healthy Places Index scores in the County.

The Roseland Vaccination Center is operated by Fox Home Health and operates as a hub of vaccine operations. The Center is a fixed site, serving the Roseland and surrounding communities by providing appointment based and walk-in service. In partnership with the County's Vaccine Planning Team, Fox Home Health operates a mobile vaccine strike team, and uses the Roseland site as a base of operations to reach schools, homebound seniors, individuals without housing, incarcerated individuals, and seniors in residential care or skilled nursing facilities.

In addition to vaccine administration, the Vaccine team continues to conduct vaccine distribution, vaccine education, and outreach to underserved communities. Vaccine distribution is operated from the Public Health Lab and serves providers that cannot receive vaccine doses directly from the state or federal government. Outreach and Education is conducted by specially trained staff working with the vaccine planning team to identify communities where outreach and education may be most effective.

While the Vaccine Mission was initially projected to sunset by December 31, 2021, we anticipate that demand for the above services will continue through June 30, 2022 due to demand for booster shots, youth vaccines, and continued outreach to individuals who have not yet been vaccinated. While we anticipate closing the Rohnert Park site at the end of March 2022, we recommend continuing operations at the Roseland Vaccine Center and other Vaccine Mission operations through the end of fiscal year 2021-2022.

Projected Vaccines Administration:

- Roseland Site (1/1/22 - 6/30/22): 27,800
- Rohnert Park Site (1/1/22 - 3/31/22): 10,000
- Strike Teams (1/1/22 - 4/30/22): 8,160

Reallocation of resources within the existing fiscal year 2021-2022 COVID-19 budget and grant funding from COVID-19 Immunization Round 4 to fund Extra Help, Contractors and Vaccine Administration through a contracted service provider is necessary to extend the vaccine effort through June 30, 2022.

Summary of the Transition Plan

As stated previously, the transition from a fully staffed COVID-19 Section to becoming part of the Disease Control unit will progress in stages with proposed dates but more importantly based on certain metrics. In general, the goals are to have a case rate that is steady, manageable for a smaller number of nurses and not overwhelming the hospital systems and at the same time achieving vaccination rates that provides an adequate level of protection for the community without large disparities in vaccine administration between the most impacted and vulnerable communities and the most advantaged communities.

Phase 1 (Goal, starting March 2022)

- Case Rate ≤ 7 cases/100,000/day
- Test positivity: Overall $\leq 5\%$ HPI 1 $\leq 5\%$
- 75% total population vaccinated
- $< 10\%$ vaccination difference between HPI 1 and HPI 4 vaccinations - (5y+ eligible population)
- $\geq 70\%$ 65y+ vaccinated (boosters)
- $< 10\%$ difference in 65y+ booster vaccinations between HPI 1 and HPI 4
- Low and stable hospitalizations without staffing or equipment shortages/delays

Phase 2 (Goal beg. July 2022): Integration with Disease Control

- Case Rate ≤ 7 cases/100,000/day
- Test positivity: Overall $\leq 5\%$ HPI 1 $\leq 5\%$
- Monitor data for significant case increases/health impacts in medically and socially vulnerable populations (i.e., SNF/RCFE, homeless, 65+, racial/ethnic groups, high risk occupations)
- 80% total pop vaccinated
- $< 10\%$ vaccination difference between HPI 1 and HPI 4 - (5y+ eligible population)
- 80% 65y+ vaccinated (boosters)
- $\leq 10\%$ difference 65y+ booster vaccinations between HPI 1 and HPI 4
- Low and stable hospitalizations without staffing or equipment shortages/delays

COVID-19 Grant Awards Overview

Community Health Workers for COVID-19 Response and Resilient Communities Program Grant

In March 2021, Centers for Disease Control and Prevention (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) section solicited applications for potential applicants for the Community Health Workers (CHWs) for COVID Response and Resilient Communities grant. In July 2021, the

Department was notified it was a recipient of the grant. The County of Sonoma was one of 35 entities nationwide that were successful in securing this grant. The grant is \$2 million annually, awarded for a three-year period, starting in August 2021.

Three Federally Qualified Health Centers (FQHCs) (Alliance Medical Center, Santa Rosa Community Health Center, West County Health Center) and the Petaluma Healthcare District will hire 7.6 FTE CHWs to serve the target communities, collaborating with key nonprofits, community health centers committed to hiring and supporting CHWs, as well as strengthening management and supervision capacity within those organizations. CHWs will work with the County Public Health Emergency Preparedness Program team to help communities prepare for potential evacuations by developing and communicating practical tips and helping families plan for these emergencies. Additionally, CHWs will engage in existing county-wide efforts that are funded through CDC and other grants to address the challenge of vaccinating our target populations.

As part of this grant implementation, the Department requests approval of four time-limited (3 years) full-time equivalent (FTE) staff to manage and coordinate this new program: 1) 1.0 FTE Health Program Manager will coordinate the program objectives, supervise staff, engage in evaluation activities and prepare required reports; 2) 1.0 FTE Policy, Planning and Evaluation Analyst will manage contracts, engage in evaluation, support the development of a network of CHWs and their employers; 3) 1.0 FTE Administrative Aide will be responsible for processing invoices, tracking data and inventory and supporting evaluation activities; and 4) 1.0 FTE Bilingual Community Health Worker Specialist will support the network, promote training, engage CHWs in quality improvement activities and ensure implementation fidelity.

This item is requesting to increase revenues and expenditures appropriations by \$1,679,393 to support this effort. The Department is anticipating that \$1,679,393 of the total \$2 million for Year 1 of the grant will be spent by June 30, 2022, and will include the remaining balance of \$320,607 in the fiscal year 2022-2023 Recommended Budget.

California Equitable Recovery Initiative (CERI) Grant

The California Equitable Recovery Initiative (CERI) grant is funded by the Centers for Disease Control and Prevention (CDC) National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities grant. The California Department of Public Health (CDPH) is allocating \$560,119 to Sonoma County for the period of September 1, 2021 to May 31, 2023.

DHS requests approval to utilize CERI grant funding to hire 1.0 FTE time limited Health Equity Program Manager to focus on implementing department wide health equity capacity building activities; implementation of trainings for DHS leadership on basic equity principles, racial equity, and cultural responsiveness; development of a departmental health equity plan; and overseeing the evolution of the Department's existing Health Equity Workgroup. A Program Change Request to add this staffing allocation will return to the Board at a future date.

This item is requesting to increase revenues and expenditures appropriations by \$186,706 to support this effort. The Department is anticipating that \$186,706 of the total \$560,119 in grant funding will be spent by June 30, 2022, and will include the remaining balance of \$373,413 in the fiscal year 2022-2023 Recommended Budget.

COVID-19 Immunization Round 4 Grant

The CDPH, Immunization Branch provided additional COVID-19 supplemental funding to Health Department (LHD) sub recipients through funding from the Centers of Disease Control and Prevention (CDC). The

Department of Health Services was awarded \$2,089,566 effective July 1, 2021 - June 30, 2022. The purpose of this funding is to support local strategies that ensure greater equity and access to vaccine by those disproportionately affected by COVID-19. Funds will be used to set vaccine targets for disproportionately impacted populations such as; skilled nursing facility staff and patients, children (12-17 years old), inmates and staff at correctional facilities, unhoused persons, and the Medi-Cal population, and devised strategies to reach targets.

Areas of focus in Sonoma County include; Roseland, Guerneville, Rohnert Park, and Boyes Hot Springs, some of which overlap with low vaccination rates, high Medi-Cal populations, and Black, Indigenous, People of Color (BIPOC communities).

This item is requesting to increase revenues and expenditures appropriations by \$2,089,566 to support this effort. The Department is anticipating that the total \$2,089,566 in grant funding will be spent by June 30, 2022.

Partnership HealthPlan of California, COVID-19 Vaccine Community Grant

The Department of Health Care Services (DHCS) in collaboration with the Partnership HealthPlan of California (PHC) developed a Vaccination Response Plan to improve COVID-19 vaccination efforts in the Medi-Cal managed care delivery system for the service period of September 1, 2021 through February 28, 2022. The Department of Health Services, through a competitive grants process, received \$60,000 from PHC to augment the work of our vaccination effort.

DHS will utilize the PHC funding to build the mobile vaccine unit to provide vaccines to the most vulnerable populations in the areas of Roseland, Guerneville, Rohnert Park, and Boyes Hot Springs. The PHC-supported mobile unit will also allow DHS to expand its school vaccination clinics throughout the county.

This item is requesting to increase revenues and expenditures appropriations by \$60,000 to support this effort. The Department is anticipating that the total \$60,000 in grant funding will be spent by June 30, 2022.

COVID-19 Public Health Crisis Response and the Public Health Workforce Development Supplemental Funding

This CDPH sponsored grant is a pass-through from the Centers for Disease Control and Prevention for COVID-19 response. The purpose of this funding is to establish, expand, train, and sustain the public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives. The funding award to DHS is \$1,063,039. The period of performance for this grant is July 1, 2021 through June 30, 2023.

This funding will provide sustainment of critical clinical staffing at both fixed vaccine administration sites as well as event and popup locations.

This funding does not require additional revenues and expenditures appropriations as the Department of Health Care Services (DHCS) will be using this funding to pay directly their vendors for clinical staffing working in Sonoma County.

Safe Schools for All (SS4A) grant

The reimbursement for the Safe Schools for All Team funding pursuant to Section 7 of Chapter 10, Statutes of 2021 (AB 86), is to enhance public health education, engagement and mitigation strategies in schools and districts across the State of California. Funding for these activities is covered for the period beginning May 12, 2021 to June 30, 2022. CDPH awarded \$200,000 to DHS. The goals of the initiative include increasing safety mitigation strategies and addressing barriers to in-person instruction, with specific emphasis on the most at-risk school districts.

DHS worked with Sonoma County Office of Education (COE) to create and deliver orientation workshops for new COVID Coordinators, dedicating a bilingual, bicultural Social Services Worker to support the COVID Coordinators in working with parents and families to prepare for and cope with COVID-related challenges during the school year; and supporting activities of the County COVID Field Services Team to provide education and resources to school staff, students, and parents. These activities will be focused on schools in our lowest HPI areas and those with the highest COVID infection rates, including the Roseland area of Santa Rosa and Sonoma Valley.

This item is requesting to increase revenues and expenditures appropriations by \$200,000 to support this effort. The Department is anticipating that the total \$200,000 in grant funding will be spent by June 30, 2022.

Epidemiology and Laboratory Capacity (ELC) Strengthening Public Health Laboratory (PHL) Preparedness through Laboratory Response Network (LRN) supplemental funding

The Epidemiology and Laboratory Capacity (ELC) Strengthening Public Health Laboratory (PHL) grant is intended to strengthen PHL surveillance, detection, and preparedness. The ELC PHL funding is available from May 12, 2021 to July 31, 2022. CDPH allocated \$142,473 of this funding to the Sonoma County Public Health Laboratory. This funding is designed to address three goals: 1) strengthen public health laboratory preparedness and response capabilities by building a robust, flexible, and scalable infrastructure; 2) implement new technologies for the detection of SARS-CoV-2 and other infectious disease pathogens; and 3) enhance and modernize electronic laboratory data reporting.

DHS plans to utilize funds to purchase PHL equipment, software, and supplies (collection supplies, test kits, reagents, consumables) to enhance COVID-19 testing. Funding will also support Orchard Software Patient Portal annual maintenance. The PHL also plans to purchase a software package to enable analysis of sequencing data from low viral load SARS-CoV-2 specimens which can also be adapted for the identification of other pathogens including agents of bioterrorism.

This item is requesting to increase revenues and expenditures appropriations by \$142,473 to support this effort. The Department is anticipating that the total \$142,473 in grant funding will be spent by June 30, 2022.

Strategic Plan:

This item directly supports the County's Five-year Strategic Plan and is aligned with the following pillar, goal, and objective.

Pillar: Healthy and Safe Communities

Goal: Goal 1: Expand integrated system of care to address gaps in services to the County's most vulnerable.

Objective: Objective 2: Identify gaps in the Safety Net system of services and identify areas where departments can address those gaps directly, and seek guidance from the Board when additional resources and/or policy direction is needed.

Prior Board Actions:

On November 16, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On October 19, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On September 28, 2021 the Board A) Authorized the Interim Director of Health Services, or designee, to

execute agreements, and to obtain necessary resources, services, supplies, equipment, and such other properties to be lacking or needed for the protection of life and property, and to bind the County for the fair value thereof not to exceed the appropriations authorized by the Board in this item, and B) Adopted a budget resolution authorizing adjustments to the Department of Health Services Fiscal Year 2021-2022 final budget to increase revenues and expenditures by \$9,122,900 to support continued COVID-19 response efforts. On September 21, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On September 21, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On August 17, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On July 27, 2021 the Board A) received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination and B) received an update on the COVID-19 Response Point-In-Time Feedback Report.

On July 13, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On June 8, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On May 25, 2021 the Board A) received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination, B) approved the Environmental Health COVID pandemic offset to permit fees and administration costs, totaling \$2,780,969 for fiscal year 2020-2021, C) adopted a resolution amending the fiscal year 2020-2021 Department of Health Services and County Administrator's budget in the amount of \$2,780,969; financed from the county's General Fund Infrastructure Sinking balance, and D) adopted a resolution implementing local aid strategies to provide additional financial relief to local restaurants, body art, and recreational health establishments that suffered financial hardship during the pandemic.

On May 11, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On April 20, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On April 6, 2021 the Board A) received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination and B) adopted a personnel resolution amending the County Administrator's allocation list to extend the term of 2.0 full-time equivalent time-limited positions through December 31, 2021, and the Department of Health Services allocation list to extend the term of 3.0 full-time equivalent time-limited positions through June 30, 2022, and convert a 1.0 full-time equivalent time-limited position to a permanent position, as detailed in the attached resolution.

On March 16, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On March 2, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On February 23, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-

19 strategy efforts and vaccination coordination.

On February 2, 2021 the Board A) authorized the Director of Health Services, or designee, to execute the COVID-19 Vaccination Response Plan hereby described, to execute contracts and to obtain necessary resources, services, supplies, equipment, and such other properties to be lacking or needed for the protection of life and property, and to bind the county for the fair value thereof not to exceed the cumulative appropriations already authorized by the Board for COVID-19 Response activities from July 1, 2020 through June 30, 2021; B) authorized the Director of Health Services and County Administrator's Office to work with the Human Resources Department to hire extra-help personnel, temporary agency personnel, independent contractors, and/or other appropriate options to expeditiously hire needed staff to effectively continue the emergency pandemic response, for the Vaccination Unit of the temporary COVID-19 Section in the Public Health Division and associated departments; and C) received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On January 5, 2021 the Board received a staff update on current COVID-19 response and enhanced COVID-19 strategy efforts and vaccination coordination.

On January 5, 2021 the Board A) received a report on H.R. 133 - Consolidated Appropriations Act, 2021 and the current protections provided with the Federal, State, local Eviction and Sick Leave policies; B) authorized the Director of Health Services, or designee to execute the continued COVID-19 Response Plan hereby described, to execute agreements, and to obtain necessary resources, services, supplies, equipment, and such other properties to be lacking or needed for the protection of life and property, and to bind the county for the fair value thereof not to exceed the cumulative appropriations authorized including those in this item.; C) directed staff to return with additional budgetary adjustments necessary to expand Department of Health COVID-19 Response Plan through 6/30/2021, which may include up to \$5 million from county discretionary resources; D) provided direction to staff regarding the Local Aid Strategies and direct staff to return to the Board for further action, or, alternatively authorize additional appropriations to support Local Aid strategies and authorize the Director of Health Services, Community Development Commission, Department of Emergency Management, Office of Equity, County Counsel, and/or Economic Development Board, or designee, to execute the Local Aid Strategies approved by the Board, to execute agreements, disperse funding, and to obtain necessary resources, services, supplies, equipment, and such other properties and to bind the county for the fair value thereof not to exceed the appropriations authorized.

On December 15, 2020 the Board approved the following actions: A) Authorize the Director of Health Services, or designee to execute the continued COVID-19 Response Plan hereby described, to execute agreements, and to obtain necessary resources, services, supplies, equipment, and such other properties to be lacking or needed for the protection of life and property, and to bind the county for the fair value thereof not to exceed the cumulative appropriations authorized including those in this item.; B) Authorize the Director of Health Services, Human Resources, County Counsel, Auditor-Controller-Treasurer-Tax-Collector, and County Administrator, or designee to continue to hire extra-help personnel, temporary agency personnel, and/or independent contractors, whichever is the most expeditious method to effectively continue the emergency pandemic response, for the temporary COVID-19 Section in the Public Health Division and associated departments. Staffing costs are not to exceed the cumulative appropriations authorized including those in this item; and C) Adopt a resolution to execute all budget appropriations increases and adjustments up to \$22,666,105 (federal/state \$8,608,298 and county funds \$14,057,807 for the period of December 31, 2020 to March 31, 2021 to continue the COVID-19 Response Plan per the Board's direction.

On December 8, 2020 the Board received a staff update on current COVID-19 response and enhanced COVID-

19 strategy efforts.

On October 20, 2020, the Board of Supervisors authorized the Director of Health Services, or designee, to execute the Enhanced COVID-19 Response Strategies and to execute agreements, and to obtain necessary resources, services, supplies, equipment, and such other properties to be lacking or needed for the protection of life and property, and to bind the county for the fair value thereof not to exceed the appropriations authorized by the Board in this item. The Board of Supervisors also approved redirecting within fiscal year 2020-2021 \$4 million Coronavirus Aid, Relief, and Economic Security (CARES) Act assigned to COVID-19 response activities led by the Department of Health Services to finance the initial phase of Enhanced COVID-19 Response Strategies.

On September 1, 2020, the Board of Supervisors approved the Department of Health Services COVID-19 Emergency Plan allowing for the continuation of the COVID-19 Response plan and authorizing the Director of Health Services to obtain necessary resources, services, supplies, equipment and for the temporary COVID-19 Unit to be established.

On July 27, 2020, during Budget Workshops, the Board approved a plan to allow for a sustainable COVID-19 response through June 30, 2021 to continue the County’s COVID-19 Response efforts.

FISCAL SUMMARY

Expenditures	FY 21-22 Adopted (\$)	FY 22-23 Projected (\$)	FY 23-24 Projected (\$)
Budgeted Expenses	54,272,382		
Additional Appropriation Requested	7,511,664		
Total Expenditures	61,784,046		
Funding Sources			
General Fund/WA GF			
State/Federal	61,334,046		
Fees/Other			
Use of Fund Balance			
Contingencies	450,000		
Total Sources	61,784,046		

Narrative Explanation of Fiscal Impacts:

The Department is requesting adjustments to the FY 21-22 budget to increase expenditures appropriations totaling \$7,511,664 using the following funding sources:

- FEMA (temporarily financed with Disaster funds): \$3,153,526
- Community Health Workers for COVID-19 Response and Resilient Communities Program Grant: \$1,679,393
- California Equitable Recovery Initiative (CERI) Grant: \$186,706
- COVID-19 Immunization Round 4 Grant: \$2,089,566
- Partnership HealthPlan of California, COVID-19 Vaccine Community Grant: \$60,000
- Epidemiology and Laboratory Capacity (ELC) Strengthening Public Health Laboratory (PHL)

Preparedness through Laboratory Response Network (LRN) supplemental funding: \$142,473

- Safe Schools for All (SS4A) grant: \$200,000

Total Funding Amount: \$7,511,664

The Department is requesting \$450,000 in general fund contingency to increase flexibility for On The Move to contract with community based organizations who assist in providing direct services and supports to the community. This addition will be offset by a decrease in ARPA revenue appropriations during FY 21-22.

FY 20-21 unspent amount of \$300,638 from ELC Expansion grant will be appropriated in FY 21-22 by way of Consolidated Board Adjustments (CBAs).

Total expenditures and identified sources of revenues in FY 21-22 is estimated at \$62,084,684 (Attachment 1 - Budget Summary).

The remaining estimated \$694,020 in funding available beyond June 30, 2022, from the above grants will be included in the FY 22-23 Recommended Budget.

FEMA Funding for NCS Sites

The Federal Emergency Management Agency (FEMA) eligible expense estimated capacity is \$3.1 million for the ongoing NCS Sites; which will be financed with anticipated FY 21-22 close of books available balance for all Disaster funds. This amount is estimated to only pay for a portion of the third quarter of fiscal year 21-22, as the estimated amount to fund the ACS/NCS to 3/31/22 would be \$6.4 million.

ARPA Funding for DHS and Other County Departments

It is important to note that the costs presented here and funded with ARPA are specifically related to the ongoing COVID response for the Health Department only for FY 21-22. In addition to Health’s FY 21-22 response costs, there are response costs in other departments (i.e. Central Communications for marketing and messaging) as well as ARPA implementation costs. The Board has approved FY 21-22 costs for the implementation of ARPA including adding 2.0 positions to Human Services’ Upstream Team at budget hearings and adding 2.0 positions to the Office of Equity on July 27, 2021. When combined with the Health Department’s estimated response costs, the total funding needed for response and ARPA implementation through FY 21-22 is approximately \$20M, as indicated in prior ARPA items presented to your Board. This figure does not include implementation or response costs past FY 21-22 for any departments. This 12/14 Board item will also address the need for a continued COVID Unit in FY 2022-23 and beyond as needed for consideration of ARPA Funding. Staff is finalizing their analysis of overall ARPA implementation for the entire award period, and these costs will be present to your board on December 14, 2021.

Staffing Impacts:			
Position Title (Payroll Classification)	Monthly Salary Range (A-I Step) (\$)	Additions (Number)	Deletions (Number)
Health Program Manager	\$7,487-\$9,100	1.00	0.0
Program Planning and Evaluation Analyst	\$6,573-\$7,989	1.00	0.0
Administrative Aide	\$4,807-\$5,842	1.00	0.0
Community Health Worker Specialist	\$4,066-\$4,943	1.00	0.0

Narrative Explanation of Staffing Impacts (If Required):

Requested staffing is intended to address staff needs identified above. If approved, the Department of Health Services will work with Human Resources to fill the new positions. The requested positions are time-limited

through August 30, 2024.

Attachments:

Attachment 1 - Budget Summary Table

Attachment 2 - Vaccine Mission Personnel 1/1/22 - 6/30/22

Attachment 3 - Budget Resolution

Attachment 4 - Personnel Resolution

Attachment 5 - COVID-19 Response Transition Plan Executive Summary

Related Items "On File" with the Clerk of the Board:

None