



## Legislation Details (With Text)

**File #:** 2020-1276  
**Type:** Consent Calendar Item      **Status:** Agenda Ready  
**File created:** 12/4/2020      **In control:** Health Services  
**On agenda:** 12/15/2020      **Final action:**  
**Title:** Department of Health Services COVID-19 Emergency Response  
**Sponsors:** Health Services  
**Indexes:**  
**Attachments:** 1. Summary Report, 2. Attachment 1 - Description of COVID-19 Response Activities and Cost Estimates, 3. Attachment 2 - COVID-19 Section, Enhanced COVID-19 Strategies and Vaccination Coordination, 4. Attachment 3 - Budget Resolution

Date	Ver.	Action By	Action	Result
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**To:** County of Sonoma Board of Supervisors  
**Department or Agency Name(s):** Department of Health Services  
**Staff Name and Phone Number:** Barbie Robinson, 565-7876  
**Vote Requirement:** 4/5th  
**Supervisory District(s):** Countywide

**Title:**  
Department of Health Services COVID-19 Emergency Response

### Recommended Action:

- 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.
- 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. (4/5th Vote Required)

### Executive Summary:

On July 27, 2020, during Budget Workshops, the Director of Health Services presented to your Board an overview of a plan to allow for a sustainable response through June 30, 2021 to continue the County's COVID-19 Response efforts. On September 1, 2020, a request for appropriations and a proposed plan for replacing

the Health Department Operations Center (DOC) with a temporary Novel Coronavirus/COVID-19 Section within the Public Health Division was approved.

Staff report provides the Board with an update of the Department's COVID-19 Response efforts, including the enhanced COVID-19 strategies approved by your Board on October 20, 2020, as well as staff's initial assessment regarding vaccination coordination efforts. Further, a request for continuing to support the COVID Section, core response programs, enhanced strategies through March 31, 2021, and vaccination distribution marketing and information distribution is also included in this item.

Overall, the costs of the COVID-19 Response for fiscal year 2020-2021 are estimated at \$85.3 million based on current known conditions as of the date of this Report. Of the total, staff anticipates state and federal funds in FY 2020-21 offsetting approximately \$47.3 million from various Federal and State sources including the \$25 million portion of the state allocation to the county. DHS staff anticipates that most of the \$38 million of estimated remaining costs for the balance of the fiscal year will require County discretionary funds in the absence of additional federal/state aid.

Item includes a \$22.7 million request for additional expenditure authority financed with \$8.6 million in FEMA assistance and grants, and \$14.0 million from the \$20 million one-time county discretionary balance set aside during the September 2020 budget hearings for anticipated continued pandemic response in 2021. Specific amounts for cost estimates references throughout the rest of the report are included in Attachment 1.

Note: A separate item on today's agenda is requesting authority to extend operating funding agreement through 6/30/2020 for services terms Urgent Response and Aid (CURA) Project coordinated by On the Move, a locally based non-profit organization, for an additional \$1.65 million to be financed from the county's discretionary one-time funds.

#### **Discussion:**

The COVID-19 pandemic is far from over and the World Health Organization (WHO) reported on December 08, 2020, that COVID-19 cases continue to rise globally. There have been over 65.8 million cases and over 1.5 million deaths reported globally since the start of the pandemic. As of December 08, 2020, the CDC confirmed and presumptive positive U.S. cases of COVID-19 have reached 14,823,129 with 282,785 deaths reported. The State of California and Sonoma County also continue to struggle with soaring case numbers. The rapid increase in cases and hospitalizations contributed to new State restrictions put in place for regional stay at home orders, should the region's ICU adult bed capacity fall below 15%. Sonoma County will join six other Bay Area counties and the city of Berkeley in preemptively adopting the California Department of Public Health's Stay-Home Order beginning on Saturday, December 12, 2020.

Sonoma County remains at the Tier 1 risk level with widespread community transmission taking place. As of December 10, 2020, Sonoma County had a testing positivity rate of 6.6% and 25 new cases per 100,000 per day. Further, Sonoma County is experiencing a wider geographic spread of infection. The increase in cases can be attributed to large gatherings that have occurred locally including over Halloween and Thanksgiving. Residents who live in neighborhoods that make up the lowest 25% Healthy Places Index (HPI) continue to be disproportionately impacted. Therefore, the County has been focusing on these populations with targeted outreach and financial assistance.

With a goal of minimizing the impacts and spread of COVID-19, decreasing severe illness, and preventing deaths among the entire community, the County's COVID-19 Emergency Response is strategically prioritizing communities with the greatest needs, using race/ethnicity disparity research, community voice and wisdom, and public health best practices to guide this work. It is critical that DHS's core COVID-19 response programs

continue as the pandemic, with current and anticipated future surges, will require an extended and adaptive emergency response. While there is promising news regarding a vaccine becoming available soon, it will take time to disseminate to the wider population in the County especially with likely limited quantities being available during the first phase of vaccine distribution.

### **Section 1: COVID-19 Section Update**

DHS continues to mobilize every resource at our disposal and collaborate with state, regional, and local partners to develop a comprehensive and coordinated response to the virus. As a key part of that effort, DHS has been working since September 1, 2020 to establish a COVID-19 Section. Costs for the COVID Response Plan are broken down by program area in Attachment 1.

#### **Programs (Overall):**

The COVID-19 Section provides targeted support to create an inclusive, comprehensive, and consolidated approach across all response operations that is also responsive to the changing conditions of the incident. Functions include the recruitment, training and onboarding of staff and volunteers; equity and inclusion support; human resources and logistics support; operation of a public information hotline, facilitation of Alternate Care Sites and Non-Congregate Shelters for surge capacity, public information and outreach; and comprehensive testing, case investigations, and contact tracing.

The COVID Section continues to build partnerships and adjust strategies to maximize the impact of our efforts in testing, case investigation, and contact tracing. To cover increased testing needs we are working with the State through LHI to expand both high-volume fixed sites and a mobile testing unit. We are considering all options for testing going forward to maximize testing capacity at a reasonable cost, including transitioning some of our testing from in-house to private contractors. Augmenting our case investigation and contact tracing staff, includes partnerships with the State, CDC Foundation, and a potential new partnership with Public Health Institute/Kaiser Foundation that will allow us to double our CI/CT capacity. The COVID Section has also established a new partnership with On the Move/CURA Project to implement the enhanced strategies for health equity.

#### **Staffing/Recruitment:**

DHS continues to recruit and staff its COVID-19 Section to continue the ongoing pandemic response and to allow its County employees providing COVID response to get back to their regular, customary roles. DHS has hired over 50% of the Extra Help and Permanent Time Limited staffing allocations approved by the Board, with another 40+ candidates in background check or onboarding as of November 25<sup>th</sup> (106 out of 211 positions).

As of December 8, 2020, all leadership roles of the COVID-19 Section are hired and on boarded. The Department Analyst roles are key positions in the COVID-19 Section and 3 are hired and 2 more are in background. Filling nursing positions continues to be a challenge due to the high demand of healthcare workers nationwide. We have recently completed a second recruitment for bilingual Community Health Workers to fill and increasing need to staff to our allocation while backfilling vacancies.

As we continue the work of our response, we are recommending the equivalent of 10 full time positions in Extra Help staff, as detailed below, due to increased testing performed in the community and to provide capacity for other areas of the COVID-19 section.

- Add 5 Community Health Workers - Increased community pop-up testing has increased the amount of calls directed to the hotline and additional staff is required to address the volume.
- Add 1 Senior Office Assistant - Program and administrative support for the Equity Manager

- Add 2 Department Analysts - One analyst will be used to support the work of the Equity Manager. The second analyst will develop ongoing logistics, staffing and community partnerships for ongoing testing locations.
- Add 2 Storekeepers - With the additional community pop-up testing being performed, along with the testing event gift cards, there has been a noticeable increase in participation at the testing sites. Staff are arriving to find people waiting to get in line. Staff then must rush to set up the site for use. Customer issues have developed with crowding, parking, and line waits, often times taking their frustration out on the testing team. We are requesting two extra help storekeepers be added to set up the sites in advance of the testing team arriving. The storekeepers would monitor the lines, assist with crowd control and intervene if there are client issues.

## Section 2: CORE COVID-19 Section Programs Update

### Contact Tracing

As of December 02, 2020, the case investigation/contact tracing team is receiving an average of 131 new cases and 67 new contacts per day for interview and follow-up. To date, the team has handled approximately 20,400 records of cases and contacts (18,534 closed and 1,466 open) through CalCONNECT, the online case and contact management platform developed as a collaboration between the CDPH, Accenture, and Salesforce.

A transition plan for temporarily assigned Disaster Service Workers, including PHNs and staff from other County departments as well as State staff has been developed and the COVID Unit team is working to update standardized protocols to help orient and guide new Extra Help staff transitioning into those positions. As of December 9, 2020, we have a total of 88 individuals supporting case investigation and contact tracing. They are comprised of 32 extra help staff, 26 State redeployed employees, 11 Centers for Disease Control and Prevention (CDC) Foundation trainees, 4 volunteers, and 3 County DSWs whose return to regular service has been postponed due to demand. In addition, 22 PHN/RNs and 2 Public Health Investigators support outbreak investigation and complex case management tasks. Of those, 7 nurses and 2 PHIs will return to their programs by the end of the year. Fifteen nurses (Extra Help and temporary agency staff) will continue, with an additional 9 in the hiring process.

The COVID section anticipates an ongoing need for staffing to provide adequate coverage through the winter months when high spikes are anticipated due to greater time indoors, the flu season, and holiday gatherings. To provide adequate staffing for these essential functions we recommend a continuous recruitment process for Community Health Workers (CHWs) (with heavy preference for bilingual, bicultural staff and those who can work full-time) to fulfill needs for case investigators, contact tracers, and testing intake workers, to account for staff turnover and the length of time required to get new staff prepared.

The training and orientation process for these positions is lengthy because of the volume of information that Case Investigators (CI) and Contact Tracers (CTs) must learn to be of help to the community and the new systems they are required to learn to manage documentation appropriately. It takes approximately one month to prepare CI/CTs to take on their responsibilities fully, and requires ongoing supportive supervision to maintain quality.

As a result, the COVID Unit proposes the following strategies:

- 1) Focus on recruiting and retaining 65-70 case investigation/contact tracing staff able to work a minimum of 32 hours per week to maximize FTE and reduce management burden.
- 2) Focus on recruiting bilingual/bicultural CHWs to serve the bulk of our clients appropriately.

- 3) Cross-train 10-15 CHWs to be able to support testing efforts (intake and financial assistance distribution) as well as contact tracing.
- 4) Continue to build partnerships with CURA Project and other community organizations who can extend the reach of the Health Department and provide the community with appropriate messaging around actions they can take to protect themselves and their families as well as wraparound services to support isolation and quarantine.

### **ACS/NCS Programs**

#### **Alternate Care Site**

The Alternative Care Site (ACS) is comprised of non-congregate spaces for COVID-19 persons with surge capacity available as necessary for additional residents. In August 2020, the ACS relocated to Best Western Dry Creek Inn in Healdsburg with a capacity of 60 rooms for COVID-19 or COVID-19 pending result patients. Since the move to the Healdsburg ACS (first guest was admitted on 07/20/2020), DHS has served 414 individuals. The breakdown of the type of clients served is as follows:

- 78 Contacts
- 173 COVID Positive Individuals
- 163 Persons Under Investigation (PUIs) for COVID-19

The cost estimate model assumes that 35 rooms out of the 60 rooms will be occupied through June 30, 2021; however, additional hotel rooms have been identified in Sonoma (See Strategy 5 under Section 4 below: Isolation and Quarantine Support for further information). DHS is also looking at securing additional hotel rooms in Santa Rosa.

Targeted populations include those who are COVID-19 positive that do not require hospitalization, but still require some level of monitoring by medical staff such as Registered Nurses and Medical Assisted Personnel; and those who are pending COVID-19 tests who are unable to isolate at home. The estimated cost in Attachment 1 for the ACS includes non-congregate space rental, space design and set-up services, meals, security, medical staff, emergency transportation, portable toilets and hand washing stations, portable showers for medical staff, medical supplies and equipment, PPE, custodial services, ambulance services, and biohazard waste disposal.

#### **Non-Congregate Sheltering (NCS)**

Non-Congregate Sheltering (NCS) are comprised of motel rooms and shelter with projected occupancy of 34 rooms and space for 60 individuals at another NCS site with a surge capacity of up to 99 individuals. Targeted populations include FEMA eligible homeless vulnerable individuals over 65 with certain underlying health conditions (respiratory, compromised immunities, chronic disease). The cost estimate model assumes that this capacity will remain the same through June 30, 2021. The estimated cost in Attachment 1 includes room rental, special room cleaning, meals, security, laundry services, and service providers.

#### **Sonoma County Fairgrounds NCS**

Is comprised of 10 FEMA trailers with projected occupancy of 22 individuals through mid-September and 24 additional trailers with projected occupancy of 48 individuals thereafter through March 31, 2021. Ten of the additional 24 trailers are located at the Fairground ball field. The ten trailers opened as of December 1, 2020 and have begun taking clients. Targeted populations include FEMA eligible homeless who are COVID-19 vulnerable individuals over 65 with certain underlying health conditions (respiratory, compromised

immunities, chronic disease.) The estimated cost in Attachment 1 includes general services trailer set-up, sewer and trash services, clinic in a can service, meals, security, janitorial and laundry services, household supplies, and service provider.

### **Disease Control**

The cost estimate in Attachment 1 to support DHS disease control efforts includes existing focused Public Health disease control personnel redirected to the COVID-19 emergency response to the extent necessary, medical and testing supplies, emergency ambulance and Paramedic services contracted staff, contracted disease control consultants, and other related testing expenses.

### **Public Health Lab**

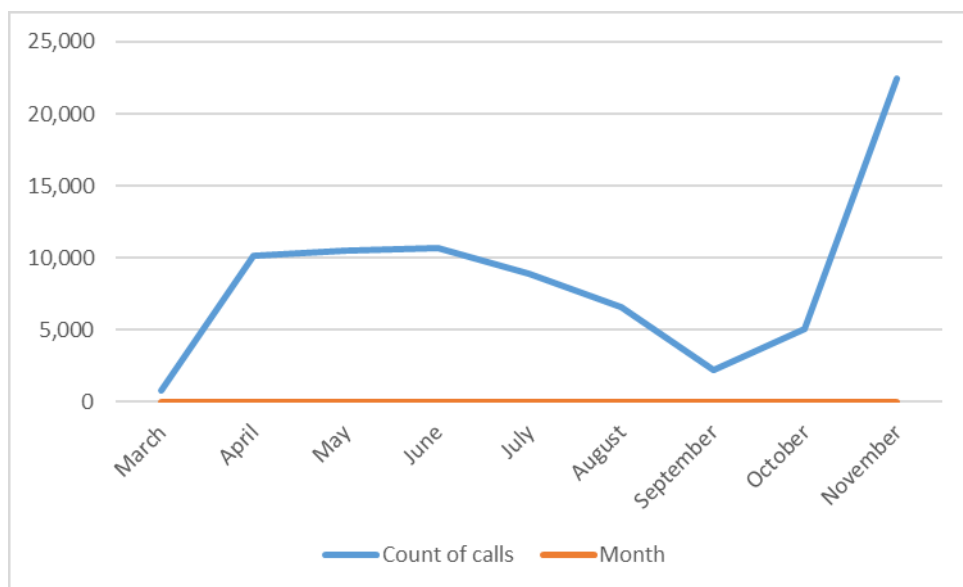
The Public Health Lab utilizes existing resources redirected to COVID-19 and has expanded laboratory capacity/capability to detect/test for COVID-19 with new equipment, additional staff, and supplies. The PHL also provides guidance on specimen collection, testing procedures, regional lab resources, and reports summarized lab reports for COVID-19 response activities. The current daily average of specimens that the lab processes is now 800-1,000 specimens per day with existing regular staff working overtime, three contract microbiologists, and 5.5 extra-help lab technicians. The full implementation of the PerkinElmer system, the streamlining of electronic data sharing and the adequate staffing as supported in this budget allows the Public Health Lab to maintain the goal of processing 750-1,000 test specimens per day. The proposed staffing level will allow for a day shift and a swing shift, and also support 24/7 operation as needed. It is estimated that the same level of funding is needed to maintain capacity through at least the end of March 31, 2021.

### **Hotline**

This DHS COVID-19 information line is part of our ongoing effort to provide reliable, trusted information and support to the community in Sonoma County. The hotline is also a resource that is utilized to schedule appointments for testing at DHS pop-up sites and also disseminates test results to individuals. The hotline currently operates five days per week from 9 am to 6 pm. The current extra-help staffing for the hotline consists of a Hotline Analyst, Coordinator, Senior Office Assistant, and five Hotline Operators whose work is supplemented by volunteers through the Medical Reserve Corps.

According to hotline data from the month of November, the average number of calls logged per day was 349 with the highest count being 590 and the lowest 259. The Hotline also receives about 70-120 voicemails per day that are reviewed, then assigned to Hotline Operators to handle. The workload of the hotline fluctuates as there are program changes. For example, with the increase in pop-up testing there was a subsequent increase in the number of calls that the hotline received. Once a COVID vaccine becomes available the hotline will be a key resource that can offer information to the public. To address future COVID-19 vaccine information sharing needs it is estimated that five additional extra-help Hotline Operators are needed to maintain the program through March 31, 2021.

### **Table 1: Covid-19 Resource and Information Hotline Call Count Per Month as of 11/25/20**



**Section 3: Logistics Update**

**Personal Protective Equipment**

There will be a continued need for PPE to protect staff that are working as part of COVID-19 response efforts. PPE needs are comprised of N95/KN95 masks, surgical masks, face shields, coveralls, goggles, protective glasses, surgical gowns, isolation gowns, gloves, wipes, sanitizer, and boot/shoe covers.

**Sanitary Stations**

Sanitary stations were strategically placed at various locations within the County of Sonoma to help mitigate the COVID-19 spread among vulnerable populations.

**Section 4: Enhanced COVID-19 Response Strategies Update**

**Strategy 1: Expand Intensive and Data Driven Testing**

DHS has made significant progress in reaching the goals to provide more accessible testing to communities that are located in the most highly impacted census tracts according to the Healthy Places Index (HPI). Pop-up testing is now being conducted up to 12 times per week averaging 2-3 hours per event. DHS has begun establishing an ongoing presence in neighborhoods most impacted by COVID-19 so that community members will be more likely to access testing and other support services. On the Move, via the COVID-19 Urgent Response and Aid (CURA) project, is promoting DHS testing events to clients being serviced through their programs and via Community Outreach Workers. Testing Visa/Mastercard gift cards in the amount of \$30 per person are also being offered at pop-up events targeting the most vulnerable neighborhoods to encourage testing.

The table below provides information on the number of individuals tested via DHS pop-ups and their locations from October 20 through November 16, 2020.

**Table 2: Pop-up Testing Sites and Total # Tested**

SITE	TOTAL TESTED	TOTAL POSITIVE	POSITIVITY
SONOMA PARK AND RIDE POPUP	448	47	10.5%
BURTON REC CENTER POPUP	899	105	11.7%
CODDINGTOWN POPUP	408	28	6.9%
ANDY'S UNITY PARK POPUP	459	56	12.2%
HEALDSBURG DAY LABOR POPUP	487	17	3.5%
GUERNEVILLE POPUP	264	3	1.1%
CLOVERDALE POPUP	328	5	1.5%

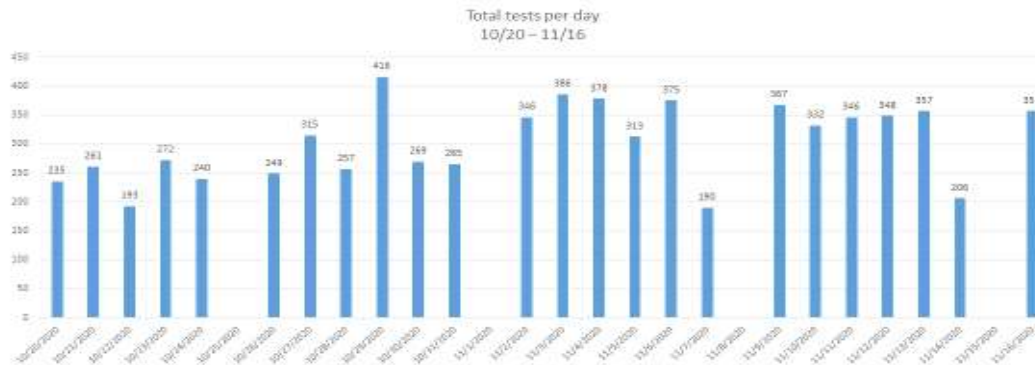
ROSELAND LIBRARY POPUP	656	77	11.7%
SMART N FINAL LATINX POPUP	503	62	12.3%
ROHNERT PARK HC POPUP	112	9	8.0%
ST VINCENT DE PAUL POPUP	104	17	16.3%
HOWARTH PARK	89	1	1.1%
COTATI VETS BUILDING	61	0	0.0%
ST SEBASTIAN CHURCH POPUP	84	6	7.1%
FQHC POPUP HEALDSBURG ALLIANCE	159	14	8.8%
<b>TOTAL</b>	<b>5061</b>	<b>447</b>	<b>8.8%</b>

In addition to the neighborhood pop-up testing, DHS continues to do daily testing of contacts (contact testing) at the Public Health Lab as well as outbreak testing in various facilities based on need. As of November 23, 2020, the seven day average number of tests conducted in the county as a whole (including the testing that DHS performs) was 2,042 tests per day.

**Table 3: Total # Tests Conducted at All DHS Sites- October 20 - November 16, 2020**

### Total tests

Week	Dates	6-day average
1	10/20-10/26	242
2	10/27-11/2	311
3	11/3-11/9	335
4	11/10-11/16	324



**Table 4: Total # of Tests Conducted at Neighborhood Pop-up Sites - October 20 - November 16, 2020**

# Popup testing

Week	Dates	6-day average
1	10/20-10/26	143
2	10/27-11/2	220
3	11/3-11/9	238
4	11/10-11/16	277



Pop-up testing in collaboration with health care partners has begun and contracts have been completed with facilities. Health care partners require support from DHS for bi-cultural and bi-lingual Community Health Workers (CHWs) which DHS is in the process of recruiting. Once we are able to hire additional CHWs to support this work, we will be able to add an additional 6 weekly pop-ups, for a total of about 3 pop-ups per day.

The testing operations continue to experience challenges with attracting and retaining staff to cover all of the expanded access needs. As a result, DHS is exploring all options for maximizing testing capacity at a reasonable cost, including transition of pop-up and contact testing responsibilities to a vendor(s) providing end-to-end testing services, and will select the most feasible, cost-effective model.

End-to-end testing by a third-party vendor would include staffing, scheduling, operation of pop-up and contact testing sites including client intake, specimen collection and transport, processing, and resulting to clients and the County. This approach would significantly reduce the burden of managing the complex logistics and staffing associated with testing and would free up existing staff to focus on complex outbreak and case management as well as outreach and identification of symptomatic individuals at testing sites to get them isolated and supported more quickly, helping to reduce household and worksite transmission of coronavirus.

The Department is currently examining the feasibility of utilizing a third-party vendor to provide ongoing testing services. The vendor would move forward with the Departments’ approved testing program and strategy by continuing the community pop-testing and contact testing services. We are currently discussing capacity and costs with several vendors. This option would allow the Department to more efficiently streamline key testing functions in an all-inclusive service.

The cost estimate through March 31, 2021, presented in Attachment 1 assumes that the Department will continue with the testing strategies and ongoing services described in this report. If the Department were to eliminate their testing service program, extra help positions, and other associated costs for the program estimated at \$1.25 million from January 1, 2021, through March 31, 2021, would be used to offset costs from the third- party vendor. The Department included in its cost estimate from January 1, 2021 through March 31,

2021, presented in Attachment 1 an additional \$1 million for a third-party vendor solution for end-to-end testing at the pop-up sites as part of the Enhanced COVID-19 Strategies. The Department is also considering revenue generating options for processing third-party specimens at the Public Lab as we are anticipating excess capacity were the Department to contract with a third party vendor for end-to-end testing.

Enhanced COVID-19 Strategies January 1, 2021 - March 31, 2021

3.0 Community Health Workers II, 3.0 Public Health Nurses II, 5.0 Community Health Workers II (Hotline), 2.0 Storekeepers, security and other costs

COVID-19 Response Plan January 1, 2021 - March 31, 2021

1.0 Supervising Staff Nurse; 2.0 Senior Office Assistants, 6.0 Public Health Nurses II, 9.0 Community Health Workers, 1.0 Lab Microbiologist, 1.0 Lab Technician, AMR Ambulance and other costs

**Strategy Improvement 2: Enhanced Outreach to the Latinx Community Update**

DHS is collaborating closely with the COVID-19 Urgent Response and Aid (CURA) Project coordinated by On the Move, a locally based non-profit organization. The CURA Project is already delivering much-needed supportive services, connection to healthcare and testing navigation, and emergency financial assistance to the LatinX and Indigenous communities in Sonoma County.

CURA staff have partnered with County DHS staff to provide outreach and support at the pop-up testing sites. CURA staff are able to engage those being tested, inform them about the resources available and develop the relationships that are essential for effectively supporting individuals through quarantine and isolation.

Ten bilingual, bi-cultural Community Health Workers and 5 volunteer health care professionals are conducting outreach and education events at vineyards, in the fields and other high-risk areas in an attempt to provide education about COVID-19, distribute PPE, link individuals to a medical home and assist in the process to sign up for a testing appointment.

Total Outreach Events Attended: 52

Total Individuals Reached Through Outreach Efforts: 2,325

Other recent highlights from the CURA project include the following:

- Developed a text messaging service so anyone who signs up will receive weekly messages with COVID-19 updates, how to access services, and awareness about how to continue to practice risk reduction activities.
- Increased partnerships with several other organizations and agencies to help spread the word about CURA and also raise awareness of the current challenges we are facing in our communities in regards to COVID-19.
- Established a social media and radio team that will start outreach starting December 1, 2020.
- Exceeded goal of people reached through outreach efforts in less than 4 weeks.
- Secured an ongoing presence at Lola's Market to share resources and hand out PPE. This allows us to talk directly to individuals about being safe during the holidays and minimizing the spread through risk reduction practices.
- Assisted in establishing a direct referral process to IsoCare from our outreach team and from the County Pop Up testing sites. This helps with getting people connected to isolation care management with the onset of symptoms.

- In the process of producing videos to help the community navigate the resources CURA offers.

### Strategy Improvement 3: Financial Assistance Programs

#### Testing Event Gift Cards

The County has been piloting the use of gift cards as an enabler/incentive for people living in our target census tracts to get tested. DHS estimated that offering a gift card could increase the demand for testing by approximately 50-75% in our target groups based on data from other similar interventions. As anticipated, there has been a significant increase in testing demand as evidenced by a large increase in the volume in calls to the Hotline to schedule testing (currently comprising 72% of calls) and a significantly higher volume of walk-ups at pop-up events in our target neighborhoods. Staff are provided 120 cards per event. Cards not distributed during the events are returned for inventory. The weekly counts of returned cards shows the increase in the amount of people participating. Data below is from October 2 - November 21.

Week of	October 20-24*	October 26-31	November 2-7	November 9-14	November 16-21
Cards returned	194	406	263	206	34

\*only four events this week

Gift cards have been purchased locally but due to the volume of need, we have created an account with a gift card registry allowing for bulk purchases. CHWs at testing events targeting the lowest quartile neighborhoods, and eventually with health care partners on testing days are distributing a gift card to every adult over the age of 18 participating in testing. We have developed a system to allow for tracking of the gift card incentive as they are distributed based on the individuals unique specimen testing number. Testing locations are provided a starting inventory of 120 cards and conduct tracking of the gift cards distributed during the event. A physical accounting and matching of cards returned is provided at the conclusion of the event.

From October 20 through November 21, the testing team has issued 5,037 gift cards valued at \$30/each plus fee for a total of approximately \$169,000.

While the program has been successful at increasing testing where it is most needed, it is also very human resource-intensive and takes key staff away from other essential tasks.

We propose to continue issuing gift cards to encourage testing among our target groups in the lowest quartile census tracts and at FQHC testing events through the end of December when we expect COVID cases to spike. We will discontinue the program at the end of the year as gift card cost is not eligible for FEMA or CARES Act reimbursement.

Making the program time-limited may further encourage people to be tested when it is most important to do so. After December, we propose to substitute gift cards with prevention kits (masks, hand sanitizer, disinfectant spray, and other infection control supplies--one per family-- as well as basic COVID information, resources, and a link to videos on COVID prevention, isolation, and quarantine) through the winter months (until the end of February).

#### Financial Assistance to Safely Isolate and Quarantine

On the Move, via the CURA project, is ensuring individuals have access to the medical connections and financial resources necessary to safely isolate and quarantine. On The Move was offering financial assistance via a \$700,000 grant from the Community Foundation. Due to high demand, all of their funding from the Community Foundation grant was disseminated to 357 individuals by mid-November. Therefore, DHS redirected \$300,000 of unspent funds in the CURA contract so that On The Move could continue providing this

critical financial assistance to community members. In addition to providing financial incentives to isolate/quarantine, CURA has worked with health care partners to develop a specialized hotline to ensure anyone exhibiting symptoms is able to be immediately connected to their local health center to receive the necessary medical case management and connection to testing. Additionally, CURA is working with DHS and IsoCare to streamline the referral process and ensure those meeting the eligibility requirements and requiring in-depth support in order to safely isolate is referred to, and supported by IsoCare. On The Move The below table provides information on the numbers of individuals that have benefited from these services as of December 04, 2020.

**Table 6: CURA Project Beneficiaries as of December 04, 2020**

	North County	West County	Sonoma Valley	South County	Santa Rosa	TOTAL
Individuals Referred to Case Management Services	90	16	106	111	707	1030
People Approved for Emergency Financial Assistance	64	11	42	59	194	370
Emergency Financial Assistance Distributed	\$94,000	\$29,000	\$85,000	\$77,000	\$390,000	\$675,000

Referrals for County-allocated financial assistance (\$1,216) for people with COVID who must isolate and those who must quarantine due to exposures began on November 27, 2020. Similar to the CURA application process, County case investigators and contact tracers perform a preliminary screening for eligibility at the time of initial interview. Those who are provisionally qualified are submitted to On The Move subcontractor Child Parent Institute’s (CPI) team for collection of needed documentation, approval, and issuance of an assistance check. In the first three days of program implementation, 200+ referrals for financial assistance were made by County CI/CTs and we expect this to increase exponentially in the coming weeks.

**Strategy Improvement 4: Partnerships with Business Community**

Sonoma County DHS has had discussions with several business groups (agriculture/farm workers, wineries/dairies/breweries, hair salons/barber shops, tourism/hotels/vacation rentals, restaurants, casinos) as well as the Economic Development Board (EDB) to discuss the expanded COVID strategy and how businesses can contribute to the response. A list of California Department of Public Health (CDPH) approved laboratory companies that can assist businesses with surveillance testing of their staff was provided to the EDB for businesses or business groups to reach out to. DHS met with the EDB and the Public Information Office (PIO) team to further answer questions about testing recommendations and expectations. DHS will also provide an introduction for interested businesses to Curative, a local testing company. DHS participates in the weekly EDB meetings to continue fostering the DHS/business community relationship in the COVID response.

The following activities are being led by the County Communications Team to enhance outreach to key businesses in Sonoma County. Developing partnerships with Sonoma County businesses is a critical step toward implementing infection control practices and educating employees about best practices to reduce

transmission in the workplace. The details of this partnership program are still in development, but it envisions:

#### **Testing Partnerships:**

- Overall sponsorship of enhanced COVID strategies program: Economic Development Board is promoting and publishing key information to business through its website, email communications, social media, and with partner organizations.
- Sponsorship of pop-up testing, particularly at places of employment: options include partnering with third-party contractors to host testing at workplaces and reserving blocks of testing through one of state-run testing sites. Additionally, some businesses may provide paid time for employees to get tested with their primary care provider or other local testing sites.

#### **Creative Partnerships:**

- Fostering working relationships with business leaders to engage in COVID-19 outreach programs such as the current partnership between the County of Sonoma Communications unit and The Engine is Red for a digital advertising campaign. The Engine is Red is providing its services for free to the county while the County financing the mobile ad buys.

#### **Encouraging businesses to model best practices in their workplaces to reduce transmission:**

- Utilizing best practices in Appendix A/Exposure, which lives on the EDB website and has been shared numerous times through digital communications and word of mouth.
- Make it clear that there will be no retaliation for employees who have COVID-19 - and that they will be allowed to return to their jobs after taking time off to properly isolate.
- Establish testing programs for employees and/or partner with Sonoma County Public Health for onsite testing.
- Enhance worker education and share resources with employees: Provide COVID safety information for employees. Businesses with Latinx and Indigenous community employees are encouraged to partner with the COVID-19 Urgent Response and Aid (CURA) Project to connect their employees to additional community resources.

#### **Strategy Improvement 5: Isolation / Quarantine Support**

##### **Hotel Accommodations and Wrap-around Services**

One of the additional barriers to prevent the spread of COVID-19 amongst low-income communities is the capability to safely isolate and quarantine within the household. The hotel accommodation program, and additional wrap around services, will expand upon this work and provide additional lodging options to the most vulnerable populations.

We are currently working with County Counsel on the development of a new contract with a hotel in the City of Sonoma. Twenty-one rooms are available for use and are currently finalizing the details of that agreement. Security and medical services providers have completed a walk through and approval of the facility. We anticipate having an agreement and to begin the process of referrals to the new hotel site by mid-December.

Further, the Department is working with the state to provide temporary hotel housing options for essential farm and food processing employees who are either COVID-19 positive or exposed. The county will coordinate with the state to book hotel rooms and provide data so the state seeks FEMA reimbursement.

The Department surveyed hotels within Sonoma County to see if there was interest in blocking rooms for quarantine. The Department approached nearly 90 facilities and received little interest at that time. The Department has begun contacting these facilities to see if there is any renewed interest in having rooms available for quarantine needs, primarily in central or west Sonoma County.

### **Strategy Improvement 6: Communication, Promotion Campaign**

To promote the County's new strategies focused on inequities highlighted by the State's Health Equity Metric, the County Communications team has launched a Health Equity Marketing and Outreach campaign through December with targeted messaging focusing on:

- Expanded opportunities for testing
- Financial support available for low-income COVID-19-positive individuals in key census tracts.
- Encouraging residents to avoid large gatherings and to follow safety protocols this holiday season.

Aspects of campaign underway include:

- Public service announcements on Spanish and English radio for eight-week campaign from Oct. 26 - Dec. 21 including on KZST, KFGY, KSRO, KXTS, KJOR, KSRT and KBBF.
- In partnership with the integrated creative agency The Engine is Red of Santa Rosa, the launching of a two-month e-marketing campaign targeting mobile phone-using audience within key census tracts. These digital ads encourage testing and provide click-throughs to SoCoemergency.org page for information on how to get an appointment. Metrics show campaign generated nearly 800 click-throughs in first 12 days.

**Mobile marketing campaign** via cell phones in key census tracts:

- Impressions from English digital display ads (Nov. 5 to Nov. 19): 254,080
- Impressions from Spanish digital ads (Nov. 5 to Nov. 19): 129,820
- Total: 383,900

**Click-through rates:**

- English: 0.22 percent
- Spanish: 0.18 percent
- Total click-throughs to Sonoma County testing page: 790 information.
- Series of half-page and quarter-page print ads published in The Press Democrat, North Bay Business Journal, Sonoma Index Tribune, Petaluma Argus-Courier, La Prensa and Sonoma County Gazette for eight weeks ending December 31, 2020. Campaign also includes digital ads across SMI platforms.
- Distribution of graphics/promotion ads for social media and other platforms featuring local families modeling COVID safety protocols.
- Creation of 30-second Spanish-language TV ads for Univision (30 days/twice daily) for December into early January.
- Screening of new Latinx supermarket videos at rate of 28 spots per day at 18 Latinx markets throughout Sonoma County, for a total of 532 spots per day through November and December.
- Digital billboard placement on northbound and southbound six weeks in Rohnert Park through end of

December with message “Give the gift of safety - Get a COVID test” (English and Spanish)

- Social Media push (Facebook and Instagram) during holidays
- Posting of videos and photos featuring local families, modeling COVID safety protocols, in progress. Also the posting of videos - in English and Spanish - explaining details of the curfew and how to make an appointment online to get a test.

### **Ongoing LatinX Outreach:**

Beginning in October, nonprofit organizations began distribution of 20,000 COVID-19 door hangers and other materials in targeted neighborhoods. Material includes information in English and Spanish on COVID-19 safety measures and contacts for resources as well as information about the expanded testing opportunities for residents of key census tracts. Community-based organizations also are distributing materials by tabling in locations frequented by members of the LatinX community such as local grocery stores, strip malls, parks etc. The community-based organizations include:

- Hispanic Chamber of Commerce of Sonoma County
- La Luz
- Latinos Unidos
- Windsor Wellness Project

### **Outreach Efforts/Materials:**

- Development of new SoCoEmergency.org web page for better accessing of resources and information about COVID-19 support, with an emphasis on communicating County’s key metrics.
- Development of new SoCoEmergency.org page focusing on the rollout and efficacy of vaccines.
- Creation of flyers/posters for businesses to inform employees about testing options in Sonoma County including popup testing sites.
- Creation of flyer/poster showing businesses how to host testing on site for employees as well as provide resources for employee COVID education
- Initiated outreach to local businesses to streamline messaging over testing and other initiatives.
- Working closely with On the Move to support the CURA Project, with local community partners.

In the early 2021 COVID-19 Emergency Response update presented to your Board, DHS will provide an analysis of the effectiveness of the Enhanced Measures. Alternative options of measures to address the spread of the virus in the community will be presented for your consideration.

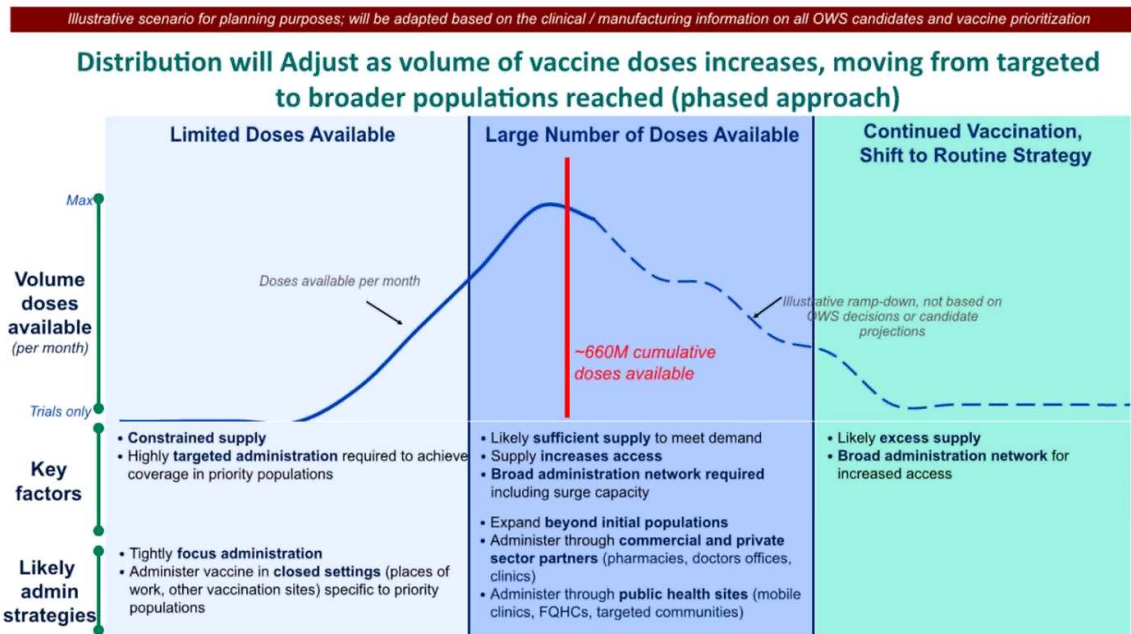
### **COVID-19 Vaccine Distribution Coordination**

Planning and preparations for COVID-19 vaccine is underway with information from CDPH that the first tranche of vaccine (in limited supply) will be available the second week of December, 2020. The CDC recently released planning guidance and information, and Sonoma County DHS is working closely with health care systems, and community partners to develop plans to receive, handle, distribute, and administer COVID-19 vaccine to Sonoma County residents. DHS has developed an initial plan of action submitted to CDPH on December 1, 2020. It will be updated over time as additional planning occurs and as CDC/CDPH updates guidance for jurisdictions.

The plan itself outlines specific action steps the department will take. Major areas of action include:

- Follow an equitable vaccine allocation framework according to ethical considerations outlined by the national Advisory Committee on Immunization Practices (ACIP) and the National Academy of Medicine that identifies critical populations to receive vaccine in each phase of the COVID-19 vaccination response.
- Identify and recruit COVID-19 vaccination providers.
- Support distribution of the vaccine in phases according to the allocation framework.
- Gather feedback from communities that are disproportionately affected by COVID-19 or at higher risk of contracting the disease.
- Conduct outreach and education in an equitable way. Ensure our materials are appropriate for communities that are disproportionately affected by COVID-19.
- Train enrolled providers on proper vaccine storage, handling, and administration.
- Build vaccine confidence and trust within Sonoma County communities.
- Provide timely, accurate, and credible information to Sonoma County residents on COVID-19 vaccine, including safety information.
- Gather and monitor vaccine administration data and provider enrollment data.

Table 2: CDC Phases of Vaccine Roll-out



For the first phase of COVID-19 vaccine distribution, high risk healthcare workers and residents of Long Term Care Facilities (LTCFs) were identified as the target population. DHS does not plan on directly administering the COVID-19 vaccine during Phase 1 but will take on a coordination role. DHS will be partnering with internal and external stakeholders for the distribution of the vaccine to community members. Planning work to identify and recruit vaccination sites for phase 1 includes collaboration with health care systems, Health Care Coalition

(HCC) members, pharmacies, professional associations, and long-term care. Sonoma County hospital organizations will be administering Phase 1A directly to their own workforce population. CVS and Walgreens will be vaccinating staff and residents of LTCFs via a national partnership program with the Centers for Disease Control and Prevention. DHS is in the process of ascertaining which facilities are able and willing to vaccinate outside of their own workforce population. Sonoma County will also assist with ongoing provider recruitment and registration to ensure access to COVID-19 vaccines.

DHS is also working on procuring an Ultra-Low Temperature (ULT) freezer and has an existing freezer located at the PHL and intends to provide vaccine storage capacity for partners who do not have access. Several of our jurisdictional hospitals have indicated procurement of ULT Freezers giving the region a high capacity for the ULT storage, up to approximately 300K doses (based on the specifications of one of the vaccine candidates). However, one of the jurisdictional hospitals is the hub for 3 regional facilities outside of our jurisdiction. Currently, of the six jurisdictional Hospitals, all have -20°C and 4 have ULT freezers. DHS will be continually assessing partner storage capacity via our regular partner meetings.

During Phase 2 distribution, when there is sufficient supply to meet demand, DHS will support a broader network of provider settings, including community health centers, pharmacies, primary care providers, community or business points of dispensing (PODs), long term care facilities, congregate living facilities, and occupational health clinics. Both traditional and nontraditional vaccination sites will deliver vaccine to ensure that all people who are recommended to receive it have many access points. This is especially helpful to increase uptake among critical groups at highest risk for severe outcomes from COVID-19 disease. Mass vaccination clinics operated by local health partners in coordination with DHS may supplement these efforts to provide access for specific communities or populations.

Phase 3 of vaccine distribution moves to a steady state where there is sufficient supply to meet demand and vaccination continues to grow using routine provider networks proven to reach critical populations.

The County Communications Team will continue to provide information to the public to increase vaccine confidence and build trust with communities across the County throughout all phases of distribution. Using vaccine uptake data, DHS will identify populations with inequitable access to the COVID-19 vaccine and work with partners to address those gaps.

It is expected that increased extra-help staffing for DHS will be needed to coordinate a COVID-19 vaccine distribution program in collaboration with health and community based partners in the County. Extra help staffing support requested includes the following positions:

- 7.0 Community Health Workers (5 for Hotline, 2 for Content Support): Hotline and content development in support of centralized Public Information Office and communication to providers, partners, target populations, and general public regarding early, targeted vaccine efforts as well as widespread availability.
- 4.0 Department Analysts: Disseminate information and provide support to partners on registration in COVIDReadi and submit vaccine allocations in CalVax. Support onboarding and training with reporting and tracking systems. Respond to data requests from internal and external stakeholders. Work with the Department's Epidemiology Team to develop and track indicators to ensure the equitable distribution of COVID-19 vaccines.
- 1.0 Department Analyst: Provide subject matter expertise and technical assistance to Long Term Care Facility]residents and staff on the safety and efficacy of vaccine candidates and products, including dosing, storage, administration, contraindications, patient reminders, and all reporting requirements

- 4.0 Storekeepers: Receipt and inspection of vaccine allocation for redistribution and delivering ultra-sensitive products countywide within short delivery windows.

In addition, CAO a comprehensive education and outreach campaign for the successful rollout of a vaccination program in Sonoma County. We are proposing to launch a multi-platform marketing campaign (print, radio, digital and outreach) to promote the vaccination program in Sonoma County that would include:

- Placement of radio and TV public service announcements in Spanish and English
- Bilingual (English and Spanish) social media posts to promote the safety of vaccinations while also promoting the importance of practicing safe behaviors - facial coverings, social distancing, etc. - even as the rollout occurs.
- Bilingual infographics that will be made available to cities, businesses, and other community partners to distribute and/or post for public view.
- Videos to be shared on social media and the county's SoCoemergency.org concerning the vaccination program. Staff will prioritize contracting with local vendors to create and print campaign materials such as videos and flyers.

Staff estimates a \$206,000 funding request is needed to conduct the following outreach:

- Print and digital marketing campaign for 12 weeks: \$85,000
- E-marketing campaign pushing vaccinations in key Census tracts: \$40,000
- Radio Commercials (English and Spanish) for 12-week campaign: \$27,000.
- Latinx supermarket videos: \$5,000
- Production, printing and distribution of collaterals: \$5,000
- Social Media advertising (Facebook and Instagram): \$5,000
- Contracting with Community-Based Organizations for education/public outreach campaign: \$25,000.
- YouTube and video streaming services: \$11,000
- Graphic development for social media: \$3,000

#### **Prior Board Actions:**

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**

<b>Expenditures</b>	<b>FY 20-21 Adopted</b>	<b>FY21-22 Projected</b>	<b>FY 22-23 Projected</b>
Budgeted Expenses			
Additional Appropriation Requested	22,666,105		
<b>Total Expenditures</b>	<b>22,666,105</b>		
<b>Funding Sources</b>			
General Fund/WA GF	14,057,807		
State/Federal	8,608,298		
Fees/Other			
Use of Fund Balance			
Contingencies			
<b>Total Sources</b>	<b>22,666,105</b>		

**Narrative Explanation of Fiscal Impacts:**

The Department is requesting additional revenue and expenditures appropriations to continue the COVID-19 Response through March 31, 2021.

The Department will continue to monitor the level of response needed to address the COVID-19 pandemic and come back in early 2021 to request additional appropriations that will be commensurate with the level of response needed based on pandemic conditions existing at that time. The Department will continue to refine its COVID-19 Response plan and Enhanced COVID-19 Strategies based on efficacy and finite resources.

Overall, the costs of the COVID-19 Response for fiscal year 2020-2021 are estimated at \$85.3 million based on current known conditions as of the date of this Report. The County continues to leverage funding and department staff anticipates receiving reimbursement of approximately \$47.3 million from various Federal and State sources during fiscal year 2020-2021. We anticipate that most of the \$38 million of estimated remaining costs the balance of the fiscal year will be funded will require County discretionary funds in the absence of additional federal/state aid. The Department will continue to monitor other funding sources that may become available for the COVID-19 Response to offset the projected use of County funds for this emergency response.

**December 31, 2020 through March 31, 2021 Period**

The costs are estimated for the COVID-19 Response (\$16,276,830), Enhanced COVID-19 Strategies (\$5,831,463) and Vaccination Coordination (\$557,812) at \$22,666,105 from December 31, 2020 through March 31, 2021. Included in the \$557,812 is \$200,000 Communications for Vaccine Outreach/Education. Included in the \$16,276,830 is \$150,010 for Fairground RSS warehouse staffing April 1 - June 30, 2021 due to the Fairgrounds budgetary adoption cycle (January 2020)

The sources of funding for the Alternate Care Sites and Non-congregate Sites from December 31, 2020 through March 31, 2021 is FEMA reimbursement estimated at \$4,825,871 (75%) with County match of \$1,608,624 (25%) and RoomKey grant of \$458,000.

The COVID-19 Section and other necessary equipment from December 31, 2020 through March 31, 2021 are

partially funded with the Paycheck Protection (PPP) Epidemiology and Laboratory Capacity (ELC) grant funding of \$2,483,761 and Local Health Jurisdiction (LHJ) ELC grant funding of \$340,666. The total award of the PPP ELC grant was \$4,996,352 and we anticipate that the remaining balance of \$2,512,591 (\$4,996,352 less \$2,483,761) will be expended during the April 1, 2021 through June 30, 2021 period. The Department will be coming back to your board in early 2021 to request revenue and expenditures appropriations for the remaining balance of \$2,512,591 from the PPP ELC at the same time it requests additional revenue and expenditures appropriations for the COVID-19 Response during April 1, 2021 through June 30, 2021 period.

The remaining estimated costs of the COVID-19 Section and other components of the COVID-19 Response (\$7,668,532), Enhanced COVID-19 Strategies (\$5,831,563) and Vaccination Coordination efforts (\$557,812) from December 31, 2020 through March 31, 2021 are funded with County funds in the amount of \$14,057,807. Your Board set aside \$20 million of one-time discretionary General Fund to address the anticipated overall countywide ongoing funding needs during the September 2020-21 Budget Hearings. The County funds requested include the FEMA required match of \$1,608,624 (25%) for the Alternate Care Sites and Non-congregate Sites.

**July 1, 2020 through December 30, 2020 Period**

The revenue and expenditures appropriations in the budget resolution were approved by your Board on September 1, 2020, based on the estimated costs of the COVID-19 Emergency Response of \$36,406,591 funded with CARES Act and FEMA reimbursement (75%) of \$36,406,591 for the July 1, 2020, through December 30, 2020, period.

On October 20, 2020, your Board approved a redirection of CARES Act funding of \$4 million to the Enhanced COVID-19 Strategies from the COVID-19 Emergency Response plan approved on September 1, 2020, and allocated \$695,940 in County funds to fund the incentive cards offered to individuals at the target census track pop-up sites for the July 1, 2020, through December 30, 2020, period.

The Department has updated the cost estimates and funding sources for the July 1, 2020, through December 30, 2020, period for the COVID-19 Emergency Response plan and the Enhanced COVID-19 Strategies plan approved by your Board on September 1, 2020, and October 20, 2020, respectively.

Detailed expenditures and funding sources are included in Attachment 1. Appropriation requests are included in the attached resolution (Attachment 3).

<b>Staffing Impacts:</b>			
<b>Position Title (Payroll Classification)</b>	<b>Monthly Salary Range (A-I Step)</b>	<b>Additions (Number)</b>	<b>Deletions (Number)</b>

**Narrative Explanation of Staffing Impacts (If Required):**

N/A

**Attachments:**

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

Attachment 2 - COVID-19 Section, Enhanced COVID-19 Strategies and Vaccination Coordination

Attachment 3 - Budget Resolution

**Related Items “On File” with the Clerk of the Board:**

None