



## Legislation Details (With Text)

**File #:** 2020-0751  
**Type:** Regular Calendar Item **Status:** Agenda Ready  
**File created:** 7/15/2020 **In control:** Health Services  
**On agenda:** 9/1/2020 **Final action:**  
**Title:** Department of Health Services COVID-19 Emergency Response  
**Sponsors:** Health Services, County Administrator  
**Indexes:**  
**Attachments:** 1. Summary Report, 2. Attachment 1 - Description of COVID-19 Response Activities and Cost Estimates, 3. REVISED - FY 2020-21 COVID-19 Response Plan Proposal Presentation, 4. Attachment 2 - Proposed COVID-19 Section, 5. Attachment 3 - Budget Resolution, 6. Attachment 4 - Personnel Resolution, 7. FY 2020-21 COVID-19 Response Plan Proposal Presentation

Date	Ver.	Action By	Action	Result
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**To:** Board of Supervisors of Sonoma County  
**Department or Agency Name(s):** County Administrator and 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:

- Authorize the Director of Health Services, or designee to execute the continued COVID-19 Response Plan hereby described 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.
- Authorize the Director of Health Services, Human Resources, County Counsel, Auditor-Controller-Treasurer-Tax-Collector, and County Administrator, or designee 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.
- Adopt a personnel resolution amending the Department of Health Services and County Administrator's Office allocation list, effective September 1, 2020, to add 6.0 full-time equivalent time-limited positions and 1.0 project position as detailed in the attached resolution through June 30, 2021.
- Exempt from the hiring freeze the staffing of the temporary COVID-19 Section during the pandemic.
- Authorize the Director of Health Services to conduct a modified Background and Pre-Employment process for any positions identified as appropriate by the department, in collaboration with County Human Resources and County Counsel.
- Adopt resolution to execute all budget appropriations increases and adjustments up to \$36.4 million for the period of July 1, 2020 through December 31, 2020, to continue the COVID-19 Response Plan

per the Board's direction. (4/5<sup>th</sup> 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. This item provides the Board with an update of the continuing COVID-19 Response efforts with 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 Public Health Division. Additional staff is required of other County Departments as well to assist Health Services in the development of the new section and operations of the pandemic response.

The total estimated cost of the COVID-19 Response Plan is higher, by approximately \$5 million, than was presented to your Board in July in order to recognize the supporting services provided by county departments directly associated with the response as requested by Health Department management, and cost estimate adjustments to department managed services.

Assuming that the COVID-19 Emergency Response will continue after December 31, 2020, due to a prolonged pandemic, staff will return to your Board with additional appropriations requests, including additional contact tracers depending on the state of COVID-19 pandemic.

**Discussion:**

In December 2019, a novel human coronavirus (SARS-CoV-2) type emerged in China. On January 30, 2020 the World Health Organization (WHO) declared the COVID-19 outbreak a "Public Health Emergency of International Concern." Subsequently, on January 31, 2020 the U.S. Department of Health and Human Services Secretary Alex M. Azar declared a Public Health Emergency for the United States to aid the healthcare community in responding to COVID-19. On March 2, 2020 the County identified the first case of coronavirus due to international travel. On March 4, 2020, as part of the state's response to address the now global COVID-19 outbreak, Governor Gavin Newsom declared a State of Emergency. As a result, a Local Public Health Emergency as well as a Local Emergency was declared for Sonoma County to respond to COVID-19. The County Emergency Operations Center activated on March 4, 2020 to coordinate response activities which then transitioned to the Health Services Department Operations Center on April 5, 2020. The Sonoma County Health Officer issued a Health Order directing residents to shelter in place on March 18, 2020 in an effort to mitigate disease spread and reduce the risk of overwhelming healthcare institutions. Reopening measures for Sonoma County began at the end of May. As a consequence, cases have been on the rise during the months of June and July necessitating new restrictions on bars, restaurants, and other indoor business operations in Sonoma County as part of statewide actions to slow the increased spread of the coronavirus.

For the past six months, the majority of the Department of Health Services' resources along with many staff General Services, Information Systems Department, Department of Emergency Management, Auditors Controller Treasurer Tax Collector, County Counsel, Human Services, County Administrator's and numerous other county departments have been mobilized to respond to the COVID-19 outbreak including staffing most positions in the Department Operations Center, which has been operating under an Incident Command Center structure with the following taskforces: Disease Control, Public Health Laboratory, Testing, Hotline, Environmental Health, Medical Health Operational Area Coordinator (MHOAC), Homeless Non-congregate Shelter Sites, and Alternate Care Site.

Additional Covid-19 programming is included under two separate board actions on today's agenda:

File #2020-0789, includes recommendations programming \$8 million of state allocated Coronavirus Aid, Relief,

and Economic Security (CARES) Act Relief funding for Latinx outreach, business support, rental and eviction defense assistance, unsheltered support services, and food insecurity services.

File #2020-0861, includes a request to program \$3.1 million of CARES fund to address general county Covid-19 related costs such as expanded sanitation, janitorial needs, public health order education, and new compliance ordinance and program.

### **Public Health Orders**

Visit this website for information pertaining to all Sonoma County Health Orders and updates relating to the COVID-19 pandemic:

<https://socoemergency.org/emergency/novel-coronavirus/health-orders/>

### **Health Care System Coordination**

#### **COVID Testing**

As of August 27, Sonoma County had conducted 97,370 PCR tests, 5,422 of which were positive for COVID-19 (5.6% overall positivity rate). The county's average testing volume is 750 tests per day, or 152 tests per 100,000 population. In addition to testing available through stationary testing sites offered by OptumServe and Public Health, the public health field testing team conducts targeted surveillance among close contacts, vulnerable populations and on-site at worksites impacted by potential outbreaks. During the second week of August, the public health field surveillance team conducted 1,012 PCR tests with 73 tests resulting in positive result.

Health care facility-capacity in Sonoma County is monitored through referencing the State's daily polling of hospitals and skilled nursing facilities as well as a local survey of hospitals conducted by Emergency Medical Services (EMS). Sonoma County's public facing dashboards (accessible at [socoemergency.org](https://socoemergency.org)) monitor hospital and critical care capacity and availability of Protective Personal Equipment (PPE) to health care workers. During the COVID-19 emergency response, Sonoma County Health Care Partners received 1.25 million PPE units, which included N95 masks, surgical masks, safety glasses, safety goggles, face shields, surgical gowns, suit coverall, gloves, infrared thermometers, shoes and boot covers, and hand sanitizers.

The Department of Health Services continues to lead key COVID-19 policy and response efforts including managing data regarding community impact, developing Public Health Officer orders, coordinating with healthcare facilities and first responders on infection and control measures, managing models and data relevant to reopening planning, supporting development of community information and education, advising on community and organizational health protective measures, conducting community testing and surveillance, processing test results via the Public Health Laboratory, addressing vulnerable individuals in the homeless community and managing the Alternate Care Site.

#### **Impact of COVID Disparate Populations:**

In addition, a defining characteristic of this pandemic nationally has been the concentration of cases in vulnerable populations and communities of color. The disparity of cases among the Latinx community in Sonoma County is staggering. At its peak, the Latinx community made up nearly 80 percent of all cases in the County despite making up only 26 percent of the County population. Recognizing the need to bring in expertise from the community to inform its response, the Department of Health Services established a Latinx Health Workgroup that helps drive the Department's strategies to reduce this disparity and mitigate its affect. Part of the work here includes partnering with community-based organizations and other health partners to establish a unified approach to outreach and support for the Latinx and indigenous language community.

Recently, the Department issued a request for proposals to develop a system for robust case management and outreach and engagement of farmworkers that will connect Department efforts to those of health and community partners. Support of this group, and alignment of this work with the County's new Office of Equity is essential to the response to the pandemic through June 30, 2021. Funding for the Latinx Health Workgroup and associated activities is presented to the Board of Supervisors for approval on September 1, 2020 as a part of the CARES budget adjustment agenda item.

Other important partnerships have been leveraged by the Department of Health Services throughout the response with critical organizations so that key information is shared. The Department has organized ongoing communications with health system and Emergency Medical Services (EMS) response partners through facilitation of regular Medical Health Operational Area Coordinator conference calls. Hospitals, clinics, skilled nursing facilities, and EMS responders are the groups who participate in the Medical Health Operational Area Coordinator conference calls regularly. The calls provide an opportunity to give updates to partners, ask questions, share situational awareness and disseminate information from regional and state partners. The calls also provide an opportunity to share best practices and facilitate networking within the Health Care Coalition. Regular calls are also conducted with sector specific groups including first responder leadership, skilled nursing facilities, and residential care facilities. In particular, coordination with skilled nursing and residential care facilities has been imperative, due to their caseload being a highly vulnerable population to COVID-19.

The Department of Health Services has also coordinated with Emergency Medical Services and healthcare facilities to conduct COVID-19 polymerase chain reaction (PCR) and antibody testing. Testing has been implemented in collaboration with Healdsburg Hospital, Sonoma Valley Hospital, West County Health Center, Petaluma Health Center, among others. Local EMS providers have supplied staff at multiple locations, from the drive-up testing site at the Public Health Lab to on-site focused surveillance testing at facility locations. EMS providers also coordinated transportation and response protocol development at Sonoma State University (SSU) for Alternate Care Site and Non-Congregate Shelter operations. All of these partnerships have been critical to the Department's response efforts and must continue for future success in responding to the pandemic.

### **Temporary COVID-19 Section.**

Due to the protracted nature of the outbreak, a new model for a temporary COVID-19 Section is being proposed so that Department staff can return to their regular positions and provide essential services to the community, especially as more business and activities resume. The Department of Health Services will be returning to its normal operations including the performance of State and Federal mandated programs and services that were suspended to redeploy Department staff to assume positions and functions within the Department Operations Center.

The primary goal of the proposed COVID-19 Section is to transition the work of the Department Operations Center to a temporary operationally sustainable response model and ensure a proportionate response, prepare and support health system needs, and provide a coordinated and consistent approach to minimize transmissibility, morbidity, and mortality in response to the COVID-19 pandemic. The temporary COVID-19 Section will also manage allocated resources, provide up to date, consistent and accurate information to the public, and reduce the risk to vulnerable people living in Sonoma County.

The proposed temporary COVID-19 Response Plan includes the staffing necessary to continue our response to the COVID-19 pandemic and expands the testing, case investigations, and contact tracing capacity necessary with targeted strategies aimed at hot spots to control the disease spread as the economy is reopening. In order to continue the response at the appropriate level, the Department will also be required to expand the

administrative infrastructure within the Public Health Division to allow for the effective management of the COVID response within a section of the Division. Other County Departments will as well increase staffing or hire extra help to support the needs of Health Services. Attachment 2, the COVID Response Staffing Plan, provides a detailed list of COVID-19 Section staff needed for the response and is subject to change based on assessment of pandemic response needs expected through June 30, 2021.

Due to the temporary nature of the emergency response, the proposed plan to staff the temporary COVID-19 Section is 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. Health Services is requesting 4.0 time-limited positions: a Director of Nursing, a Section Manager, a Department Program Manager, and an Administrative Services Officer I. The County Administrator's Office is requesting 1.0 Administrative Analyst III - Project position for policy coordination and 2.0 time-limited County Communications Specialist positions to implement County-wide public information messaging related to the COVID-19 pandemic and manage public relations.

Assuming that the COVID-19 Emergency Response will continue after December 31, 2020, due to a further prolonged pandemic, the staff will request from your Board additional appropriations in November 2020, and provide an analysis of the staffing model for the temporary COVID-19 Section with recommendations based on the pandemic conditions at that time.

A structured and staffed section within the Division of Public Health allows COVID-19 efforts to remain within the Department and allows for all County employees providing response efforts to return to their critical duties after the organizational structure of the section is developed and operational.

### **Continuation of COVID-19 Response.**

In early 2020, an Emergency Operations Center opened to coordinate response and planning to the emerging epidemic. On April 6, 2020 the response and operations moved to the Department of Health Services to operate a Department Operations Center. Historically, emergency responses to disasters have had a short life span and are staffed with existing resources without a significant and lasting impact on the continuity of operations for mandated and essential services. The ongoing COVID-19 pandemic with possible future surges is more than likely going to require an extended emergency response until a vaccine becomes widely available for all.

The Department of Health Services is planning to transition the Health Department Operations Center beginning in September, which will include the Logistics work and the operational task forces comprised of Disease Control (cases investigations, contact tracing, mobile testing units), Public Health Laboratory, Hotline, Alternate Care Site, Homeless Non-congregate Shelter Sites, and Emergency Medical Services, to the temporary COVID-19 Section of the Public Health Division.

In addition to the transition from the Health Department Operations Center to the temporary COVID-19 Section, continuing the following emergency response activities are necessary to continue an effective response to the pandemic:

The COVID-19 Case Management and Contact Tracing Program include case investigations, contact tracing, case management, testing/field surveillance, and epidemiology/surveillance. The proposed staffing level is 170 staff for these activities. Specific to contact tracing activities, the proposed staffing level includes 1 Public Health Nurse, 75 contact tracers, 20 contact tracer leads, and 10 contact tracing support staff. The California Department of Public Health will be providing 30 contact tracers through December 31, 2020. Contact tracing and case investigation activities are made up of ten teams A) Skilled Nursing Facility / Residential Care Facility team, B/C) two worksite teams, D) Latinx/Vineyard team, E) School/Health Center team, F/G) two Community

Household team, H) Jail/Homeless Team, I) Rapid Notification Team, J) Special Projects team. The team structure may evolve over time based on needs specific to the COVID-19 Response.

The California Department of Public Health requires a minimum of 15 contact tracers per 100,000 population, resulting in the need to have a minimum of 75 contact tracers for Sonoma County. There are contact tracer estimator tools available to assist with determining the number contact tracers based on variables such as daily case load, case interviews, contact notifications, contact follow-up frequency, and percentage of follow-up. When using variables specific to Sonoma County cases, the contact tracer estimator tool recommends 120 contact tracers. The proposed budget includes 75 contract tracers due to limited funding and to the California Department of Public Health contributing 30 contact tracers at no cost to the County. The Department may be requesting additional contact tracers in the future depending on the state of COVID-19 pandemic or if the California Department of Public Health withdraws the 30 State contact tracers from the County of Sonoma.

**Case investigations** include telephone interviews with cases to gather information about exposures, symptoms, any contacts, and other details. Manage and monitor cases and encourage voluntary isolation of cases and quarantine of close contacts and suspected cases.

**Contact Tracing Activities** include telephone interviews with contacts to gather information about exposures, symptoms, and other details.

**Case Management** include the monitoring of cases and contacts isolated at home and coordinate support services. Social Workers will be part of a resource team that contact tracers will refer via cal-connect platform COVID contacts that need additional assistance due to potential isolation/quarantine and lack of resources such as access to food, medication, or other services. This team of Social Workers will report back to the assigned contact tracer as needed.

**Testing/Field Surveillance** supports outbreak investigation and management in residential care facilities, schools, prisons and other institutions. Monitor and support testing of at risk groups (when identified). Coordinate strategies to reduce the spread of disease among the public and in schools, worksites, and other community sites and mass gatherings.

**Epidemiology/Surveillance** provide guidance on investigation and surveillance strategies and oversee implementation. Coordinate the collection and analysis of surveillance information.

**Disease Control** include existing focused Public Health disease control personnel redirected to the COVID-19 emergency response to the extent necessary through December 31, 2020, medical and testing supplies, emergency ambulance and Paramedic services contracted staff through September 2020, contracted disease control consultants, and other related testing expenses.

**Public Health Lab** includes existing focused public lab resources redirected to COVID-19 through December 31, 2020, and expands laboratory capacity/capability to detect/test for COVID-19 with new equipment and additional supplies. The Public Health Lab provides guidance on specimen collection, testing procedures, regional lab resources, and report summarized lab reports. The current daily average is currently 323 specimens with existing staff working overtime and redirected staff working in the Public Health Lab from other programs. The full implementation of the PerkinElmer system, the streamlining of electronic data sharing and the adequate staffing as proposed in this budget would allow the Public Health Lab to reach the goal of processing 750-1,000 test specimens per day in or around December 2020. The proposed staffing level will allow for a day shift and a swing shift, and also support 24/7 operation as needed.

**EMS Medical** includes existing focused resources redirected to COVID-19 through December 31, 2020 and is operating as the Medical Health Operational Area Coordinator (MHOAC) coordinating the infectious disease

emergency response with local medical care systems (EMS, hospitals, clinics, etc.).

**Processing of Tests and Operator for On-site Testing Locations** is expected to begin in October 2020, after State sponsored OptumServe no longer provides on-site testing services at two Sonoma County locations. The estimate assumes the Department will contract out to an entity the COVID-19 testing operations at two locations (similar to the current OptumServe model). The cost estimate assumes that the contractor will continue to operate the two testing locations after December 2020 and that the Public Health Lab will have increased its test processing capacity by then to process the tests in the county lab. If the State extends the OptumServe testing services as it has done in the past months, we anticipate realizing savings that could be redirected to other COVID-19 activities.

**Alternate Care Site at Sonoma State University (SSU) and Other locations.** Prior to July 31, 2020, the Alternative Care Site (ACS) was located at Sonoma State University (SSU) and comprised of non-congregate spaces for COVID-19 persons with surge capacity available as necessary for additional residents.

In August 2020, the ACS relocated to another location with a capacity of 60 rooms for COVID-19 or COVID-19 pending result patients. The cost estimate model assumes that this capacity will be scaled down by half, effective January 1, 2021. Targeted populations include those who are COVID-19 positive that do not require hospitalization, but still require some level of monitoring by medical staff such as Registered Nurses and Medical Assisted Personnel; and those who are pending COVID-19 tests who are unable to isolate at home. The estimated cost for the ACS includes non-congregate space rental, space design and set-up services, meals, security, medical staff, emergency transportation, portable toilets and hand washing stations, portable showers for medical staff, medical supplies and equipment, PPE, custodial services, ambulance services, and biohazard waste disposal.

**Sonoma State University Non-Congregate Sheltering (NCS)** through mid-July. In July 2020, the NCS relocated from SSU to a new site.

**Motels and Shelters - 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 estimated cost includes room rental, special room cleaning, meals, security, laundry services, and service provider.

**Sonoma County Fairgrounds non-congregate sheltering** is comprised of 10 FEMA trailers with projected occupancy of 22 individuals through mid-September and 24 additional trailers with projected occupancy of 48 individuals thereafter through June 2021. Targeted populations include FEMA eligible homeless who are COVID-19 vulnerable individuals over 65 with certain underlying health conditions (respiratory, compromised immunities, chronic disease.) The estimated cost includes general services trailer set-up, sewer and trash services, clinic in a can service, meals, security, janitorial and laundry services, household supplies, and service provider.

**Personal Protective Equipment** is comprised of N95/KN95 masks, surgical masks, face shields, coveralls, goggles, protective glasses, surgical gowns, isolation gowns, gloves, wipes, sanitizer, and boot/shoe covers.

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

**Health Services Department Operation Center (DOC)** was activated on April 5, 2020, in response to the COVID-19 crisis and is comprised of DOC Management and typical functions such as Planning, Operations, Logistics, Communications, Legal, Finance, and Safety. The Operations Section oversees and directs the Homeless and

the Alternate Care Sites task forces, the health emergency response of the Disease Control unit, the Hotline unit, the Environmental Health unit, and the Medical Branch unit. The estimated cost is comprised of salaries and benefits for April 5, 2020 through August 31, 2020.

**Countywide Services to aid in the ongoing response** are required of Departments outside of Health Services to facilitate the response to the pandemic. As the Board approved on 6/23/2020, 4 Fairground employees will continue to provide assistance to the Receipts Store and Stage (RSS) Warehouse. Auditor Controller Treasurer Tax Collector, General Services, County Counsel, County Administrator's Office, Information Systems Department, and Human Resources will either hire extra help, hire project limited staffing or redirect existing resources at full costs to the Department of Health Services, for fiscal support, information technology assistance, policy coordination, public relations, human resourcing, and legal services. Details on the services and staffing needs for these departments are included in Attachment 2, the COVID Response Staffing Plan. Some of these costs were not included in the initial estimate of the COVID-19 Response Plan presented to the Board on July 27th and 28th and represent the additional cost of the plan.

**The Latinx Health Workgroup** was established in May 2020 to inform the Department of Health Services efforts to respond to the disproportionate number of cases in the Latinx community. Consisting of members from health and other service-focused sectors, the workgroup has focused its recommendations in the areas of communication, wrap around services, data, workforce, and testing with a particular emphasis on the farmworker community. To date, the workgroup's accomplishments include providing the following guidance and direction to Department of Health Services: Recommendations for pop-up testing locations that respond to the needs of the Latinx community (time of day, type of location, language access, etc.); Recommendations for ways to explore and further drill down in demographic data of cases as well as ways to interpret the data and communicate the data that considers long-standing inequities and systemic racism; Accountability for a bilingual and bicultural workforce; Suggestions for more culturally responsive messaging and messaging dissemination for individuals as well as sectors and industries employing vulnerable essential workers; and the development and release of an RFP for culturally responsive outreach and engagement strategies for farmworkers and wrap-around isolation-support services and resources for those with a positive or likely COVID case.

### **Novel Coronavirus/COVID-19 Response - Funding**

The estimated expenditures for the COVID-19 Response are \$65.7 million for the period of July 1, 2020 through June 30, 2021. Attachment 1, the COVID-19 Plan Activities and Cost Estimate, provides the detailed program expenditures by major activities. The projected expenditures may change depending on the COVID-19 pandemic conditions, including the time period for which these conditions continue to exist.

County Staff has identified funding for the operational period of July 1, 2020 through December 31, 2020, and depending on continued federal and/or state funding support will request additional appropriations in November 2020 to cover for the estimated expenditures during the January 1, 2021 through June 30, 2021 period.

Funding for the operational period of July 1, 2020 through December 31, 2020 will come from two primary sources, Federal Emergency Management Agency (FEMA) at 75% of eligible costs through 9/30/2020 - current FEMA identified end of event date, and state allocated pass-thru of Coronavirus Aid, Relief, and Economics Security (CARES) Act. The CARES Act funding is Federal funding directly allocated to counties with a population above 500,000 and directly allocated to States to fund counties with a population below 500,000. Our population being under 500,000 determined the allocation provided to Sonoma County. The State allocated \$50.6 million in CARES funding to Sonoma County and funding must be spent by the end of the calendar year



2020.

FEMA funding became available upon the US Dept. of Health and Human Services Secretary issuance of a public health emergency on January 31, 2020, retroactive to January 27, 2020, which was renewed with an effective date of April 25, 2020, followed by another renewal effective on July 25, 2020. This declaration effective as of July 25, 2020 extends for an additional 90 days unless terminated earlier by the Secretary. FEMA utilizes this declaration to provide Public Assistance programs to local governments.

Staff has estimated FEMA eligible expenditures for a 90-day period from July 1, 2020 through September 30, 2020. Based on the current surge in cases in California and around the United States, the current public health emergency may be extended beyond the current 90-day period. Staff will reevaluate the FEMA eligible estimate if the current public emergency declaration is further extended.

The revenue model to fund the estimated expenditures for the COVID-19 Response assumes that the FEMA funding will be available through September 30, 2020, with sharing ratio of 75% federal funding and 25% local match. Funding for the 25% local match will be CARES funding for the period. Beginning October 1, 2020 through December 31, 2020, the COVID-19 response will be funded 100% with CARES funding. The total CARES funding requested from your Board is \$25 million, which includes the 25% local match for the FEMA funding and the funding of estimated expenditures for the remaining of the calendar year 2020. The timing of FEMA reimbursements materializing depend on the County's claim for expenses being accepted and may not be remitted to the county before the end of the fiscal year and/or in time to book a FEMA account receivable. Of the \$11.4 million assumed, ACTTC Disaster Finance will request 50% expedited funding and the balance will be offset with prior year Covid-19 pending claims' reimbursements.

Staff will have to strategically allocate the FEMA and CARES funding sources to COVID-19 activities using the period of performance for which the funding is available and COVID-19 eligible activities to ensure revenue maximization. The estimated expenditures assumes that the Non-congregate shelters (NCS) and the Alternate Care Site will be occupied at full capacity; the testing operations will be operating at full capacity and paid with CARES funding whereas there is a possibility that the State extend the OptumServe contract at no-cost to the County; and the COVID-19 Section will be fully staffed later than in September 2020. Such uncertainties for these activities may result in the need to shift CARES funding to other COVID-19 eligible activities. Staff will monitor actual expenditures and work with the County Administrator Office to shift CARES funding to other COVID-19 eligible activities based on priorities established by your Board.

The COVID-19 pandemic has placed a significant burden on the public health systems. As a result, state and local health departments are facing amplified demands on resources and organizational capacity. The proposed COVID-19 Section is a critical step in the Department's implementation of measures to slow down transmission and reduce mortality associated with COVID-19; however, it is critical that health departments still have the capacity to address other infectious diseases and public health issues. The establishment of a dedicated COVID-19 Section will allow for DHS staff tasked with response efforts to return to their regular duties to assure the continuity of essential prevention and care services.

In addition, support for Department operations to maintain programs such as the Alternate Care Site and Non-Congregate Shelter which provide much needed surge capacity to healthcare facilities is crucial. Scaling up testing and laboratory efforts to detect cases and trace contacts as well as meet state requirements will also be vital to the Department's response moving forward.

**Prior Board Actions:**

N/A

**FISCAL SUMMARY**

<b>Expenditures</b>	<b>FY 20-21 Adopted</b>	<b>FY 21-22 Projected</b>	<b>FY 22-23 Projected</b>
Budgeted Expenses			
Additional Appropriation Requested	\$36,403,591		
<b>Total Expenditures</b>	<b>\$36,403,591</b>	<b>0</b>	<b>0</b>
<b>Funding Sources</b>			
General Fund/WA GF			
State/Federal	\$36,403,591		
Fees/Other			
Use of Fund Balance			
Contingencies			
<b>Total Sources</b>	<b>\$36,403,591</b>	<b>0</b>	<b>0</b>

**Narrative Explanation of Fiscal Impacts:**

The temporary COVID-19 unit costs including Salaries & Benefits and Services & Supplies totaling \$36,403,591 is estimated to ultimately be funded by FEMA reimbursement (75%) with CARES funding as the match (25%) through September 30, 2020, and other funding sources such as ESG-CV and Disaster HHAP that may be available for homeless vulnerable individuals who are staying at non-congregate sites. Funding from October 1, 2020 through December 30, 2020 will be 100% from CARES funding unless the FEMA event period is extended and/or additional state-federal support is issued. Appropriation requests are included in the attached resolution (Attachment 3).

**Staffing Impacts:**

<b>Position Title (Payroll Classification)</b>	<b>Monthly Salary Range (A -I Step)</b>	<b>Additions (Number)</b>	<b>Deletions (Number)</b>
Healthy Communities Section Manager	\$8,811.12-\$10,708.66	1.0	0.0
Director of Public Health Nursing	\$10,172.97-\$12,364.45	1.0	0.0
Department Program Manager	\$6,786.62-\$8,249.34	1.0	0.0
Administrative Services Officer I	\$7,030.12-\$8,545.02	1.0	0.0
Administrative Analyst III - Project	\$8,085.85-\$9,826.86	1.0	0.0
Communications Specialist	\$7,157.08-\$8,699.81	2.0	0.0

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

The positions are term limited from September 1, 2020, through June 30, 2021. Staff will support Department COVID-19 response efforts. The Director of Nursing will direct, advise and supervise the work of the Public Health nurses and allied personnel. The Department Program Manager (Equity Manager) will ensure that all aspects of the COVID response consider an equity lens in order to reduce disparities in positive cases of COVID and reduce overall impact of virus; coordinate LatinX workgroup. The Section Manager will manage all aspects of the COVID 19 response section, related services and programs within this section. The Administrative Services Officer I will plan, organize, perform, and supervise the central administrative and operational

functions for the COVID-19 Response. The Administrative Analyst III-Project and the two time-limited County Communication Specialists will develop, plan and implement County-wide public information messaging related to the COVID-19 pandemic and manage public relations and facilitate policy coordination between departments and agencies around Covid-19 response and recovery.

**Attachments:**

Attachment 1: Description of COVID-19 Response Activities and Cost Estimates

Attachment 2: Proposed COVID-19 Section

Attachment 3: Budget Resolution

Attachment 4: Personnel Resolution

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

None