



Legislation Text

File #: 2020-1101, **Version:** 1

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:

1:30 P.M. - Enhanced COVID-19 Response Strategy

Recommended Action:

- A) Authorize the Director of Health Services, or designee, to execute the Enhanced COVID-19 Response Strategies 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 appropriations authorized by the Board in this item.
- B) Approve 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. (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. 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 the 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.

On September 1, 2020, your Board authorized the Director of Health Services, or designee, to execute the continued COVID-19 Response Plan and obtain necessary resources, services, supplies, equipment, and such other properties to be lacking or needed for the protection of life and property.

As part of the COVID-19 Response Plan, the Department has been working on enhanced COVID-19 strategies to address the ongoing operational goals, community needs, communication of COVID related information and efforts, development of partnerships within the County and the designated use of fiscal resources all targeting the underserved communities within the County.

Discussion:

As part of the COVID-19 Response Plan, the Department has been working on enhanced COVID-19 strategies to address the ongoing operational goals, community needs, communication of COVID related information and efforts, development of partnerships within the County and the designated use of fiscal resources all targeting

the underserved communities within the County.

Structural racism affects the distribution of and access to resources and opportunities such as employment, housing, education, and quality healthcare. Low-income communities of color are overrepresented in the low-wage and non-medical essential workforce, with less access to paid leave and other worker protections critical to preventing the spread of COVID-19.

Income inequality increases the risk of exposure to the virus, due to overcrowded living conditions, greater use of public transportation, and the need to travel farther from home to obtain essentials.

A combination of these factors results in marginalized communities experiencing higher levels of cumulative adversity over time, which are associated with an increased risk of underlying medical conditions such as high blood pressure, chronic lung diseases, diabetes, and chronic kidney disease. Well-documented racial and ethnic disparities in the prevalence of these chronic conditions among communities of color further increase the risk of morbidity and mortality from COVID-19.

In Sonoma County, socioeconomic inequities are a primary driver of cases, which contributes to limited ability for impoverished populations to shelter-in-place, isolate, and quarantine. Barriers include being an essential worker, lack of sick leave or benefits, no job security to take time off, limited childcare options, and lack of health care access, among others. Socioeconomic and health disparities have disproportionately impacted the LatinX community in Sonoma County.

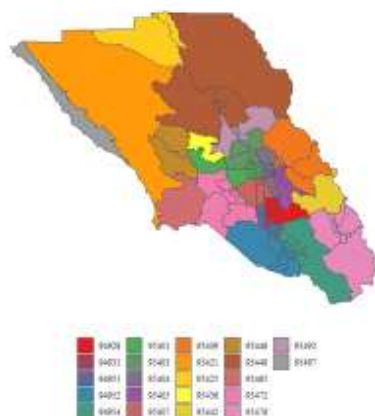
In order to address these current issues facing the communities within our County, the Department of Health Services and its COVID-19 Section have developed several strategies to address healthcare services, outreach and communication, financial assistance, isolation and quarantine support and forming partnerships within the County to increase our assistance. The population that DHS will focus on for this intervention includes those in areas that are difficult to access with some households living in crowded, impoverished conditions. These households are also more susceptible to negative economic and health impacts due to COVID-19. Providing community members with comprehensive and culturally relevant programs is a crucial step in mitigating the economic impacts of the pandemic on the most vulnerable households in the county.

Geographic Focus

DHS is focusing the enhanced strategies on strategic locations that are deemed the most vulnerable according to the Healthy Places Index (HPI). DHS will start programs (i.e., testing, incentives) in the most highly impacted census tracts and will target additional areas as the program expands and according to the latest data.

Census Tracts by Zip Code: Select Information on Low HPI Census Tracts

Census Tracts by Zip Code

Select Information on Low HPI Census Tracts
Last 7 Day Mean, 1 Day Lag

Tract	Population	Recent Cases	Total Cases	% of Cases	Rate / 100,000	# Tests	Test Positivity	% of Population
151385	4780	2	48	0.53%	5.90	1329	5.48%	27.52%
151386	5425	10	79	0.52%	42.23	1375	5.02%	28.34%
151387	4087	0	81	0.44%	9.34	1038	0.94%	28.84%
151281	8853	10	123	1.43%	20.64	2389	5.30%	33.54%
153003	3082	7	143	1.80%	16.18	1084	8.42%	30.79%
153002	8027	18	230	2.74%	37.87	1030	12.88%	28.89%
153001	6084	6	101	1.87%	17.33	2169	7.30%	33.33%
152003	2079	0	68	0.6%	54.87	1080	4.33%	16.67%
153602	5124	0	142	1.60%	20.32	1267	10.47%	28.81%
153601	6897	0	176	2.54%	10.49	1928	8.69%	28.89%
152180	3064	2	28	0.3%	9.51	1342	4.69%	21.57%
152091	3048	5	58	0.89%	11.14	1057	4.89%	21.88%
151600	2158	3	33	0.30%	13.57	1728	1.81%	54.89%
153600	13918	12	589	3.89%	16.87	1052	8.59%	28.89%
153290	7622	13	289	3.55%	24.89	2852	11.02%	34.89%
153104	4044	7	130	1.6%	34.32	1043	13.62%	28.84%
153103	4796	3	174	2.80%	21.2	1015	13.27%	21.8%
153102	5742	6	334	3.70%	14.83	1005	17.04%	23.19%
151402	9177	0	302	3.51%	14.61	2772	10.69%	30.21%
154201	3025	0	130	1.51%	10.82	1210	10.89%	30.89%
152705	3039	1	15	0.17%	4.94	1007	1.89%	28.89%
153703	3490	0	4	0.07%	0	133	1.08%	15.89%
153602	4147	2	145	1.89%	6.89	1064	8.77%	28.89%
153600	5327	0	28	0.33%	0	1049	3.26%	33.43%
150300	5282	20	110	1.37%	54.03	1341	0.8%	25.39%

Strategy Improvement 1

Expand Intensive and Data Driven Testing

Also known as “pop-up” testing, neighborhood-testing events are located close to populations disproportionately affected by COVID-19 and likely to experience poor outcomes if infected. Targeted testing and outreach in Latinx and indigenous communities are among the top priorities in the County’s efforts to mitigate and respond to COVID-19 outbreaks. Latinx and indigenous people are more likely than the general population to be working in “essential” functions since the start of the Coronavirus pandemic in March 2020. This population may have more difficulty effectively isolating or quarantining at home, which puts close household contacts at increased risk.

Although testing is a critical tool to find and confirm asymptomatic COVID-19 positive cases, it is only one aspect of being prepared and able to respond. Testing is one piece of a larger strategy that also includes prevention, such as social and physical distancing, frequent hand washing, disinfecting frequently touched surfaces, and following isolation and quarantine procedures.

As long as COVID-19 is circulating in the community, the Latinx and indigenous community remains at risk. Testing determines (on a certain date) who is COVID-19 positive and allows individuals to implement mitigation strategies immediately, including isolation and quarantine. DHS will increase the number of pop-up testing events in strategic locations that are deemed the most vulnerable according to the Health Places Index (HPI) while maintaining current outbreak and contact testing. Further, DHS will work closely with health care partners that are also located nearest the lowest quartile census tracts to increase access to testing locations. Sonoma County DHS intends to double DHS-PH testing output to an average of 400 per day while maintaining 24/48 hour turn-around time at Public Health Lab (PHL).

Locations

The DHS testing team will conduct recurring testing events those in the lowest Healthy Places Index quartile census tracts. The expanded pop-up testing will start in Santa Rosa, Healdsburg, and Rohnert Park the week of

October 19th with additional locations added as the program evolves. Pop-up testing will be conducted up to 12 times per week averaging 2-3 hours per event. By establishing an ongoing presence in neighborhoods most impacted by COVID-19, we expect that neighbors and community members will be more likely to access testing and other support services. Additional locations will be added as staffing and scheduling permits.

The DHS Testing Team will provide the following staff (at minimum):

- 2 public health nurses
- 2 community health workers (bilingual/bicultural)

Testing capacity per week by phase and event type:

Testing Event Type	Current†	Phase 1	Phase 2	Phase 3
Neighborhood	200	800	1000	1200
Contacts	230	400	400	400
Outbreak/Worksite*	550	600	600	600
Health Care Partners	--**	--	100	300
TOTAL WEEKLY	~1000	1800	2100	2500

†Reflects actual average testing numbers over past 30 days, not capacity

*Includes jail/detention centers, homeless surveillance, schools/daycares, and SNF/RCFEs

**Health Care Partner testing currently included in “Neighborhood” category

Phase 1 Testing / October 19 - November 1

Goal: 300 tests per day (including contacts, outbreaks and neighborhood testing)

Staffing: No additional staff needed for Phase 1. The Department will begin recruiting extra help staff for Phases 2 & 3.

Phase 2 Testing / November 2 - November 15

Goal: 350 tests per day (including contacts, outbreaks and neighborhood testing)

Actions: Increase staffing in preparation for Phase 3 (see below). Update FullSlate platform so that appointments can be made online for all testing events.

Extra Help Staffing: Three (3) nurses (bilingual/bicultural preferred) and three (3) CHWs (bilingual/bicultural required) needed (4-6 weeks anticipated for hiring).

Phase 3 Testing / November 16 - November 30

Goals: 400-500 tests per day (including contacts, outbreaks, neighborhood and Health Care Partner testing). Participating Health Care Partners hold weekly testing events - goal is 100 tests per event.

Strategy Improvement 2

Enhanced Outreach to the Latinx Community

DHS will augment the outreach and engagement efforts that are being deployed through 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. DHS will increase the financial investments for the wrap-around support and emergency financial assistance reserved for those in highest need. Steered by La Plaza: Nuestra Cultura Cura and powered by more than a

dozen community-based partner organizations, this project represents a unique partnership between multiple family resource centers and agencies embedded within their local communities. The project includes a large-scale outreach and education campaign focusing on the farmworker population, the laborer population, and the domestic worker population. Partner agencies will deploy staff and volunteers focused on providing up-to-date information, COVID-19 mitigation information, isolation and quarantine information, and connection-to-health care providers.

The testing team will coordinate with CURA Project to ensure that appropriate outreach is conducted near neighborhood testing locations, and is timed so outreach is happening prior to the testing by a day or two. The county PIO team will disseminate information about expanded testing opportunities on SoCo Emergency website, social media, print media, digital media, radio/TV, and other communications avenues as appropriate.

DHS anticipates an increase in the number of individuals who will be tested which may result in an increase in the number of individuals who may subsequently need the wraparound services and financial assistance to implement this strategy.

Strategy Improvement 3

Incentive Program / Financial Assistance

Incentives

To increase the volume of our target population being tested, the County will offer an incentive in the form of a gift card for all individuals in the target census tracts who get tested for coronavirus and other designated vulnerable populations, especially those who may require repeated testing due to multiple exposures or high risk such as the homeless living in encampments.

Eligibility for cards will be limited to once per month. Monetary testing incentives such as this have been successful in significantly increasing testing for other infectious and communicable diseases (e.g. tuberculosis, syphilis) amongst disenfranchised populations. We estimate we can increase demand for testing by approximately 50-75% in our target groups based on data from other similar interventions.

Gift cards would be purchased for local grocery stores near the testing locations and distributed by CHWs at testing events targeting the lowest quartile, at our Chanate testing drive-through, and with health care partners on testing days. We will be modifying our existing intake form to allow for tracking of the gift card incentive as they are distributed. Testing locations are provided a starting inventory, conduct tracking of the gift cards distributed during the event, and matched with an ending inventory at the conclusion of the event.

Lost Income Replacement

A key barrier to prevention of transmission in Sonoma County is the inability of people with COVID-19 to stay home in isolation because of their need to earn money for rent, bills, and other regular living expenses. Those without paid sick leave and without access to compensation for lost wages are also the communities most heavily affected by COVID-19. In other Bay Area counties, these COVID-19 positive individuals (all individuals in the case of San Francisco) were provided with lost wage compensation to allow them to stay in isolation while infectious, thus helping reduce transmission and reducing case rates.

In Sonoma County, we will focus on providing lost wage replacement to our most vulnerable community members-those in the lowest Healthy Places Index quartile census tracts and others in the community who do not have access to other forms of coverage (i.e., paid sick leave, employer compensation) who would suffer significant economic hardship as a result of isolation.

Target populations:

First tier: Confirmed adult COVID-19 cases with no access to paid leave or other compensation who live in lowest quartile census tracts or whose household income is below the poverty line, including laborers, independent contractors, people who are paid under the table and undocumented workers. Confirmed unhoused COVID-19 cases.

Second tier (if funding allows): Adult contacts of confirmed cases who are required to quarantine for 14 days.

Eligibility criteria:

- Must be 18 or more years of age.
- Cannot be eligible for unemployment or receive paid sick leave.
- Must live in a lowest quartile census tract OR have an annual income <80% of Sonoma County median income.
- Must isolate from date of initial notification, with 50% or more of required period remaining (has isolated for at least 5 days). Unstably housed individuals are required to self-isolate from date of notification in one of designated hotels or the ACS, or a verified separated space (e.g., camper, trailer) before they can receive the stipend.
- Must complete isolation and have a documented release from the County to receive payment.
- Has not previously received payment, stipend is a one-time only payment limited to adult household members who test positive for COVID-19.

Mechanisms for eligibility determination and distribution:

- Screening and referral from partners for qualification by self-report.
- Screening and referral at initial interview by County case investigators/contact tracers for qualification by self-report.
- County finance staff track payments and manage budget.

Level of compensation:

- Highest minimum wage 2021 (SR): \$15.20/hr
- Hours worked per week: 40
- Maximum time out of work: 2 weeks/14 days
- Compensation: \$1216 per isolation or quarantine episode per adult

Strategy Improvement 4

Partnerships with Business Community

The Coronavirus Pandemic has also had a significant impact on Sonoma County businesses who are critical partners in implementing infection control practices and educating employees on prevention hygiene to reduce transmission in the workplace. The Economic Development Board (EDB) worked in partnership with the business community to develop Best Management Practices for local businesses. We know that businesses play a major role in helping to prevent and mitigate the spread of COVID-19. They can play a pivotal role in supporting the Strategy Improvements laid out here and to be presented at the Board of Supervisors Meeting on October 20, 2020. Specifically, business can partner and lead efforts to expand communications, education, testing, and incentives programs through public-private partnerships. Sonoma County DHS will work closely with the Economic Development Board (EDB) and local businesses with a strategic focus on those adjacent to

the most highly impacted areas including wineries, dairies, farms, food production, child care, and tourism organizations. DHS will work with these partners to enhance worker education on appropriate infection prevention and control practices as well as sharing information on testing and incentive programs available.

Initiatives with the business community will include the following:

Providing sponsorship for increased testing opportunities with additional pop-up testing sites in communities most impacted.

Provide financial incentives to individuals in the most disadvantaged neighborhoods, as defined as being in the lowest quartile of the Healthy Places Index census tracts. Example could include gift cards to encourage testing and help offset the potential costs to individuals taking the test; stipends for COVID-19 positive individuals to cover missed wages while isolating; providing hotel/VRBO accommodations to support isolation when needed and allowing people to stay closer to their homes; providing wrap-around services and culturally appropriate meals to individuals.

Assist with or sponsor increased bilingual outreach (videos, billboards, radio and television ads, continued funding for CURA Project's work with farmworker, laborer, and domestic worker populations, etc.).

Help with identifying hotels for isolation by working with the Sonoma County Tourism to help find hotel rooms, especially in places like Santa Rosa where lodging can be hard to find. The SCT Board also could help ensure that hotel owners/managers are following best practices for COVID-19 mitigation (infection control, hygiene, proper isolation of cases and quarantine of contacts, enforcing facial coverings and social distancing, etc.)

Encourage all business to support modeling best practices in their workplaces to reduce transmission.

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. DHS will expand the isolation/quarantine support for individuals and families in need of supports. Sonoma County has contracted with various partners to provide a non-congregate site (NCS) for unsheltered individuals at high-risk of serious complications if they contracted COVID-19, and an Alternate Care Site (ACS) for individuals diagnosed with mild or moderate coronavirus and those awaiting test results and who have no place to isolate or quarantine safely. The hotel accommodation program, and additional wrap around services, will expand upon this work and provide additional lodging options to the most vulnerable populations.

Many families in Sonoma County live in substandard, crowded living conditions due to the high cost of housing in the area. Therefore, isolation and quarantine systems and related resources are critical for contact tracing efforts to have their targeted public health impact. Isolation and quarantine can create substantial hardship due to other economic, cultural, and familial responsibilities. Measures must be in place to ensure that people placed under isolation or quarantine have the financial, social, mental, and emotional support they need.

Sonoma County has contracted with various partners to provide a non-congregate site (NCS) for unsheltered individuals at high-risk of serious complications if they contracted COVID-19, and an Alternate Care Site (ACS) for individuals diagnosed with mild or moderate coronavirus and those awaiting test results and who have no place to isolate or quarantine safely. These sites isolate and quarantine symptomatic and COVID-19 positive people. The hotel accommodation program will expand upon this work and provide additional lodging options

to the most vulnerable populations.

Sonoma County DHS will increase access to locally available lodging via hotel accommodations for positive individuals who cannot safely isolate in their own home. An added incentive will be to provide a gift card to those who participate in the program and are willing to isolate at the ACS or at another location. If the person does not have access to support, DHS will provide additional wrap-around services such as medication delivery, meal/grocery, and laundry services. In addition to DHS contact tracers, we will provide medical monitoring via a mobile health unit. Meals will be delivered 3 x daily via selected vendors. The goal is to add rooms, utilizing the existing Alternate Care Site located in Healdsburg (25), additional hotel/motel rooms (35) will be vetted adjacent to the lowest quartile census. The ACS will also continue to be modified through input from LatinX community leaders to ensure that it is a culturally appropriate option for quarantine

Target Population:

- Confirmed adult COVID-19 cases who live in lowest quartile census tracts or whose household income is below the poverty line, including laborers, independent contractors, people who are paid under the table and undocumented workers.
- Confirmed unhoused COVID-19 cases.
- Second tier (if funding allows): Adult contacts of confirmed cases who are required to quarantine for 14 days.

Eligibility:

- Must be 18 or more years of age.
- Must live in a lowest quartile census tract OR have an annual income <80% of Sonoma County median income.
- Must isolate or quarantine from date of initial notification, with at least 50% of required period remaining (has to have at least 5 days of isolation or 7 days of quarantine left at the point they begin).

Mechanisms for eligibility determination and distribution:

- Screening and referral from partners for qualification by self-report.
- Screening and referral at initial interview by County case investigators/contact tracers for qualification by self-report.
- County SSWs provide follow-up support for confirmation of eligibility, enrollment, and document in CalCONNECT.

DHS is estimating that they will be able to provide hotel vouchers as early as November 1, 2020, pending negotiation of contracts.

Strategy Improvement 6

Communication, Promotion and Campaign

Expanded communications and promotion of enhanced COVID-19 programs will be a priority for all of the above strategies. Outreach to key businesses will enhance the critical work that is being done by the County to reduce the disparate impacts of COVID-19 in the most disadvantaged communities. Partnerships with trusted messengers will increase testing utilization, particularly for vulnerable communities, as well as partnering with social media influencers for targeted communities and sub-groups. Education materials that include resources for individuals who have tested positive will be available pre-testing as well as at testing sites. Further, DHS will work to promote activities via culturally appropriate outlets to better target LatinX and other disadvantaged communities. This will be achieved via public service announcements on Telemundo and

Univision, radio commercials, digital billboard placements on key routes, print and digital marketing, increased social media advertising, and YouTube streaming services.

Fiscal Impacts

On September 1, 2020, the Board of Supervisors authorized the Director of Health Services to execute the continued COVID-19 Response Plan the Department of Health Services and adopted a 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. The funding sources for the \$36.4 million are FEMA reimbursement (75%) with CARES funding as the match (25%) from the July 1, 2020, through September 30, 2020, and CARES (100%) funding from October 1, 2020 through December 30, 2020. Attachment 1 of the September 1, 2020, Board Summary also indicated that the continued COVID-19 Response Plan from January 1, 2021, through June 30, 2021, would require another \$21.2 million in funding if the response were to continue beyond December 31, 2020. Additionally, as indicated in the Attachment 1 of the September 1, 2020, Board Summary, the Department is continuing to pursue other funding sources such as Emergency Services Grant COVID-19 for the \$8.1 million projected expenditures for the Non-congregate Sites for Vulnerable Homeless populations.

The proposed Enhanced COVID-19 Strategies represent additional costs above the COVID-19 Response Plan approved by the Board of Supervisors on September 1, 2020. The total Enhanced COVID-19 Strategies costs estimated at \$15.9 million for the October 20, 2020, through June 30, 2021, is for pop-up testing incentives, wage replacement, alternate care site incentives, isolation/quarantine costs, expanded testing, enhanced communications strategies, and outreach and case management for the most at-risk of infection populations residing in identified census tract communities. The breakdown of the cost estimate is presented in following table.

No	Strategy	Description	10/19/20 - 12/30/20 CARES Act Funding	12/31/20 - 6/30/21 Unidentified Funding	Total Cost
1	Strategy 1	Expand Intensive and Data Driven Testing: Hire six additional Extra Help Staff to expand testing capacity	\$99,567	\$301,018	\$400,585
2	Strategy 1	Expand Intensive and Data Driven Testing: Contract with Health Care partners to expand testing capacity	\$51,763	\$127,055	\$178,819
3	Strategy 2	Enhanced Outreach to the Latinx Community: Contract with local partners to expand the outreach to the LatinX Community	\$274,563	\$1,647,378	\$1,921,941
4	Strategy 4	Incentive Program / Financial Assistance: Offer incentive in the form of a gift card for all individuals in the target census tract and provide COVID-19 prevention kit	\$635,940	\$1,652,400	\$2,288,340

5	Strategy 4	Incentive Program / Financial Assistance: Provide lost wage replacement to most vulnerable community members - those in the lowest Healthy Places Index quartile census tracts and others in the community who do not have access to other forms of coverage	\$2,083,738	\$5,626,092	\$7,709,829
6	Strategy 5	Isolation / Quarantine Support: Offer incentive in the form of a gift card to individuals who participate in the program and are willing to isolate at the Alternate Care Site or at another location	\$30,000	\$81,000	\$111,000
7	Strategy 5	Isolation / Quarantine Support: Provide hotel accommodation for positive individuals who cannot safely isolate in their own home	\$766,768	\$2,352,288	\$3,119,056
8	Strategy 6	Communication, Promotion and Campaign: Enhance communication strategies, promotions and campaigns	\$58,235**	\$139,765	\$198,000
Total:			\$4,000,574	\$11,926,995	\$15,927,570

** The proposed budget from October 19, 2020, through December 30, 2020, for Strategy 6 - Communication, Promotion and Campaign is \$231,682 with the CARES Act funding available for this item being only \$58,235 for the same period. DHS will be coming back to your Board to request \$173,447 in funding in early November 2020 unless funding is identified on October 20, 2020.

The Department is proposing to redirect \$4 million of CARES funding from the COVID-19 Response Plan to the Enhanced COVID-19 Strategies that will be utilized during the October 20, 2020, through December 30, 2020. The Department is able to redirect funds due to savings in the following categories - Testing, Staff Hiring for the COVID-19 Section, and the Non-congregate Site located at the Fairgrounds. The State extended the Optum Serve contract testing services originally planned to sunset on September 30, 2020, through November 30, 2020, which in turn created savings for the County. Start dates for staff hiring have been lagging due to a longer than anticipated recruitment timeline, resulting in additional savings. At the Fairgrounds, the Department had anticipated having 24 additional trailers as of September 1, but there are currently only 4. An additional 10 will become operational between November and December.

DHS will continue to monitor the level of response needed to address the COVID-19 pandemic and come back in December to request additional appropriations that will be commensurate with the level of response needed based on conditions existing at that time. DHS will continue to refine its COVID-19 Response plan and Enhanced COVID-19 Strategies based on efficacy and finite resources. Additional resources will be needed to support community-based partners prior to and after December 31, 2020 as that is when current funding for the program subsides. DHS will return to your board with an update on the effectiveness of these improvement strategies to reduce the transmission and prevalence of COVID-19 in our communities and to seek direction from your board on how to address the need for additional investments should the need for

these investments continue.

Assuming the same level of response is needed at the time DHS returns to your board, the request for appropriations will be \$11.9 million to fund the Enhanced COVID-19 Strategies from the December 31, 2020 through June 30, 2021. The request for additional funding in December will also include the \$21.2 million for the continued COVID-19 Response, for a total of \$33.1 million.

Prior Board Actions:

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.

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.

FISCAL SUMMARY

Expenditures	FY 20-21 Adopted	FY 21-22 Projected	FY 22-23 Projected
Budgeted Expenses			
Additional Appropriation Requested			
Total Expenditures			
Funding Sources			
General Fund/WA GF			
State/Federal			
Fees/Other			
Use of Fund Balance			
Contingencies			
Total Sources			

Narrative Explanation of Fiscal Impacts:

The proposed Enhanced COVID-19 Strategies represent additional costs above the COVID-19 Response Plan approved by the Board of Supervisors on September 1, 2020. The total Enhanced COVID-19 Strategies costs estimated at \$15.9 million for the October 20, 2020, through June 30, 2021, is for pop-up testing incentives, wage replacement, alternate care site incentives, isolation/quarantine costs, expanded testing, enhanced communications strategies, and outreach and case management for the most at-risk of infection populations residing in identified census track communities.

The Department is proposing to redirect \$4 million of CARES funding from the COVID-19 Response Plan to the Enhanced COVID-19 Strategies that will be utilized during the October 20, 2020, through December 30, 2020. The Department is able to redirect funds due to savings in the following categories - Testing, Staff Hiring for the COVID-19 Section, and the Non-congregate Site located at the Fairgrounds. The State extended the Optum Serve contract testing services originally planned to sunset on September 30, 2020, through November 30, 2020, which in turns created savings for the County. Start dates for staff hiring have been lagging due to a

longer than anticipated recruitment timeline, resulting in additional savings. At the Fairgrounds, the Department had anticipated having 24 additional trailers as of September 1, but there are currently only 4. An additional 10 will become operational between November and December.

The Department will come back to the Board of Supervisors at a later date to request funding of \$11.9 million to fund the Enhanced COVID-19 Strategies from the December 31, 2020 through June 30, 2021.

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

Narrative Explanation of Staffing Impacts (If Required):

N/A

Attachments:

None

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

None