Outbreak Prevention and Response Teams Moving Forward

May 21, 2021, 1-2pm

Participants:

Cicily Emerson, Lisa Santora, Alison Sexauer, Kathy Koblick, Kevin Lee, Laine Hendricks, Lindsey Termini, Randi Lachter – Marin County; Adriana Rabkin – Marin VOAD (Voluntary Organizations Active in Disaster); Seamus Tomkins, Geneva Gist – West Marin Community Services; Patty; Madeline Nieto Hope – West Marin Community Services; Marco Berger – Multicultural Center of Marin; Randi Arnold – Bolinas Community; Cheryl Paddack – North Marin Community Services; Vinh Luu – MAAP; Lourdes Romo – Papermill Creek Children's Corner; Dave Cort and Nicole Ramirez – San Geronimo Valley Community Center; Adam Francis; Bahia Vista; Sarah Gaidano – (BACR) Bahia Vista Family Center; Jennifer Ancona – EOC/CARE; Liz Darby; Lourdes Romo; Melanie Thompson, Patrick Clos – Marin Community Clinics; Nicole

Introduction - Lisa Santora

- Marin recognizes that we need to partner and strengthen relationships with community
 partners and have been leading due to the partnerships and services that we have. We have
 collectively come together with a shared goal of an equity approach for communities to access
 testing and vaccinations.
- We had the opportunity to apply for CARES 3 funding which is federal funding that is coming to
 the County for infection prevention and control. Dr. Willis championed that a significant
 percentage went back out to the community to support infrastructure that has been built in
 response to COVID-19. County infrastructure support (nurses, public health programs, etc.) but
 also nearly a million dollars available for community partners to build upon the work.
- Even though we are nearing the end of the pandemic in our country, we are still at risk and still have variants that are circulating, we still want to make sure we are protecting our community. There are breakthrough cases, 7-8% of people who are fully vaccinated and still get infected with COVID-19. Internationally, we see that these breakthrough cases may be infected with COVID-19 but do not have severe outcomes.
- We also see a role of this funding as building towards recovery. The rapid transmission of
 disease in some communities was driven by racial inequity and social drivers of health
 (inequality, crowded housing conditions, etc.). As people look for employment, subsidies dry up,
 families struggling with fatigue from the pandemic, we are looking at the emotional side of our
 response in the community. A lot we can do to increase that resilience and ensure that we
 address the holistic approach as we evolve in our response.
- Deepest gratitude for Marin County, thankful for the grace that all of you have offered to the county as we tried to learn, be community-centered, person-centered, and trauma-informed as we navigate this pandemic.

Outbreak Prevention and Response – Cicily Emerson

• Successes and lessons learned, county-wide structure, ELC cares grant overview, group brainstorm on future activities, and next steps.

Successes and Lessons Learned

- Outbreak response teams strategies of having the zone structures that we started last summer, started in Canal with county co-chair and community co-chair. Found that co-leadership was successful, groups mobilized rapidly, zones became stronger and lots of collaboration. Structure and co-leadership.
 - Not every agency can do everything, so participation varied. Could have leveraged
 activities better so that what was done by one zone could be deployed by another zone.
 Also could have had a clearer role with VOAD and faith-based organizations.
 - Recommendation is to implement a role specific roster (came from Amy Callis): when
 we launch the zones, have a roster where CBOs have specific role and they would be
 trained and deployed based on function (e.g. one does food distribution, health
 education, link to insurance activities, etc.) We want to have a project coordinator and
 roster coordinator to work with the zones to have a successful model.
- Strategy of team planning and partnership capacity development lots of innovation, learning, (e.g. people learned how to do contact investigation, care navigation, testing, etc.)
 - We felt that we could have leveraged this better and did it county-wide. Not everyone
 can be an expert at everything.
- Communication success, PIO (public information officer) team was amazing
 - Moving forward we will need ongoing coordinated communication with zones
- Testing and vaccine good job, had the highest rate of vaccination and testing, but it was really hard.
 - Moving forward, want to have more consistent training and support for partners, and more rapid deployment of resources. Also better linkages – rental assistance, food, and have information sharing agreements in place needed to rapidly connect.
- Accomplishments: public health institute funding helped amplify this, toolkit was amazing, and mobile vaccination was super supportive once these things were in place.

Current Structure vs. New Structure

- Current structure: Kathy half-time, leads and co-leads, CBOs and other partners, cities, schools, clinics involved in this.
- New structure: always had a bunch of programs working closely but not in the same unit, but now we have Public Health Preparedness and Communicable Disease under one unit.
- Community response teams goes to roster coordinator role, hire Sr. Program Coordinator, admin support, and have 4 zone lead agencies. Our vision is to fund each of the zones and have lead agencies to establish MOUs and share funding with zone partners.
- Information on roster Core activities so people can be deployed rapidly (communication, outreach, health education, services logistics).

- CARES funding 3rd round of federal funding and sits in the CDC in the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) Coronavirus AIDS, Relief and Economic Security (CARES) Act, for FY 21-22 and FY 22-23, \$990,000 to be subcontracted to CBOs.
- We are hiring fixed term positions to replace extra hire positions to do the work in the next two
 years.
- Strategy 1: building expertise for healthcare and community outbreak response and infection prevention and control extending contracts with community agencies and professionals working with vulnerable populations, supporting Community Health Workers
- Strategy 4 working with data working better with partners to get data use agreements to obtain and share data between parties to expedite our interventions (e.g. text msg campaign can have client information ready to share)
- Strategy 5 engaging vulnerable populations building capacity at local sites to do outreach, education, navigation, etc. → focused on recovery in the coming months
- Strategy 6 coordinate and engage with partners enhance testing
- Opportunity coming up state is doing push for supporting jurisdictions for testing, antigen and
 confirmatory testing for free, covering that with their CLIA lab certificate. For some agencies not
 having the CLIA can be barrier and the technology on capturing the data to get it on CalREDIE, so
 the state will share their CLIA with agencies. Goal is to have testing integrated into everyday life.
 Important for schools and facilities to get testing for re-entry into programs or for high risk.

Questions & Comments

- CARES funding is for COVID-19 activities, the structure with zones is for hiring new positions within Public Health, is this for all disasters and events and not just COVID-19 related?
 - Yes, capacity building and maintaining that, it is all hazards moving forward and not just COVID-19. We want to leverage this funding for all Public Health threats. A lot of the activities we are doing are all things that can be funded from this grant but can work for other things as it comes through. (e.g. wildfire smoke, PSPS, other infectious disease, etc.)
- West Marin specific question West Marin is well represented, we have a huge geographic region, we have 3-4 different centrally located
 - In some ways perhaps West Marin is ahead in terms of zone approach and having different groups that are doing similar things, but the goal is to have even better coordination and to reduce duplication of efforts. Working together to be more efficient and reduce duplication.
 - There are some infrastructures that we hope to get better at, e.g. needs assessment –
 outcome of this capacity building funding and support is that we can have a more
 coordinated and holistic approach and have clearly defined goals and objectives and
 apply that more broadly. At first this will be on Public Health preparedness and infection
 control, but also supporting constituent access and support.
- Moving forward, we will be moving from outbreak response language to community response language since we are no longer in outbreak mode, we want to have response activities such as recovery/resilience related to ongoing response.

What aspects are/were the most successful? What could be strengthened? What else needs to happen?

- Novato Cheryl appreciate key partners who have key connections who can move the work forward in a quick manner, reach is 50,000 people within a day, electronically we can move quickly. Area of growth is adding faith partners. When in EOC and county it is effective, at local level when it is EOC can use more work. A lot of good work and transparent conversations. Understanding deliverables for this next year and public policy advocacy work and workplace requirements for vaccines, nice to know what the best practices in public policy are.
- Patty from county perspective and watching other zones, continuity is very important. It was a strength when there is a common continuity in terms of people and faces, room for improvement is that we can do the best we can to have continuity. The roster concept can achieve some of that. Having Cheryl be the Novato person and her stability throughout this time is really important.
- Alison found that as a reporter loved engaging with community and learning about how
 organizations and partners each made a contribution. This has given us a unique opportunity to
 come together and nail down the intricacies of each community and not seeing it as a one size
 fits all. Sometimes simply bandwidth issue. Really got to know what made a difference. Highlight
 and thrill to be a part of this journey.
- Sarah having the regular meeting and space to address what happened in the week, what is and is not working, players in the room, can pull it together within hours. It made it very efficient and successful.
- Adriana the development and bringing more people to the table is a strength. Once we start
 growing these zones and keep building that community network. E.g. did not have continuity in
 the food distribution network, and there was turnover, so the result was that did not have any
 consistent faces. Like this model and thinking about different functions and allowing us to shift,
 although there may be different organizations that have different focus, but the hope is that we
 can go to the zones with the specific need and they find who can step up.
- Madeline county was a good coach for the community to help us do what we needed to do and resident population and get more clarity for where the problems were to bring back to zone meetings. That helped strengthen relationship between county to community.
- Kathy need to keep these teams going.
- Cheryl links to county approved outreach items that zones could order quickly.
- Adriana do agencies have the bandwidth to continue? How do we make sure we have the right
 organizations at the table? Resilient communities are the ones working together. Let us know if
 this is helpful to you and if you can continue in this role. There is a reliance on your
 organizations being able to continue.
- Marco It was great to have regular meetings to receive updates and be able to network. Seeing
 the genuine efforts from all involved to work on things as they came up. I think some of the
 resources offered to the DAC were hard to access for community, especially those without
 internet access (e.g. rent assistance).

Community Response: Moving Forward

• \$990,000 total through June 2023

- RFP for each of the 4 community response zones
- Lead agency with a certain % of funding to zone partners
- Timeline: release RFP in June, goal to have a July 1 start date

What does this look like from the CBO side, we don't want to draft RFP if we don't understand the staffing resources and operational needs of your organizations. You all have a mission to serve the community, but we need to hear from you what is missing. We want to draft the RFP to meet the needs of your organization.

- Marco Funding to support involving and employing community persons for outreach and sharing messaging (use on site resources).
- Cheryl Coalition sector models can be very effective. Lisa just mentioned aging adults too. If the RFP can list the essential sectors in each zone, that would be helpful.
- Dave capacity building support, we get pulled in so many directions.
- Sarah drawing on people's strengths. We thrive on collaborating with all parts of Marin county, it is within our bandwidth to keep this going. To spread this information to the families.
- Vinh want to come up with action plan, staff were overworked, cannot put burden on staff when their plate is full, county to put together an action plan and not just come together to talk.