NAPA COUNTY
RESPONSE TO THE GRAND JURY FINAL REPORT ON
COVID VACCINATIONS IN NAPA COUNTY
June 13, 2022

Introduction

The "Covid Vaccinations in Napa County" Report of the 2021-2022 Napa County Grand Jury sets forth fourteen findings and nine recommendations relating to the Napa County Emergency Operations Response to the COVID-19 pandemic, operated by the Health and Human Services Agency (HHSA) Public Health (PH) Division and the Office of Emergency Services under the Acting County Executive Office. This Memorandum represents the response of the Public Health Officer/Deputy Director, Director of Health and Human Services, Office of Emergency Services Risk and Emergency Services Manager, and the Acting County Executive Officer in the role as Emergency Services Director.

We would also like to take this opportunity to acknowledge the work of this year's Grand Jury. Throughout our interactions with them, it was apparent they had an interest in the important work of the HHSA-Public Health Division and the COVID-19 vaccine response in making services better and more accessible to the community. They conducted their process in a respectful and thoughtful manner, and it was a pleasure working with them.

Background

To provide further context for the response to the Grand Jury's report, the following information below provides the breadth of the COVID-19 response and clarifies the role of the Emergency Operations Center (EOC). The County followed the National Incident Management System and the Standardized Emergency Management System in activating the EOC, which is the standard of practice for responding to wide-scale emergencies. The EOC enables centralized coordination of the response to avoid duplication of efforts, helps to increase communication to stakeholders via a joint information center (JIC), and fulfills staffing functions that Public Health cannot cover, either by supplementing staff or by requesting additional resources. In addition, Local Health Jurisdictions have access to medical volunteers through the Medical Reserve Corps and Disaster Healthcare Volunteers that help respond to disasters.

The County EOC was activated from February 2020 to November 2021 and was reactivated at a smaller scale from January 2022 to February 2022 for the Omicron surge. Response activities have been predominantly managed by Public Health from November 2021 to early January 2022 and after the second demobilization of the EOC in late February 2022.

Public Health and the County EOC performed the following response to the COVID-19 pandemic, which necessitated the EOC structure to execute eleven functions from March 2020 through June 7, 2021, indicated by number below. The EOC response involved 1,100 employees and 250,000+ hours, with 7 day a week operation due to the volume of work for the overall response. The reason for the focus on this time span is that the COVID vaccination campaign began in December 2020 and ample supplies were not available until June 2021.

1. Case and Contact Investigations - Conducted 9,950 case investigations, 7753 contact investigations and 163 outbreaks and issued individual isolation and quarantine legal orders to each case and contact, as well as releasing each case and contact from isolation and quarantine. The case investigation and contact tracing effort operated 7 days a week for 18 months and then scaled down to 6 days a week for 9 months.
2. Testing - Performed 258,146 tests which was first done through a small County operated drive-through site, which then transitioned to a larger volunteer-operated and state-contracted testing platform (Verily) and then transitioned again to a different state-contracted operator that provided full staffing, test kits and a testing platform in December 2021 (Optum Serve). County staff had to provide assistance to support and troubleshoot these testing operations.
3. Vaccinations - Administered 187,066 vaccinations, with 62% fully vaccinated and 73% partially vaccinated, while navigating supply shortages, frequent and rapid changes in vaccine prioritization guidance, changes in vaccine reporting systems and changes in vaccine allocation that were imposed by the State.
4. Epidemiology - Epidemiologists updated COVID-19 case counts, hospitalizations, deaths and ICU capacity on a daily basis; this occurred in spite of challenges in pulling data from a compromised State-run disease surveillance system. The Epidemiology team updated 70 metrics and graphics on the COVID-19 Dashboard each week and provided GIS maps of test positivity, case rates, and vaccine penetration to help direct outreach efforts.
5. Infection Control - Provided infection control guidance to several types of settings such as skilled nursing facilities, assisted living facilities, long-term care facilities, independent living facilities, the jail and juvenile detention centers, farmworkers centers, schools, childcare, and other businesses.
6. Sector Guidance - Provided guidance to multiple businesses sectors to reopen their businesses safely by reviewing reopening plans and assisting with interpretation of the state's Blueprint for a Safer Economy, which tied levels of reopening to local disease transmission, COVID-19 testing positivity rates, and COVID-19 health equity testing positivity rates, until the Blueprint was lifted on June 15, 2021.
7. Mutual Aid - Provided mutual assistance for hospitals and skilled nursing facilities in response to resource requests for supplies, staffing and equipment. 289 requests were processed for a total of 1.26 million items that did not include vaccine or vaccination supplies.
8. Isolation and Quarantine Sheltering & Support - For people experiencing homelessness, 146 medically frail and 767 persons infected with COVID or exposed to COVID were sheltered. Provided temporary gift card assistance of over $14,000 to 278 households infected with or exposed to COVID-19 who were economically challenged.
9. Compliance - Fielded 1151 compliance concerns for facilities or businesses that were not following COVID-19 orders, for individuals who were violating isolation and quarantine orders, or for individuals not following COVID-19 stay at home orders, and coordinated with Cities and Towns, through a compliance task force, to provide enforcement in their jurisdictions
10. Therapeutic Medications - Allocated over 650 monoclonal antibodies and almost 850 antiviral doses of COVID-19 therapeutic medications to eleven healthcare entities
11. Public Information and Outreach - Conducted multimedia, social media and market outreach through the Joint Information Center, which is comprised of PIO and communications outreach staff from the County, Cities and Towns, and healthcare facilities.

Findings:

Finding 1. A very large portion of the County's population is protected from the most severe effects of Covid because they have received FDA-approved vaccinations. An increasingly large number of adults have received boosters and children are receiving vaccinations that have FDA emergency use approvals for vaccines for the younger age groups. As of the date of this report, however, approved vaccinations were still not available for children under age 5.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We agree with the findings. As of July 21, 2022, almost 79% of all Napa County residents, regardless of eligibility, are fully vaccinated, 83% of eligible Napa residents have been fully vaccinated, 92% of eligible residents have received at least one dose and 60% of booster-eligible residents have received a booster. As of June 21, 2022, the Food and Drug Administration extended the Emergency Use Authorization for COVID-19 vaccination of those under 5 years of age.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 2. PHD staff, led by Dr. Karen Relucio, has worked long hours with high energy and great diligence to deal with the many challenges related to the Covid pandemic response. They have performed admirably and provided effective and needed leadership to the County's Covid vaccination rollout efforts.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We agree with the findings. We are greatly appreciative of the acknowledgement of Public Health staff. In addition, we acknowledge that the effective response could not have been possible without activating the Emergency Operations Center to mobilize many staff from several County departments, including the broader Health and Human Services Agency, and medical and non-medical volunteers to perform and support the other eleven functions that were described in the "Background" section of this response.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 3. The scope of services for which the Napa County PHD has been funded has decreased over the last several decades. During the County's Covid response, PHD worked extremely well within the limits of its funding and intended scope but lacked sufficient resources to be more fully involved in actually administering vaccinations and performing testing. The precise roles that PHD plays versus those of the rest of the healthcare system should be considered carefully. The Grand Jury found that the success of the County's Covid Pandemic response relied extensively on the participation, resources, goodwill, initiative, and cooperation of volunteers and private entities (commercial and non-profit). The current County public health model should be carefully evaluated to ensure that the success of PHD could be repeated predictably, should a County response of the magnitude required for Covid be necessary in the future.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We disagree partially with the finding. Public Health has 17 different programs which range from communicable disease control and prevention, chronic disease prevention, emergency preparedness and programs to serve high-risk families and children. The focus of public health has shifted from clinical services to upstream prevention of diseases for populations through policy, systems and environmental change. In addition, the reduction of public health budgets and staffing has been a national issue over the years, with more funding being shifted to the healthcare system with the implementation of the Affordable Care Act. Because of gradual decreases in federal and state funding since the 2009 H1N1 pandemic, the role of public health in providing direct clinical services has decreased and shifted to the healthcare system in medical homes. Immunization services, which were previously provided mostly by public health in the past, had shifted to the healthcare system and pharmacies. Prior to the COVID-19 pandemic, the Napa County Public Health immunization clinic had very low patient volumes, which led to eliminating vacant positions during leaner budget years in 2018. COVID-19 vaccination and testing were two of eleven functions provided by Public Health and the EOC during the pandemic response. Clinical testing has been predominantly handled by the healthcare sector for most diseases since more funding was going to healthcare organizations since the Affordable Care Act. The COVID-19 pandemic had shifted more testing to public health until there was enough testing capacity in healthcare and pharmacies and availability of more home tests. The COVID-19 pandemic has shed light on the long-term disinvestment to public health and it is now being recognized that public health needs more funding and staffing to respond to future pandemics, communicable diseases epidemics and other public health issues more effectively.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 4. The County did not have an adequate plan in place to readily guide the County's Covid vaccination rollout. While PHD communicated frequently and regularly with the many responding non-governmental entities, the roles, responsibilities, and scope of involvement of those entities were generally not well-articulated in a plan and not fully anticipated by some of the participants. Some of the responding entities were more cooperative and better able (or better resourced) than others. If these anticipated response participants and their roles are not better addressed by a County plan, or in agreements or memoranda of understanding with the parties, there may be inefficiencies, redundancies, and gaps in effort as a result.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We disagree partially with the finding. There is a written COVID-19 response plan and a COVID-19 vaccination plan. The County's COVID-19 pandemic response has been based on the previous Pandemic Influenza Response plan, and the plan was revised for COVID-19 and was updated quarterly up until June 2021. The COVID-19 vaccination plan was based on a state template, but there are many other documents produced by the Vaccination Branch of the EOC and Public Health that provided a framework for vaccination. For example, an intricate inventory system was developed when vaccine was scarce that projected second dose needs for Public Health and our healthcare partners to whom we had allocated vaccine for two different vaccines that had two separate second dose timeframes. These variables could not have been planned for and there were many other unique situations, such as Blue

Shield becoming the Third Party Vaccine Administrator, that would not have been foreseen to include in a plan. Additionally, it is difficult to utilize a plan for vaccination when there is short supply and state guidance keeps changing. Since there were numerous changes to COVID-19 federal and state guidance for vaccinations, as well as several other aspects of COVID-19, it has been difficult to update the COVID-19 response and vaccination plan while continuing to respond to the COVID-19 pandemic, hiring more staffing, managing COVID-19 funding and providing continuity of our usual business.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 5. Response plans for public health emergencies cannot anticipate all possible contingencies. On the other hand, the Covid response illustrated a range of issues for which advance work on identifying options and available resources is paramount. Alternatives for vaccine storage, handling, and distribution, possible eligibility criteria for the order in which individuals receive vaccinations, communication approaches for more effectively notifying residents about vaccines and vaccinations, and mechanisms for easier access to vaccination appointments for all county residents should all be assessed. The County does not always have significant leeway when it is required to follow the lead of State and Federal governments, but the County must be prepared for those instances where such leadership is not forthcoming or circumstances do not allow time to develop and evaluate options in a leisurely fashion.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We disagree partially with the finding. Pandemic response plans were written based on novel influenza viruses, which had pre-existing treatment, vaccines and much more established scientific knowledge on transmission, mode of communicability, infectious periods and infection prevention strategies. We agree that the original COVID-19 vaccine prioritization guidance from the federal government, which was based on occupational sectors rather than age groups and underlying medical conditions, was a well-intended attempt to ensure vaccination of disproportionately impacted populations yet was impractical to implement and was not conducive to more rapid vaccination. This pandemic has resulted in the development of new mRNA COVID-19 vaccines that had not existed for prior coronaviruses or other infections and had different storage requirements from most other vaccines that required the purchase of an ultra-cold freezer. Additionally, the shortage of vaccine and unpredictable supply during the initial portion of the vaccination campaign, made communication challenging. Over the last year, development of more temperature stable vaccines has made storage, handling, and distribution easier for smaller practices. Some technological advancements made to improve vaccination access and dose reporting included the development of MyTurn, which was rolled out statewide and ensured "no wrong door" for any Californian to get vaccinated.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 6. The County's Covid Pandemic response was made more difficult at times by the vast scope of what was needed. In addition, some State and Federal government decisions, actions, policies, and policy changes caused complications, as did inconsistent communication from the State to the counties.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We agree with the findings. The "Background Section" of this Grand Jury response highlights eleven different complex functions that were required to effectively respond to the COVID-19 pandemic, of which vaccination was one function.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 7. The County did not always effectively communicate with its residents during the Covid vaccine rollout. Insufficient PIO resources, frequent turnover in the PIO role, and a lack of support or emphasis by County leadership for open and proactive communication undercut the County's efforts. The County did not communicate enough with county residents about the effectiveness of Covid 19 vaccines and the availability of vaccinations at a time when residents deserved more. Residents were not given enough reassurance that the County was on top of the issues and up to the task of making sure that timely vaccinations would be available for everyone who wanted them (although thankfully, it turned out that they were). Some residents' concerns are illustrated by the large number who felt that they had to seek vaccinations from sources outside the County.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We disagree partially with the finding. As stated previously, there were eleven complex COVID-19 response functions, outside of vaccination efforts, that required significant communication resources and messaging. Although there is one Napa County PIO, the EOC had back-up PIO staffing provided by staff in other County departments. The communication around the initial vaccine rollout was messy in almost every community in California and the country due to the complex and frequently shifting eligibility guidelines from state and federal agencies, shortage of vaccine doses, and an unpredictable supply chain. We do not believe that the counties that had two or more PIO's necessarily had an easier time or more success navigating these much larger challenges during the initial months of the campaign.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 8. The Grand Jury observed that County government leaders devote few resources to the PIO function; as a result, those assigned to the task often had so many demands on their time that they had little capacity to engage in anything but reactive communication efforts. The County has usually had only one PIO on staff to handle communication about all County issues, even during emergencies. This staffing was clearly insufficient during the County's Covid response

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We disagree partially with the finding. Although there is one Napa County PIO, the EOC had back-up PIO staffing that supplemented the function and was covered by other County employees. Public Health redirected some staff to help the PIO with public health communications and outreach,

and other County leadership also assisted with communications. In some other counties, there are Department PIOs, such as a Health Agency PIO. It is likely that more than one full-time County PIO would have increased overall capacity. The number of PIO positions is assessed in context of the overall County staffing needs and reassignment of staff to this task was appropriate when emergency demand occurred.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 9. The Grand Jury found no evidence of a coordinated effort by the County to try to systematically deliver, directly or through healthcare providers, some form of individual communication to each County resident reassuring them about the utility and importance of receiving vaccinations and providing assistance about how to obtain them. Telling residents to sign up for MyTurn was not a panacea for the first five months of the vaccination rollout.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We wholly disagree with the finding. The ability to deliver individual communications to each County resident during the initial rollout of the vaccine, which occurred during a winter COVID surge, was not feasible or reasonable at that time. There is not one systematic way to communicate with all residents; there were several weekly radio spots locally, NIXLE alerts are sent to those who sign up to receive them, newspaper articles and social media posts are available to subscribers, and updates were given through Facebook Live, Board of Supervisors and many other community groups.

During the initial vaccination rollout, there were ten other functions that required the PIO and JIC team to respond to concurrently, while navigating rapidly changing prioritization guidance for scarce vaccine allocations. Through the Joint Information Center and Cooperators Briefings, the County worked closely with communications staff from Kaiser, Queen of the Valley, St Helena Hospital Foundation, and Ole Health to coordinate messaging and outreach through healthcare systems. Communications to private practice providers were coordinated by the Napa Solano Medical Society. Patients of those systems received multiple communications which were developed in coordination with Napa County Public Health/PIO.

As COVID-19 funding became available in the Spring of 2021, the County contracted with 5 Community Based Organizations that formed the Vaccine Outreach Collaborative, which is a private-public partnership to further vaccine outreach for hard-to-reach, marginalized populations. The County and the Vaccine Outreach Collaborative utilizes "targeted communication" for marginalized communities with low uptake of vaccine. This outreach includes tabling at markets, community events, tailored social media posts, and the distribution of flyers door-to-door in neighborhoods located close to the community clinics. Vaccination data gathered by epidemiology helps Public Health determine where to focus the intensive efforts and incentives are given out to increase vaccination rates in low-uptake communities. The EOC rigorously evaluated those gaps and opportunities and stood up several partnerships to address systematically.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 10. Many County residents, including "at-risk" groups, did not have sufficient access to computers, reliable internet access, or tech-savviness to get access to vaccination appointments. For these and other reasons, they were at a significant disadvantage. The County's call center and outreach efforts helped, but awareness about the scope of these 13 services was limited. The County seemed to provide insufficient assistance to these residents, especially when vaccine doses were in short supply.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We disagree partially with the finding. The call center and vaccinations were advertised using multimedia outreach, including radio, newspaper, social media posts, Facebook Live and BOS presentations. Even though there was multimedia outreach and the call center, there were still not enough vaccine doses to administer, which was beyond the County's control. As COVID-19 funding became available in the Spring of 2021, the County contracted with 5 CBO's that formed the Vaccine Outreach Collaborative, which is a collaborative that helps the County perform outreach for hard-to-reach populations. This outreach included tabling at markets, community events, social media posts, and the distribution of flyers door-to-door in neighborhoods located close to the community clinics. As the 2021 winter surge subsided and as vaccine supply had increased, case investigation staff performed outreach calls to past cases who have not been vaccinated against COVID-19. Additionally, Public Health coordinated mobile outreach and vaccinations for assisted living facilities, independent living facilities, homeless shelter, and home-bound individuals. In the first year and a half of the response, the call center responded to over 31,000 communications with over 25,000 being phone calls and over 6,000 recorded communications pertained to vaccination.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 11. The County's initial choice to use an EOC personnel structure for the Covid response was appropriate and important but using it continuously for over a year and a half resulted in a depleted and exhausted County workforce and left many other County services unperformed for a long period.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We wholly disagree with the finding. Prolonged use of the EOC structure was necessary to supplement staffing to respond to COVID-19 and to enable the provision of other essential Public Health and County functions, while awaiting supplemental funding to hire staff. Federal COVID-response funding streams became available starting in mid-2020, which enabled PH to hire more staffing for case and contact investigation, outbreak investigations, vaccinations, testing coordination and other EOC functions. By fall of 2021, Public Health has had to administer 10 different grants, manage complex workplans and hire staffing in addition to responding to the pandemic. Once a team was hired to manage the COVID-19 response, other County staff were able to resume their regular job duties.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 12. The County either did not sufficiently consider transitioning earlier to a different personnel structure than the EOC or allocated insufficient resources to evaluate and implement other options for continuing its Covid response. A different personnel structure than the "all hands-on deck" EOC approach used for Covid (even though its sense of urgency was toned down to some extent over time) could have allowed some County resources to return more quickly to their normal functions, while providing additional needed technical and other support to the PHD to continue their response work.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We wholly disagree with the finding. The EOC structure was necessary to supplement staffing to respond to COVID-19 and to enable the provision of other essential Public Health functions which were prioritized to return based on our Continuity of Operations Plans. An all-County response was required to fulfill other functions that fell outside of Public Health, including the following:

- Housing and Homeless Services were providing housing through Operation Room Key outside of their normal operating parameters.
- Napa Valley Transit Authority was critical in providing transportation service while normal operations were significantly disrupted.
- County Counsel and Code Enforcement were necessary for interpretation and implementation of the ever-changing landscape of executive orders.
- Library staff performed critical population research as we navigated the constantly changing prioritization of vaccine eligibility.

The level and organization of EOC staffing was adjusted based on the COVID 19 workload, changes in prioritization of response, such as the provision of vaccines starting in December 2020. Federal COVID-response funding streams became available starting in mid-2020 and increased in 2021, which enabled PH to hire more staffing for case and contact investigation, outbreak investigations, vaccinations, testing coordination and other EOC functions. By fall of 2021, Public Health has administered 10 different grants amounting to 12 million dollars, while submitting required quarterly reports, budget revisions, hiring staffing and procuring equipment and supplies. As more staff were hired to manage COVID-19, staff were able to resume their other job duties, which enabled the demobilization of the EOC.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 13. The County's ability to respond to other emergencies could have been significantly hindered by the long-term use of this EOC structure for the Covid response. Due to Napa County's relatively small size, many of the same resources must be employed whenever County responds to fires, earthquakes, and other emergencies, including substantial public health group resources. It is beyond the scope of this investigation to assess whether the County's emergency responses to the devastating fires from August through October 2020 were hampered by the continued use of the EOC structure approach for Covid, or whether key staff were over-stretched and not performing at peak efficiency. There is little question that the County was very lucky that the 2021 fire season in Napa was a relatively quiet one.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We wholly disagree with the finding. The Napa County Office of Emergency Services (OES) did have a plan for running concurrent Emergency Operations Centers (EOC's) during the COVID response and the 2020 fires. That plan was prepared and presented to the Board of Supervisors as an "Incident Within an Incident" plan at the BOS meeting on August 11, 2020, prior to the onset of the fires. The concurrent EOC's were fully staffed and operated successfully in response to the ongoing pandemic, LNU Complex and Glass Fires in 2020, both of which resulted in the successful evacuation of one of our hospitals twice during a time span of thirty-nine days.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Finding 14. This investigation did not include a review of the "vaccine inquiry" involving a County Supervisor that was conducted by the law firm Meyers Nave at the behest of the Board of Supervisors (report dated 5/5/2021). However, multiple interviewees volunteered their concerns about the timing of the inquiry (seen as unnecessarily during the height of the vaccine rollout) and its purpose. During the investigation, PHD staff was diverted from their vital responsibilities responding to a public health emergency just to be scrutinized and questioned by Meyers Nave. The Grand Jury was told multiple times that the inquiry left an already over-taxed and over-stressed staff extremely demoralized. Apparently, those wounds have not healed.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: Agree wholly with the finding.

The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendations:

Recommendation 1. The County should conduct a Covid response After-Action Review, identify lessons learned from its response activities, and fund and implement the review's findings. The review should not be conducted solely by County government "insiders," but also should include other stakeholders and as well as County residents.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: The recommendation has been implemented. Planning for an after-action review is currently underway, even though Public Health continues to respond to the COVID-19 pandemic. The first step will be conducting a survey of internal and external responders. Public Health and OES are jointly planning an After-Action Review that involves healthcare stakeholders, community stakeholders and County residents.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendation 2. As part of this After-Action Review, the County should evaluate the role, staffing, and funding of PHD to determine what changes and enhancements should be made so that the division can both meet the County's ongoing public health needs and be optimally staffed to address its potential response roles in a future public health emergency. If the review determines that staffing and funding of PHD should be enhanced, a timeline and action plan should be established to implement the enhancements.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: The recommendation requires further analysis. At the current time, Public Health receives $12 million in temporary COVID funds (federal funding), which has enabled increased limited-term staffing for COVID-19 vaccination, case investigation, outbreak investigation, distribution of testing resources, allocation of treatment, and community outreach. Most of this funding will sunset in 2024, at which time, selected limited-term positions will be converted to permanent positions. More importantly, the state of California has added 200 million in its annual budget to enhance Public Health infrastructure, of which over $890,000 will be allocated to Napa County Public Health for ongoing funding effective July 2022, with 25% of this allocation expected to arrive in the first fiscal quarter of 2023. The requirements of this funding are that 70% must be spent on permanent new staffing. Each local health jurisdiction will have 18 months to fully hire permanent new staff. Public Health priorities include increasing capacity of communicable disease investigations, epidemiology, immunization staff, emergency preparedness and response, and administrative staff to manage other public health programs.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendation 3. The County should revise its Emergency Response Plans so that it is better prepared should a similar public health emergency occur in the future. The plans should attempt to spell out or better provide for the significant roles that are expected to be performed by private, nongovernmental entities. For example, in a pandemic response the PHD may be expected to play a largely oversight and coordination role and would not itself be staffed to perform large-volume administration of vaccines or testing of them. If that is the case, the roles of private, non-governmental entities that will do the bulk of the vaccinations and testing should be documented in the plans and, to the extent possible, in contracts or memoranda of understanding with the County. Their work should be financially supported by the County in appropriate cases. If significant roles and responsibilities are not better-documented, PHD will continue to spend a great deal of its energy during a response trying to enlist and coordinate the participation of others. If this happens, the County runs the risk that those parties will not be as able or willing to play certain key functions, including devoting and donating the needed resources, should the need arise.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: The recommendation has not yet been implemented but is in progress to be completed by December 2022. There is a written COVID-19 response plan and a COVID-19 vaccination plan. The County's COVID-19 pandemic response has been based on the previous Pandemic Influenza Response plan, and the plan was revised for COVID-19 and was updated quarterly up until June 2021. Since there were numerous changes to COVID-19 federal and state guidance for community mitigation frameworks (shutdowns and other legal orders), duration of isolation and quarantine based on different COVID-19

variants, school guidance, CalOSHA guidance, masking, vaccination, ventilation, testing and treatment, it has been difficult to update the COVID-19 response and vaccination plan while continuing to respond to the COVID-19 pandemic, hiring more staffing, managing COVID-19 funding and providing continuity of our usual business. Updates will be made to the County's overall response plan to incorporate roles and responsibilities for nongovernmental entities, as well as incorporating the most recent state and federal guidelines. For the COVID-19 vaccination plan, this will need to be revised to reflect current guidelines and practices.

In terms of providing financial support for providing vaccinations, the County has used its COVID-19 funding to provide funding to the largest vaccinator, St Helena Hospital Foundation. Other healthcare organizations and pharmacies provide vaccination as part of their usual clinical operations. Additionally, it is in the best interest of healthcare organizations to provide vaccinations to their staff and patients to decrease COVID-19 hospitalizations and to preserve healthcare capacity. Of note, during the 2009 H1N1 Pandemic, healthcare entities did most of the testing and vaccination, with Public Health holding clinics for indigent and uninsured populations, so the involvement of healthcare organizations in providing vaccines and testing in this unprecedented response is expected.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendation 4. Based on its Covid response experiences, PHD should assess what advance work can be done on identifying optional approaches and available resources to reduce its real time burden in the event of a similar future public health response.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We disagree partially with the finding. Predicting future resources and approaches for a "once in a lifetime" event is unrealistic, given the fact that the priorities of the COVID-19 response have evolved, along with the properties of the virus itself. EOC staff had attempted to do this during the COVID-19 pandemic for case investigators, contact tracers, staffing for isolation and quarantine and testing capacity, based on the Blueprint for a Safer Economy framework, which denoted different transmission tiers based on testing positivity and case rates (**see Figure 1 below**). We predicted that we would need about 80 more staff to supplement public health efforts during high community transmission, excluding vaccination staff. Since then, more of the community has been vaccinated and COVID-19 variants have emerged that have proven to be far more infectious and more readily transmissible, yet much less virulent. Vaccination effectiveness against the current circulating variant, Omicron, has decreased. Therefore, contact tracing, providing housing for isolation and quarantine and individual case investigations have been phased out, as these strategies are no longer effective in mitigating transmission. At the current time, Public Health has increased its capacity by 30 staff (from 60 staff pre-pandemic to 90 staff currently), including vaccination staff. It is likely that this need will reduce over time, once COVID-19 is has evolved to have similar severity as seasonal influenza. Other emerging diseases have not required the resources that COVID-19 required and utilizing COVID-19 as a model for future staffing will result in overstaffing and waste.

FIGURE 1

	[redacted]	Moderate Tier 3	Minimal Tier 4
Measure/Intervention			
Case rate (rate per 100K 7-day average with 7 day lag)		1-3.9	<1
Testing Positivity		2-4.9%	<2%
Cases per day		2-9	0-1
Trained Case investigators activated (3-4 cases per staff per day)		4-8	1-3
Contact tracer staffing level by FTE (Max is 15 per 100,000 or 10 per case per day)		10	5
Isolation and quarantine capacity		50	50
Isolation and quarantine staffing		37	37
Testing capacity per week based on demand		2000	1500

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendation 5. Napa County's EOC model should be evaluated to determine how it can be better structured to manage concurrent emergencies. The EOC plan should also establish a process that requires the transition from "emergency" to "ongoing" response after a much shorter period of time than was employed for the Covid response. After the transition the focal activity (in this case Public Health) should be adequately reinforced to continue the County's response activities. This would allow (a) non-emergency County functions to more quickly return to normal and County staffers to return to their roles and responsibilities, (b) less-encumbered County emergency resources would be available should a concurrent emergency occur, and (c) the integrity of the County workforce would be maintained.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: We wholly disagree with the finding. Contrary to the Grand Jury's conclusion, Napa County Office of Emergency Services (OES) did have a plan for running concurrent Emergency Operations Centers (EOC's) during the COVID response and the 2020 fires. That plan was prepared and presented to the Board of Supervisors as an "Incident Within an Incident" plan at its meeting on August 11, 2020, prior to the onset of the fires. The concurrent EOC's were fully staffed and operated successfully in response to the ongoing pandemic, LNU and Glass Fires in 2020.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendation 6. The County should also provide additional PIO resources so that the County government can more effectively, accurately, and proactively communicate with its residents about critical information. The County should, at a minimum, have separate PIOs for emergency operations and the County's day-to-day functions. Additional resources should be allocated to develop public information support capacities throughout the County government, not just a single position at its center. This should include subject matter experts designated in key groups like Public Health who are trained and able to work on public information issues and assist those with PIO responsibilities. County residents deserve clear and informative communication from their government.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: The recommendation has been partially implemented and is in progress. COVID was an extended activation--PIO turnover occurred during the pandemic for a number of reasons and the County moved quickly to staff this position with available resources (including departments providing support and hiring extra help staffing), but generally the plan is to have a County PIO and support within departments. The County has developed a much larger EOC PIO structure that reflects the spirit of this recommendation. That structure is reflected in the roster and EOC PIO checklists, where additional positions are defined.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendation 7. The EOC and the County's Response Plans for public health emergencies should include more detailed PIO/communication details than presently exist. They should define and allocate the needed communication approaches and resources and identify the technical and public information skills required to fill those roles. Communication plans should spell out available communication mechanisms, stress the importance of proactive communication to residents about the risks of the public health concern, and explain the importance of the treatment or vaccination and how to readily obtain it.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: The recommendation requires further analysis.

Napa County's PIO/Communication response to the COVID pandemic was robust and extensive at the local level while simultaneously grappling with poor communication and coordination from State and Federal agencies relative to the early roll out of vaccine and public health guidance. Public Health and OES (the County) is working on an AAR jointly, as this response involved many staff and partners outside of HHSA. Public Health is updating COVID-19 response and vaccination plans, and the messaging will be limited to COVID-19. Overall communication will be a part of the AAR. As with all emergencies, including public health emergencies, the County has a general framework for PIO/ communication; however, the framework must be flexible enough to adapt to each unique emergency and set of circumstances.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendation 8. Whenever a mass-vaccination effort is needed, the County should identify mechanisms to systematically deliver, directly or through healthcare providers, individual communication to each resident about the importance of receiving vaccination or other treatment and assistance to readily obtain them.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: The recommendation requires further analysis. This is an unrealistic aspiration, as it is impossible to guarantee that government can systematically deliver tailored communication to every resident (and tracking the data to ensure that this has been successfully executed would be impossible). There is not one systematic way to communicate with all residents; NIXLE alerts are sent to those who sign up to receive them, newspaper articles, radio and social media posts are available to subscribers and updates. That said, the county has made robust efforts (including partnerships with healthcare systems, CBOs, data analysis performed by epidemiology team) to evaluate and address gaps in communication systematically and maximize the reach of the vaccination campaign messaging. Once Public Health had funding to increase staffing, multiple methods of communication have been utilized to maximize reach including door-to-door outreach in neighborhoods in which clinics will be held the next day.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.

Recommendation 9. The County should consider whether procuring a mobile clinic vehicle (or similar capability), along with sufficient staff to operate it, would assist PHD in their off-site vaccination efforts or other responsibilities.

Response of Public Health Officer/Deputy Director, OES and Risk Manager, and Acting County Executive Officer: The recommendation has been implemented. Public Health has received COVID-19 funding, which will provide additional funding until 2024. These funds are being used to purchase a mobile vaccination van, which has been approved with FY 2022-2023 budget, and we are awaiting approval from the CDC to purchase the mobile van. In addition, seven limited-term or extra help staff have been hired to provide vaccinations at high-risk congregate facilities, community sites, and home-bound individuals.

Response, Board of Supervisors: The Board of Supervisors agrees with the Public Health Officer/Deputy Director, OES and Risk Manager, and the Acting County Executive Officer.