NAPA COUNTY CIVIL GRAND JURY
2021-2022

FINAL INVESTIGATIVE REPORT

COVID VACCINATIONS IN NAPA COUNTY

June 13, 2022

TABLE OF CONTENTS

SUMMARY

The COVID-19 (Covid) pandemic dramatically impacted the Napa Valley and its residents. As of April 30, 2022 there were 27,343 recorded cases of Covid and 143 deaths in the County attributed to it.[1] Many residents have been hospitalized or suffered from symptoms of the disease. Lives, lifestyles, and behaviors have been irreparably altered. Education has been set back. Vital social interactions were interrupted. Families, co-workers, lovers, and friends could not safely meet in person for extended periods. Weddings were canceled. Family and friends could attend funerals only virtually. Differing opinions about Covid vaccinations and restrictions resulted in rifts, resentments, and threats of violence. Businesses and careers were devastated. Jobs disappeared.

COVID-19 would have been so much worse without the diligent and heroic efforts of the County's Public Health Division (PHD), the County's Public Health Officer (PHO), Dr. Karen Relucio, and the many other unsung heroes of the County's Covid pandemic response team.

The Napa County Civil Grand Jury investigated Napa County's rollout of Covid vaccinations to County residents because Covid might be the greatest public health threat faced in our lifetime. Even more, it may be a precursor of things to come. The investigation focused on a critical question: is Napa County prepared to respond to an event of similar magnitude? The Grand Jury sought to assess whether the County's Covid vaccination rollout might be repeatable if a similar level of countywide response was required in the future.

The Grand Jury found no easy answers but lessons which could be learned from Napa's experience in responding to COVID-19.

Metrics show that the County's overall vaccination efforts were successful—particularly when compared to other similarly sized California counties.

Thus, a very large portion of the County's population has received vaccinations. As a result, they are protected from the most severe symptoms of Covid and the risk of hospitalization from it.[2] As of April 30, 2022, 81.6% of Napa's eligible residents were "fully vaccinated" against Covid with a Federal Food and Drug Administration (FDA)-approved vaccine, and 64.7% had received a "booster" vaccination.[3] These rates are among the top 10 for counties in the State of California. Moreover, all counties with higher "fully vaccinated" rates have significantly larger populations,

---

[1] COVID-19: Vaccinations and deaths in Napa County, *see* https://insight-editor.livestories.com/s/v2/copy-of-vaccine/2b41b516-d82a-4292-8206-b36ffca0316c; https://news.google.com/covid19/map?hl=en-US&mid=%2Fm%2F0l2l_&gl=US&ceid=US%3Aen.

[2] https://insight-editor.livestories.com/s/v2/community-impact-of-vaccines/c510808a-d65b-4132-b3be-fd4ccc09d750.

[3] "Fully vaccinated" means that the recipient has received their full primary series of vaccination (e.g., in the case of the Pfizer-BioNTech vaccine, two doses).

with larger healthcare systems and public health programs than Napa.[4] These metrics also indicate that many lives have been saved as a result of vaccination rollout efforts in Napa County.

Covid posed a challenge of daunting size. The County's response was only possible because of the diligence and energies of a huge network of responders. Large segments of the public workforces of the County, its towns and cities worked countless hours. Many volunteers and private entities (both commercial and non-profit) participated as well, contributing resources, goodwill and initiative as they cooperated with the county's healthcare community.

The vaccine rollout was not perfect. Nonetheless, failings resulted from uncertainties surrounding Covid and how to combat it, not from a lack of will or effort. Responders, led by PHD, successfully overcame:

- huge unknowns about the disease,
- a vaccine supply chain that took many months to meet demand,
- periodic complexities created by State and Federal governments,
- insufficient resources allocated to PHD and difficulties in hiring additional staff,
- inadequate County public information resources to effectively communicate with County residents about the vaccines and how obtain vaccinations, and
- remarkable burdens placed on the public workforce by County politicians, as well as agents of misinformation.

BACKGROUND

The first Covid case was reported in Northern California on February 26, 2020.[5] On March 4, 2020, Governor Gavin Newsom declared a state-wide "state of emergency" related to Covid, pursuant to Section 8625(c) of the Government Code.

The Napa County response to the Covid pandemic was and continues to be led by the County's Department of Health & Human Services (H&HS) PHD, and the Napa County PHO, Dr. Karen Relucio.

California law and the Napa County Code assigns the County's PHO with the primary responsibility for leading the County's response to public health emergencies, such as the Covid pandemic. The PHO may take any preventive measure deemed necessary to protect and preserve the public from any public health hazard within his or her jurisdiction during any "state of emergency," or "local emergency," as defined by Section 8558 of the Government Code.

---

[4] https://covid19.ca.gov/vaccination-progress-data/?gclid=CjwKCAjw6dmSBhBkEiwA_W-EoN1L6SDINfriEfQSpQcEj5YoQWQcUD94QE4BCDvuzD387Q--qQ48zBoC74wQAvD_BwE.

[5] https://www.sacbee.com/news/local/health-and-medicine/article240674471.html.

In March 2020, Napa County initiated its Emergency Operations Center (EOC) to operate as the central focus of the County's response to the COVID pandemic. This is a personnel management structure which is also used by the County for other emergency responses, like fires and earthquakes, pursuant to the County's Emergency Operations Plan (HHSA-EOP). The EOP required that, instead of, or in addition to, performing their normal job functions, many County and local town/city personnel from other departments were required to support PHD and play vital roles in the County's Covid response. And they did. The County continued to employ an EOC incident command structure until November 2021.[6] Many of these public employees worked extended overtime shifts without vacations or breaks throughout the County's response to the Covid epidemic; the lengthy use of the EOC is notable. Similarly, many other healthcare professionals outside of government also worked remarkably long hours for extended periods.

At the beginning of the Covid vaccination rollout, the HHSA-EOP did not include detailed regional vaccine distribution or vaccination procedures. PHD published a 'Napa County Covid-19 Vaccination Plan' (12/1/2020) which described some basic planning components for COVID vaccinations in the County. The plan was aligned with the California Department of Public Health (CDPH) guidance for the allocation and administration of vaccinations. However, many aspects of the vaccine rollout were very dynamic and PHD's approach had to be modified many times to conform to changing conditions.

The document also outlined general local vaccination strategies based on multi-sector collaboration with stakeholders who played significant roles in the response. However, little was known at the time the document was prepared about details of the State and Federal programs for supplying vaccines into the County and distributing them to the parties that administered the vaccine doses. The document did describe a multiagency County Healthcare Coalition, including representatives from hospitals, outpatient clinics, skilled nursing facilities, managed care organizations, Napa County Medical Society, pharmacists, pre-hospital providers, physicians, and others who worked together with PHD to coordinate the County's vaccination rollout.

METHODOLOGY

The Grand Jury's investigation of Napa County's Covid vaccination rollout employed the following methodology:

- Review of Covid response-related resources, including written materials, County records and meeting recordings, State and Federal regulatory and administrative records and documents, newspaper stories and analyses, websites and social media sites, and related materials;

- Interviews of current and former County employees involved in the County's Covid response efforts, including with the County PHD and Emergency Services, senior County officials, non-County employees and area medical professionals; and

- Development of findings and recommendations and drafting of this report.

---

[6] The OEC was partially reinitiated in December 2021 with the onset of the Omicron Covid variant.

DISCUSSION

A. Vaccines Finally Arrive in Napa

Covid vaccines first arrived in the County and began to be administered in early December 2020, soon after the FDA's issuance of emergency use approvals for the Moderna and Pfizer-BioNTech vaccines. The first shipments of vaccines were received by the County and either used by PHD in its initial vaccination efforts or allocated by PHD to other entities in the County to administer the doses. When hospitals and other healthcare systems received their vaccine allocations, they first vaccinated their in-house healthcare workers so that they could continue to respond to the pandemic with the least possible risk.

PHD and other entities, like OLE Health, Kaiser Permanente, Adventist Health, and Providence Health, soon had enough vaccine doses to start deploying vaccination clinics (PHD's clinics used clinical and non-clinical County staff and volunteers, including from the county's Medical Reserve Corps [MRC]).[7] PHD also focused its initial efforts on providing vaccinations at acute care facilities, nursing homes, and Napa State Hospital.[8]

The County initially employed a homegrown "Vaccine Interest Form" for County residents to register for vaccination appointments and a PrepMod software system to schedule them. In February 2021, the County was required to join the statewide MyTurn scheduling and recordkeeping program and stopped using its own software system. Thereafter, county residents registered with MyTurn and were supposed to be notified and have their vaccination appointments scheduled by that system.[9] However, during the first months of its use, MyTurn proved to have many software problems and limitations. For example, it could not initially be used to schedule vaccinations with many large medical providers, pharmacies, or community clinics, or for homebound seniors.[10] From the first use of MyTurn, scheduling vaccination appointments became a troubling 'black box' for many County residents.

Records of Covid vaccination administration are entered on the California Immunization Registry (CAIR), a web-based database. When doses are administered anywhere in the state, the CAIR required data elements are collected and conveyed to the CDPH.[11]

---

[7] The MRC is composed of medical and non-medical volunteers who complete core competency courses set by the national MRC program.

[8] PHD does not have a mobile clinic vehicle to assist them in their off-site vaccination efforts. Adventist Health had a mobile clinic vehicle and has made frequent use of it throughout the Covid response, especially supporting their remote vaccination clinic efforts.

[9] Scheduling programs in Napa and other counties that seemed to be working well were discarded and replaced with a system that proved troublesome. See, e.g., Spencer Custodio, "OC's Coronavirus Vaccine App Othena Could Be Irrelevant When Blue Shield Takes Over Statewide Distribution," Voices of OC (March 1, 2021). https://voiceofoc.org/2021/03/ocs-coronavirus-vaccine-app-othena-could-be-irrelevant-when-blue-shield-takes-over-statewide-distribution.

[10] See, e.g., Barbara Ostrov, "State's 'MyTurn' website bypassed for most vaccine appointments" Cal Matters (April 22, 2021).
https://calmatters.org/health/coronavirus/2021/04/myturn-vaccine-appointments-problems/.

[11] A personal digital California Covid Vaccination record is available at https://myvaccinerecord.cdph.ca.gov/.

B. Who Administered the Vaccinations?

As vaccine supplies increasingly came into the County from Federal and State sources during the winter and early spring of 2021, so did the number of entities who administered the vaccinations.

Eventually, Covid vaccines were sent by State and Federal sources directly to the entities that actually administered doses (rather than to the County to be further distributed by PHD as done initially).[12]

All of the entities listed in footnote 12 (as well as other healthcare entities and professionals) were key members of Napa's team of Covid vaccinators. OLE Health, St. Helena Hospital/Adventist Health, Kaiser Permanente, and PHD in particular appear to have administered the most doses of vaccine to County residents after December 2020, but all involved played very important roles.

The State's shipments of COVID vaccines to PHD and others are delivered under the federal Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program. Under the CDC program and like the other Federal programs, vaccines are procured and distributed by the Federal government at no cost to enrolled COVID vaccination providers. Counties and MCEs request vaccines from the State through its CalVax portal, which was initially designed for distributing flu vaccines. The State decides who gets the vaccines and how much. Manufacturers are then instructed by the State to send the allocated vaccine doses directly to the counties or MCEs. In February 2021, the State of California designated Blue Shield as a "third party administrator" which took over responsibility for the allocation of State-distributed vaccine doses to MCEs and counties. In July 2021, CDPH took back that role from Blue Shield.[13]

To receive more allocations of vaccines from the State, the counties and MCEs were required to report to the State the vaccinations they administered in a timely manner and to use all the supplies that they were allocated.

PHD was generally not informed about the direct vaccine shipments sent to MCEs or to other entities through the various distribution channels. There was no formal coordination mechanism between the supply chains to help PHD determine to whom vaccine shipments were being sent, how much was being sent, nor how those entities receiving it planned to use it. PHD had to initiate and maintain a regular dialogue with the local recipients of vaccines and attempted to coordinate their vaccination efforts to try to ensure availability throughout the County.[14]

---

[12] Federal vaccine supply programs included the Retail Pharmacy Program for COVID-Vaccination (doses sent to local participants including Safeway, CVS, Pharmaca, Rite Aid, Lucky, and Walgreens), and the Pharmacy Partnership for Long-Term Care Program (CVS and Walgreens). Doses were also sent by the federal government directly to Health Resources and Services Administration (HRSA)-funded health centers (e.g., OLE Health). The State of California continued to allocate vaccines to the counties, but also sent them directly to entities like health systems that are multi-county entities (MCEs) (e.g., Kaiser Permanente, Adventist Health, and Providence Health).

[13] See, e.g., Emily Hoeven. "Delays emerge in Blue Shield vaccine rollout," CalMatters. (February 25, 2021) https://calmatters.org/newsletters/whatmatters/2021/02/delays-emerge-in-blue-shield-vaccine-rollout/.

[14] PH has also regularly participated with the Association of Bay Area Public Health officials that has met frequently throughout the Covid response to facilitate the counties' coordination efforts.

C. Vaccinations in Demand

For the first several months of 2021, doses of Covid vaccines were in short supply in the County and the surrounding region relative to the demand.

When PHD was initially scheduling vaccination appointments in the County, it used the relatively clear-cut criteria for identifying who gets vaccinated first, based on criteria that were employed in past mass-vaccination efforts (e.g., the H1N1 flu pandemic in 2009-10). These included vaccinating healthcare workers first so they could continue their work, and thereafter individuals based on their age and medical condition.

By late February 2021, the State began requiring that all counties use the State's relatively complicated set of vaccination eligibility criteria.[15] This requirement was accompanied by a clear but somewhat competing message from the State that vaccinations were to be administered as fast as possible and no doses were to be wasted.

The State's eligibility criteria combined some of the past mass-vaccination administration factors (e.g., age and medical conditions), but also added eligible job sectors and other categories that prioritized certain groups over others. Some job categories used (e.g., educators, food workers, and agricultural workers) lacked clear or commonly used definitions so PHD was unable to proactively notify members of those groups about getting vaccinated. Also, operators of vaccination clinics could not readily distinguish between those who should be eligible and those who were not. The list of eligible health conditions became so long that they could not readily be verified at vaccine administration locations. Some locales also required proof of county residency to receive a vaccination. Most who administered vaccinations came to rely on self-attestations of eligibility from vaccine recipients rather than devoting the significant resources needed to evaluate evidence of job-related risk, residency, medical condition, and the other elements of the State's criteria.

The State's eligibility criteria to receive vaccinations not only caused complications for those administering vaccines, but also resulted in feelings of unfairness on the part of some residents about who was receiving vaccinations. This resulted in distrust, further fostered by rumors, many spread on social media, of people 'scamming' the system or using political influence to receive privileged treatment or lying about their eligibility to get vaccinations. The counties were on the front lines and were blamed whenever people felt aggrieved or unfairly treated. The counties often were the ones who had to try to rationalize or explain things like the State's criteria to those who were not yet eligible to receive vaccinations.

D. Public Health in Napa

Over the last few decades, the nature of Napa's public health function has changed. Funding for PHD has decreased and elected officials' view of the role of a public health department has changed. The number and scope of tasks that PHD itself has been expected to fulfill in the past (e.g., administering testing and vaccinations), has decreased. Increasingly, these services must be

[15] The state's vaccination eligibility criteria became increasingly complicated over time as additional categories and factors were added.

obtained from private, non-governmental entities (some commercial and some non-profit entities). These trends are not unique to Napa County.

PHD played many vital roles in the County's Covid response. Yet, due to the large and dynamic scope of the Covid response and the size of PHD's budget and staff, there were some limits to what services PHD could perform. For example, while PHD played essential roles in coordinating vaccinations, larger scale administration of vaccinations or testing in the County had to be performed by other healthcare providers. Several local medical professionals (from outside of government) interviewed were consistently complementary of PHD. They nonetheless indicated surprise that PHD was not able to play a larger role in administering vaccinations or testing.

Many of the Covid response functions and activities performed by private, non-governmental entities were not made clear in the County's pandemic response plan. There were few County contracts, agreements, or memoranda of understanding executed with these entities, and, therefore, these entities operated without specific commitments to the County about the scope of their activities or obligations. Some of the County's more complicated tasks as it assesses its After-Action Review lessons learned from its Covid response will be assessing the appropriate scope of PHD's role in future public health emergencies and assessing whether response plans can better specify and document the responsibilities of non-governmental healthcare entities.[16]

One reason for limits on the number of functions PHD could perform was the frequent turnover of County personnel during the County's Covid response, especially for people assigned to certain PHD job categories. State and Federal funding has recently allowed the County to supplement some of its workforce who support PHD and the Covid response activities, but competition for qualified technical resources has been difficult.[17]

E. Public Information

The County's Public Information Officer (PIO) is the County's public "mouthpiece,"[18] but there was frequent turnover in the PIO position for the County government and the County's Covid EOC's PIO function. The County has generally assigned both functions to a single individual. The recurrent turnover of personnel in the PIO role and the County's lack of resources allocated to communicate with residents about emergency responses resulted in poor communication and information gaps during the County's Covid response.

The County's communication to residents about its response to Covid and vaccination availability was insufficient and consisted mostly of posts and occasional News Flashes on PHD's otherwise

[16] An "After-Action Review" looks back at how the County's OEC operated in responding to an emergency and assesses what changes should be made.

[17] This is due in part to high demand from everywhere for workers with the required skills for the jobs, the cost of living in this area, and the fact that the job funding has generally been for temporary positions, which makes those positions less attractive to some applicants. For example, since the incumbent retired in 2021, PH has been unsuccessful in replacing its director of Public Health nursing for almost a year.

[18] The PIO communicates and disseminates critical information from the county to its residents. The PIO also shares the county's perspective with the media and the public and responds to requests for information.

useful COVID website[19] or the County's general website. The County also conducted weekly Facebook Live updates and a weekly Public Health Officer's report. Communication with local media outlets included briefings on metrics, including numbers of cases, deaths, and vaccination doses administered. However, the Grand Jury's survey of Napa Valley Register stories about Covid vaccinations between December 2020 and the beginning of May 2021, revealed that during a key period the County shared little instructive information about how to obtain vaccinations.[20]

The County's minimalist approach to engaging with local media during the Covid vaccination rollout and its relatively sparse social media presence consistently left the County 'playing catchup,' instead of proactively informing its residents about important issues. The County did not adequately explain to residents the slow and inconsistent vaccine supply streams into the County and when and how vaccinations might be available for any but the initial groups who were vaccinated. The County provided little explanation about the criteria about who would receive vaccinations. As a result, some residents questioned the fairness of how doses were being distributed. Those dedicated to questioning facts or sharing misinformation about the efficacy of vaccines gained harmful inroads because the County was not effective in leading the dialogue and then seemed to do little to counter false reports.

Because no qualified County PIO resource was available, busy individuals like the County's PHO and others were often thrust into playing additional roles, responding to media inquiries, in addition to their many other vital responsibilities.

F. Vaccination Appointment Availability

Throughout the Covid vaccination rollout, to succeed in locating and obtaining vaccination appointments (in Napa and elsewhere) one needed to have a computer, technical savviness, and a reliable internet connection. It was also necessary to have transportation, the ability to take off from work, obtain childcare, and access real-time information about where vaccinations might be available on a given day (at least until early in May 2021, when vaccine supplies arriving in Napa Valley began to catch up with demand). Information about vaccine availability was generally not obtainable from the County or MyTurn, and usually came from communicating with friends or from social media. Many County residents lacked these resources and were at a significant disadvantage in trying to obtain vaccinations.

Nonetheless, the County did set up an effective call center. This resource assisted many residents, and provided information about the County's Covid response, vaccines, and means of obtaining vaccinations. Unfortunately, a lack of awareness about the call center's services limited its reach.

The County did use multiple outreach tools to attempt to reach "hard-to-contact" segments of the population, employing "trusted messengers" to communicate about the need for vaccinations and how to arrange to get them.

---

[19] https://www.countyofnapa.org/2739/Coronavirus-COVID-19.

[20] The exception being information about 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).

Some healthcare providers used their trusted messenger status to communicate with their patients and other County residents about vaccination eligibility. They also tried to help those eligible to schedule vaccination appointments. Unfortunately, these efforts were sporadic and uncoordinated, and many County residents were never contacted.

The need for computer savviness was especially great prior to late-April 2021 when the County's vaccine supplies were significantly less than the demand for vaccinations and uncertainty about future vaccine availability was at its apex. Residents were often unable to schedule nearby vaccinations; as many as 25% of vaccinated Napa residents took advantage of sources outside the County.[21]

Since early May 2021, vaccinations have generally been readily available from multiple sources, even after booster shots first were approved in September 2021 and April 2022.

FINDINGS

F1. 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.

F2. 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.

F3. 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.

F4. 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-

[21] PHD's vaccination statistics are not sufficiently precise to accurately calculate the extent of this phenomenon and there were many reasons for residents to seek their vaccinations elsewhere; however, during this period most neighboring counties imposed "residents only" restrictions on their vaccine applications, which would seem to make it more difficult to get vaccinations outside of Napa.

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.

F5. 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.

F6. 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.

F7. 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.

F8. 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.

F9. 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.

F10. 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

services was limited. The County seemed to provide insufficient assistance to these residents, especially when vaccine doses were in short supply.

F11. 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.

F12. 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.

F13. 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.

F14. 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.

COMMENDATION

The Grand Jury commends the Napa County PHD for their dedication, leadership, and commitment to the residents of Napa County in all aspects of the County's Covid response, including providing Covid vaccinations.

RECOMMENDATIONS

R1. 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.

R2. 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.

R3. 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, non-governmental 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.

R4. 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.

R5. 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.

R6. 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.

R7. 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.

R8. 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.

R9. 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.

REQUEST FOR RESPONSES

The following responses are required pursuant to Penal Code sections 933 and 933.05:

- Napa County Board of Supervisors (R1, R2, R3, R4, R5, R6, R7, R8, R9)
- Napa County Chief Executive Officer (R1, R2, R3, R4, R5, R6, R7, R8, R9)
- Napa County Public Health Officer (R1, R2, R3, R4, R5, R6, R7, R8, R9)
- Napa County Emergency Services Officer (R1, R2, R3, R4, R5, R7)

GLOSSARY

CAIR-- California Immunization Registry

CDC--Federal Centers for Disease Control and Prevention

CDPH—California Department of Public Health

DH&HS—Napa County Department of Health & Human Services

EOC--Napa County Emergency Operations Center

EOP—Emergency Operations Plan

FDA-- Federal Food and Drug Administration

HHSA-EOP—Napa County Emergency Operations Plan

MRC--Medical Reserve Corps

MCE—Health systems that are multi-county entities (e.g. (e.g., Kaiser Permanente, Adventist Health, and Providence Health)

PHD--Napa County Public Health Division

PHO—Napa County Public Health Officer

PIO—Public Information Officer

BIBLIOGRAPHY

- Ana Ibarra, "Californians ask: Where are our coronavirus vaccines?" *Cal Matters* (1/29/2021)

  https://calmatters.org/health/coronavirus/2021/01/californians-ask-where-are-our-coronavirus-vaccines/

- Barbara Ostrov, "State's 'MyTurn' website bypassed for most vaccine appointments" *Cal Matters* (April 22, 2021)

  https://calmatters.org/health/coronavirus/2021/04/myturn-vaccine-appointments-problems/

- Barry Eberling, "Napa County's COVID-19 detectives track down potential cases," *Napa Valley Register* (4/25/2020)

  https://napavalleyregister.com/news/local/napa-countys-covid-19-detectives-track-down-potential-cases/article_60c5ca67-ed6d-5ddc-85ec-2d19ea5dc11a.html

- Blue Shield of California News Center—"California Launches Enhanced Covid-19 Vaccine Provider Network" (2/26/2021)

  https://news.blueshieldca.com/2021/02/26/california-launches-enhanced-covid-19-vaccine-provider-network

- Caitlin Antonios, "How California growers had to sidestep county and state programs to vaccinate farmworkers," Cal Matters (5/17/2021)

https://napavalleyregister.com/news/local/how-california-growers-had-to-sidestep-county-and-state-programs-to-vaccinate-farmworkers/article_8a1275d9-6a7b-5759-95b3-c7133eb6092e.html

- California Department of Public Health—"California Department of Public Health Standards and Guidelines for Healthcare Surge During Emergencies"

  https://www.calhospitalprepare.org/sites/main/files/file-attachments/volume1_hospital_final.pdf

- California Health Care Foundation—"Locally Sourced: The Crucial Role of Counties in the Health of Californians" (10/9/2015)

  https://www.chcf.org/publication/locally-sourced-the-crucial-role-of-counties-in-the-health-of-californians/

- CA Vaccination Record

  https://vrec.changehealthcare.com/?par1=ch54U-5c6zWlozq9ycDoodiTWuKkshG0N_sIeaL66AMJTBnNTzfM31jp0aAHWq_vx8fAVEHsa2mWBqKD2gUI_Rj8Sckb1Idp80_AnQiKS5kxq7Lar5EZ7_R9KRHgXHOX6NVZNB5nstcOXtD2YVvznUbcE4l3p34fvEOIkYEFiuUolaPq8IQ8hqZ0BMdtB-TSXTLctCcSraQusB1ihP-oy9-kgt4r35UU3EHId8uxgT185Qe2Tg9vB8xCgByjKC4OY5E8N3EOk1NXQTFq4vIH-FFgSKQmuMeZcnYbdIWFYXbrdE5bGTSh8iuiAgxWb3QnVfOQx3PARwXx65Col2tYBg&deeplinkuid=&cmpid=em_swy_alld_loyl__ahoc__20210726&Theme=VaccineRecord

- CDC—Vaccine Administration Management System (VAMS).

  https://guest.vams.cdc.gov/?lang=en

- CDC—Pharmacies Participating in the Federal Retail Pharmacy Program

  https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/participating-pharmacies.html

- CDC-- Essential Public Health Services

  https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

- CDC— "Public Health Emergency Preparedness and Response Capabilities"

  https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf

- CDPH--COVID-19 (SARS-CoV-2) Updates (multiple)

- CDPH--COVID-19 Containment Plan – Napa County (11/13/2020)

- CDPH—COVID-19 Vaccine Reporting Information and Resources

  https://cairweb.org/covid/

- CDPH—MyTurn

  https://myturn.ca.gov/

- Colleen Shalby, "California vaccine rollout delayed by technical glitches," *Los Angeles Times* (1/8/2021)

  https://www.govtech.com/health/california-vaccine-rollout-delayed-by-technical-glitches.html

- Danielle Brown, "'Absolutely unconscionable': just 14% of distributed vaccine doses have been administered to long-term care facilities," *McKnight's Long-Term Care News* (1/5/2021)

  https://www.mcknights.com/news/absolutely-unconscionable-just-14-of-distributed-vaccine-doses-have-been-administered-in-long-term-care-facilities/

- "FACT SHEET: Ending the Pandemic Through Equitable Vaccine Administration"

  https://www.gov.ca.gov/wp-content/uploads/2021/03/Equitable-Vaccine-Administration-Fact-Sheet.pdf

- GAO—" HHS Agencies' Planned Reviews of Vaccine Distribution and Communication Efforts Should Include Stakeholder Perspective" (12/2021)

  https://www.gao.gov/assets/gao-22-104457.pdf

- Gayle Ong, "Community groups host pop-up COVID-19 vaccine clinics in Napa" *KRON4* (1/21/2021)

  https://www.kron4.com/news/bay-area/community-groups-host-pop-up-covid-19-vaccine-clinics-in-napa/

- Howard Yune, "Napa's Snow Elementary School to host COVID-19 vaccination clinics starting Wednesday," *Napa Valley Register* (3/12/2021)

  https://napavalleyregister.com/news/local/napa-s-snow-elementary-school-to-host-covid-19-vaccination-clinic-starting-wednesday/article_06e08034-7373-5c7d-9fdf-2929b55c441d.html

- Julie Watts, "CBS13 Investigates: Where are California's unused COVID-19 vaccine doses," *CBS13* (January 24, 2021)

https://sacramento.cbslocal.com/2021/01/24/tracking-california-covid-19-unused-vaccines/

- Kim Saruwatari, "Opinion: Rebuild California's decimated public health workforce," *The Mercury News* (1/8/2022)

  https://www.mercurynews.com/2022/01/08/opinion-rebuild-californias-decimated-public-health-workforce/

- Mallory Moench, "How a grassroots Bay Area vaccine clinic managed to get people vaccinated despite the faltering rollout," *San Francisco Chronicle* (1/24/2021)

  https://www.sfchronicle.com/bayarea/article/Grassroots-St-Helena-vaccine-clinic-reaches-15892130.php

- Michael Lewis, "The Premonition: A Pandemic Story" (2021).

- Napa County Emergency Operations Plans

  https://www.countyofnapa.org/905/Emergency-Operations-Plans

- Napa County Covid response website

  https://www.countyofnapa.org/2739/Coronavirus-COVID-19

- Napa EOC—Covid Incident Action Plan (multiple)

- Napa County H&HSA--HHSA Emergency Operations Plan (EOC) – Annex H, Appendix G – Pandemic Covid-19 Response Plan

- Napa County H&HS—Health Officer Authorities

  https://www.countyofnapa.org/DocumentCenter/View/1787/Annex-H---Attachment-A-Health-Officer-Authorities-PDF?bidId=

- Napa County Public Health

  https://www.countyofnapa.org/3240/Public-Health

- Napa County Public Health--COVID-19 Vaccination Plan (12/1/2020)

  https://www.sfgate.com/file/763/6/7636-Napa_C19%20Vax%2012.1.2020%5B1%5D.pdf

- Napa County Public Health Charter for Compassion

  https://charterforcompassion.org/healthcare-partners/napa-county-public-health

- Orange County Healthcare Agency—" Allocations and Distribution of COVID-19 Vaccine Regarding Requirements and Enforcement"

  https://occovid19.ochealthinfo.com/allocations-and-distribution-covid-19-vaccine-regarding-requirements-and-enforcement

- Sarah Klearman, "COVID-19 vaccinations underway in Napa County; officials lay out schedule" *Napa Valley Register* (1/7/2021)

  https://napavalleyregister.com/news/local/covid-19-vaccinations-underway-in-napa-county-officials-lay-out-schedule/article_bc9020cf-c3e5-5d69-8207-99193ab23847.html

- Sarah Klearman, "Eligible for a vaccine in Napa County? Here's why you haven't been able to get your COVID shot," *Napa Valley Register* (2/1/2021) https://napavalleyregister.com/news/local/eligible-for-a-vaccine-in-napa-county-heres-why-you-havent-been-able-to-get/article_374e6a7e-7419-5b13-bcff-854f7e747c0c.html

- Sarah Klearman, "Napa County's vaccine supply unable to meet expansion of statewide eligibility, officials say" *Napa Valley Register* (4/2/2021)

  https://napavalleyregister.com/news/local/napa-countys-vaccine-supply-unable-to-meet-expansion-of-statewide-eligibility-officials-say/article_b71ba638-4a64-51df-89ab-631e9c8c0918.htm

- State of CA legislation—Health & Safety Code, Division 101. Administration Of Public Health.

  https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=101.&title=&part=3.&chapter=2.&article=1.

- Vaccine.gov

  https://www.vaccines.gov/

- Vaccination Data

  https://covid19.ca.gov/vaccination-progress-data/#overview