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CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

MEMORANDUM

To: Robin Stieler, CoB

From: Vice Chair Andrew Do, First District

A handwritten signature in blue ink, appearing to read "Andrew Do", is written over the "From:" line.

Date: May 4, 2020

RE: May 5, 2020 Board of Supervisors Meeting Item 28

Robin,

Please include the following draft action plan to Accelerate the Re-Opening of Orange County for discussion as an attachment to Item 28.

The Governor signed an executive order on May 4, 2020 directing the State Public Health Officer to establish criteria to determine whether and how, in light of local conditions, local health officers may implement public health measures less restrictive than the statewide public health directives. Counties must meet criteria including:

- A low prevalence of COVID-19;
- Testing and contact tracing criteria are met;
- A comprehensive health care system is prepared in case there is a sudden rise in cases;
- Current plans in place to protect vulnerable populations

As such, I submit this draft plan and ask Chairwoman Steel to convene an ad hoc that would establish criteria and procedures to determine how Orange County can implement public health measures that would accelerate the full re-opening of lower-risk businesses and spaces in Stage Two of the Governor's roadmap, and submit to the Board and the State for approval.

Draft Action Plan to Accelerate the Re-Opening of OC Businesses – May 4, 2020

Recognizing the devastating impact of social distancing policies over the past two months, Governor Gavin Newsom recently released his approach to reopen the California economy. On April 14, 2020 Governor Newsom unveiled six key indicators to guide thinking for when and how to modify the Stay-at-Home, as well as other orders during the COVID-19 pandemic. He further clarified his strategy on April 28, 2020, with his Update on California's Pandemic Roadmap (Roadmap), where he outlined four distinct phases at his daily briefing. Additionally, on May 4, 2020, Governor Newsom announced that **Stage 2: Gradual Opening of Lower-Risk Workplaces would commence on May 8, 2020.** He announced that some counties can choose to move more quickly through Stage 2 if they attest they meet the state's readiness criteria, and if they have detailed plans to manage potential risks and protect public health.

The draft Action Plan (Plan) outlined below attempts to lay out the steps that Orange County will take to follow the Resilience Roadmap established by Governor Newsom and address the 6 Indicators for Modifying Stay-at-Home Order. We hope that this Plan, together with future specific public health guidance, will assure the Governor that Orange County is ready to monitor and address all COVID-19 concerns, and it should be given leeway within his orders to phase in policies for social easing specific to conditions on the ground in Orange County. This request is consistent with Governor Newsom's indicated intention that the State would consider local plans to accelerate the re-opening of businesses in Stage 2 of the Roadmap.

By most measures, Orange County has met all capacity requirements set out by the State of California (State). Our per capita case and fatality rates for COVID-19 are significantly below most other counties. While we have the fourth highest numbers of hospitalizations among all counties, we have the lowest hospitalization rate among larger counties in California. We use only a fraction of the number of Intensive Care Unit beds available at our licensed hospitals, and we currently meet the State's request for capacity for a 70% surge. Orange County has the ability to process 4,000 specimens for PCR testing a day; however, we still need the State's help in obtaining an adequate number of collection swabs and PPE. We will also have capacity to perform up to 5,000 serology tests a day. Our goal is to perform over 600,000 COVID-19 tests by the end of 2020. We have significantly increased our contact tracing staffing, and are preparing for further increases in trained staff to maintain comprehensive, effective contact tracing.

We can also infer much from the flat hospitalization and death rates in the county, compared to recent years. With no spikes in those rates, we can infer that we do not have wholesale undercounting of severe COVID-19 cases in our county. We believe the COVID-19 case trend in Orange County in the past month places us squarely within the triggering indicators originally set out by Governor Newsom. Therefore, we are prepared to support permission from the State for us to plan how social easing will be handled going forward in our county.

We believe there is urgency in the need to reopen our economy and introduce some social easing as soon as practicable, with a full recognition that public health is the paramount concern and that every decision must be grounded on medical science, building off of the best and latest data available. It is with this recognition in mind that we present this Action Plan to support our request and also guide us through our process to re-open Orange County.

This plan should not be viewed as a lone undertaking by the County of Orange. Our relative success as a county in avoiding the surge of COVID-19 infection is due to the Governor's early leadership and decisive actions, the County's aggressive measures to isolate early cases and prevent transmission at public venues, our residents' discipline in adhering to the State's social distancing policy and stay at home order, and the stakeholders in our county health system stepping up and providing much-needed support when called upon. Our continued success will depend on all of us working together to protect each other from a future surge of COVID-19. As such, the County of Orange stands ready with our public and private partners to begin the process of social easing and re-opening our economy.

To ensure public health, this Plan for social easing will allow for continual assessments, and, if necessary, adjustments that may call for more restrictive measures to be re-imposed, together with proper enforcement if warranted. This plan also recommends specific numerical goals and dates to help achieve specific outcomes. It also incorporates, where appropriate, more detailed action items described in OC-Health Care Agency's COVID-19 Public Health Recovery Program, which was presented by Bob Wilson on April 20, 2020 and is attached below.

As we engage in this dialogue, it is important to recognize that there is much that we still don't know about COVID-19 and its epidemiology. We are learning and adjusting together as we gain more insight everyday into this pandemic. Therefore, this proposal should be viewed only as a starting point in our policy setting process.

Public Health Indicators and Contact Tracing

Based on hospitalization data, Orange County has not experienced a crisis level of COVID-19 cases. Nevertheless, testing is vitally important to identify and isolate active cases, in order to prevent the further spreading of the virus. Orange County will soon have capacity to process 4,000 PCR tests per day for all symptomatic individuals and all asymptomatic individuals who are essential workers. As additional testing becomes available, we will perform oversampling and routine re-testing of high-risk populations such as workers in hospitals, jails, homeless shelters, congregate living facilities, residents of neighborhoods with crowded housing; and residents of skilled nursing facilities.

Widespread serology testing of asymptomatic individuals will also be needed for surveillance purposes and in order to identify which workers are likely to be immune to the virus. Our initial goals starting on May 8, 2020 will be 5,000 tests per day.

As we relax stay at home orders, we must scale up contact tracing capacity. Tracing must begin within a short interval of a positive test result. Technology should be used to communicate directly and quickly with the infected individual, potentially to be followed by an in-person contact. There may be a need to start tracing when facing obvious symptomatic cases even before results are available. We must strictly isolate positive, or potentially positive, individuals, and repeatedly test their close contacts. The County Health Officer may need to exercise her police power in some instances to ensure compliance.

The analysis below will complete the following:

- 1) Identify how the County meets or does not meet the Public Health Indicators.
- 2) Identify how the County's status under the Public Health Indicators meet the objectives under Phase 1 of the Roadmap.
- 3) Identify areas within Phase 2 where the County has the ability to set guidance to meet all objectives so the County can responsibly accelerate progress within Phase 2.

The methodology will be bottom-up, starting with the Public Health Indicators analysis and then the Roadmap analysis.

Public Health Indicators	Orange County Status
Hospitalization and ICU trends stable	Currently meets because: <ul style="list-style-type: none"> a) Disease Burden: CFR is low (1.9%) and doubling times between cases are up 8.9 days. b) Adequate hospital ICU bed capacity (current occupancy rate @ 51%). c) Adequate ventilators up to 70% surge from current capacity should the County purchase and provide.
Hospital surge capacity to meet demand	Currently meets because Orange County healthcare system has capacity to meet up to 28% (6,253 beds) and 70% surge capacity (8,306 beds).
Sufficient PPE supply to meet demand	In Progress to Meet
Sufficient testing capacity to meet demand	Partially Meets: <ul style="list-style-type: none"> a. Lab Capacity: Meets. Countywide labs have the capacity to run the 4,800 tests per day that align with the Governor's goal of 60,000-80,000 tests per day. b. Access: Meets. Between the existing providers, the County's PCR Testing Network (7/10 sites open), and 4 state sites coming online, we should have ample access to PCR testing for OC residents. c. Supplies: Does not meet. See Notes sections.
Contact tracing capacity statewide	Meets. HCA/PH has staff sufficient to conduct 1,000 cases per week. Currently there are 562 cases being traced.

Conclusion on Public Health Indicators:

- Prevention efforts such as early issuance of health orders and guidance regarding social distancing, stay-at-home orders, and face coverings, as well as, compliance by OC residents have managed to "flatten the curve". This validates that these measures are effective in slowing the spread of a highly contagious virus.
- The County is striving to meet material needs, including testing supplies and PPE, in collaboration with the private sector.

Phase 2 Objectives	OC Status	County Actions
Continue to build out testing, contact tracing, PPE, and hospital surge capacity.	See Analysis from Public Health Indicators Analysis	<p>BOS Testing Ad Hoc Committee formed to focus on increasing testing capacity, specifically supplies.</p> <p>HCA, CEO meeting on hiring permanent staff for contact tracing program.</p> <p><i>Follow up:</i></p>

		<ul style="list-style-type: none"> • Solidifying agreement with Quest for additional PCR tests. • Need to explore where to source PPEs. • HCA, Internal Audit working on analysis and process that will (1) help identify appropriate level of testing supplies and PPEs for PHL and countywide and (2) how to appropriately allocate testing supplies and PPEs to hospitals and clinics.
<p>Continue to make essential workplace as safe as possible.</p> <ul style="list-style-type: none"> • Physical and work flow adaption • Essential workforce safety net • Make PPE more widely available • Individual behavior changes 	<ul style="list-style-type: none"> • Issued order on 4/21/2020 approved mandate for requiring face coverings for employees in many retail businesses (i.e., grocery stores, restaurants). • BOS adopted guidelines on 4/28/2020 for businesses for re-opening. 	<p>The County has the ability to provide additional guidance on all four of these objectives. The County should prioritize:</p> <ul style="list-style-type: none"> • Ensuring the safety of the At-Risk population. • Finding ways to create opportunities for social distancing and reduction of in-person contact (i.e., telecommuting, telehealth, etc.) • Ensuring strong hygienic practices (i.e., handwashing) • Reinforcing face masks use. • Wage replacement for sick employees <p>State recommends the County determine when to signal preparedness for lower-risk businesses.</p>
<p>Prepare sector-by-sector safety guidelines for expanded workforce.</p>	<p>BOS adopted general guidelines on 4/28/2020 for businesses for re-opening.</p>	<p>No specific safety guidelines yet for sectors.</p>

Based on an average of 60 news cases each day and assuming each investigator could do a complete tracing every 2 days, we will need 120 trained personnel in the initial phase of this program. We should begin this program on May 1, 2020 and be ready to scale up staffing quickly, if necessary, by contracting with an academic institution, such as UCI or California State University, Fullerton.

Hardened Easing

Opening up Orange County will require additional public health measures to ensure we reduce the potential for spread as we resume activities. These measures should achieve these objectives:

- Prohibit travel by individuals known to have active cases or a fever.
- Reconfigure homeless shelter housing and services, and promote internal segmentation of populations where possible.
- Promote virtual or no-contact transactions, such as telehealth, online shopping and meetings.
- Promote telework, especially when symptomatic or exhibiting respiratory illness.
- Promote best personal hygiene practices such as face coverings, spacing, sanitizer/handwashing stations, building design modifications, less use of cash, temperature checks, etc.

With the above measures in place, a partial reopening of Phase II businesses beyond those included in the Governor's May 4 presentation may begin in the coming weeks, with more or less restrictive adjustments considered every 14 days thereafter:

- Office and industrial businesses return to work with adequate distancing of at least 6 feet apart, with a preference for greater distancing when people are together for extended periods, such as at their desks, for meetings or during lunch hours.
- Provide special accommodations protective for vulnerable employees, including remote work.
- Limit direct public interaction, unless protected by barriers.
- Increase transit service on popular lines to allow distancing, with frequent sanitizing.
- Reopen limited government counters.
- Restaurants, bars, distilleries, and breweries may reopen with 1/3 capacity.
- All food service and retail employees must wear face coverings and wash hands or replace gloves every 30 minutes. All touch surfaces must be cleaned every 30 minutes.
- Hospitals may accept more elective procedures, continuing to implement disease-control measures.

Community Resources and Service Coordination

The coming months will find many Orange County residents and families desperate for social assistance. Many small shops and restaurants will go out of business. Even big employers, especially those in the tourism and hospitality industries, will take time to get back to full capacity. As a result, many workers may not have a job to go back to, or see their hours significantly reduced. CalOptima's membership is expected to reach nearly 900,000, which is higher than the highest point after the Great Recession of 2008-2009.

Education has been disrupted for many students, especially those in lower income families. A lack of internet access, coupled with loss of income, has caused many to disrupt their matriculation in schools at all levels. For young adults, the future job market looks uncertain, and if their schooling is interrupted, these young adults would enter that job market with fewer skills to offer.

Meanwhile, many in our vulnerable population, who face possible abuse, are too fearful to raise their voices. Social distancing and fear of contamination in leaving one's house and contacting strangers have most likely kept people from reaching out. We have seen a dramatic drop in the level of calls for help. While unemployment has led to tremendous rises in applications for benefits, the County has seen a significant decrease in calls for domestic violence, elders abuse and child welfare reports, sometimes by as much as 50%. As we get back to normal, we should be ready for the increased demand for services for this vulnerable population in our county.

The above factors, and too many others to list, will result in food and housing insecurities. They will surely exacerbate conditions for residents with mental health illnesses. We must increase capacity on all fronts to prevent these insecurities from leading many into homelessness. Care coordination is never more important than now. The programs listed below represent a few examples of the life-saving services, across many county departments, that will greatly benefit Orange County in the long run. They should be up and running by May 1, 2020, in anticipation of the relaxation of the State's the stay at home orders.

- Lend support to coordinate food distribution from food banks to community groups, church groups, and temples.
- Help increase capacity to deliver cooked meals to seniors and residents with disabilities through non-profits, such as Meals on Wheels and Waste Not OC. This will greatly aid in capacity building and outreach in the county for these much-needed services.
- Work with CalOptima and Be Well OC to coordinate mental health and substance use treatments, especially to the hard to reach populations through community clinics and health networks that serve primarily ethnic communities, such as the Coalition of Community Clinics, AltaMed and Family Choice.
- Increase staffing and resources for the Office of Care Coordination. Maintain supplies for needy residents, including seasonal products, such as: personal hygiene and first aid products, baby formula, diaper, cleaning supplies, etc. Work with school districts to supplement their Resource Centers at schools.
- Create WiFi hotspots at all county facilities, particularly public libraries and parks. Work with school districts to create WiFi access points at schools.
- Create computer stations that are accessible 24/7 from outside public library buildings.
- Expand outreach and broaden the mission for the Workforce Development Board. Work with trade groups and community colleges to develop training programs, including the possibility of tuition subsidy, free bus passes, no-cost mobile WiFi and housing assistance.

Key Next Steps:

- Continuing to increase the PCR testing network and acquire more PPE.
- HCA will work with the state to bolster its local tracing capacity.
- Provide sector-by-sector public health guidance to ensure that lower-risk businesses can operate in a manner that minimizes the risk of transmission, particularly in at-risk communities.

COVID-19 Public Health Recovery Program

Goal: Meet the State's six critical indicators to show Orange County is prepared for the State to relax the Stay-at-Home Order.

Objectives:

1. Improve testing capabilities
2. Prevent infection
3. Ensure sufficient hospital capacity
4. Create a coalition of private and public partners to research treatments
5. Support businesses, schools and child care facilities in physical distancing
6. Establish a mechanism to inform when to reinstate certain measures

The below high level program description requires an investment of approximately \$150M to fully implement.

1. Improve Testing Capabilities

INDICATOR ONE: The ability to monitor and protect our communities through testing, contact tracing, isolating, and supporting those who are positive or exposed.

- Testing all symptomatic OC residents: build a strong public and private partnership to provide safe and accessible specimen collection options for all with symptoms of COVID-19.
 - County funded test sites supplement testing occurring through healthcare providers. Establish a minimum of 10 geographically accessible sites with priority locations connected to community clinics and health care provider sites.
 - Beginning April 21, six federally qualified health centers will begin operating six specimen collection sites with resources to provide 100 FDA-authorized tests/day at each location.
 - To support this effort, HCA purchased 14,000 testing kits with the first 1,000 delivered on April 20, an additional 3,000 arriving on April 24, and the remaining 10,000 kits in the coming weeks.
- Antibody Testing: utilize a strong public and private partnership to provide safe and accessible antibody testing options (serology tests) for essential workers and the public consistent with to-be-determined State guidance.
 - Will utilize the network described above and consider Point of Dispensing (POD) style events as resources allow.
 - If supplies allow, up to 20% of population (640,000) targeted
- Testing Task Force: HCA's Public Health Lab Director was chosen to participate in the State's task force.
- Develop a robust COVID-19 disease control program: design, staff and implement public health communicable disease control program specific to COVID-19 to conduct surveillance, case investigation, contact tracing, isolation and quarantine functions to contain disease transmission, which include the leasing of a hotel to place appropriate individuals to reduce the spread of COVID-19.

2. Prevent Infection

INDICATOR TWO: The ability to prevent infection in people who are at risk for severe COVID-19;

- *In-home supportive services:* Develop programming to support older and medically vulnerable OC residents living in their own homes so they can continue appropriate physical distancing.
- *Outbreak response teams:* develop teams to quickly identify and contain outbreaks in facilities housing older OC residents, persons experiencing homelessness, correctional facilities, and other congregate living facilities with persons at high risk for COVID-19.
 - Correctional outbreak response team to serve County and other correctional facilities in the county. This team will be managed by the HCA Correctional Health Services and will provide rapid response to clusters of cases in correctional settings to contain and prevent larger outbreaks.
 - Public Health Services (PHS) currently has outbreak response teams to serve congregate living facilities, including skilled nursing facilities, assisted living facilities, homeless shelters, and all other congregate living facilities that may be at risk of outbreaks. ○ PHS is currently increasing outbreak response team capacity by training additional PHS staff to be part of the teams and contracting with a team specifically dedicated to the highest risk environments, skilled nursing facilities (SNF). HCA is currently working on executing this contract and upon execution will use the contracted team to address SNF with the PHS teams addressing all other locations.
 - UCI contract for team to do a study with 12 pilot SNFs to assess and determine interventions to optimize infection control. Lessons learned then rolled out to all SNFs to improve Infection Control practices

3. Ensure Sufficient Hospital Capacity

INDICATOR THREE: The ability of the hospital and health systems to handle surges.

To assist with this priority, HCA is doing the following;

- Build a hospital supplies stockpile through HCA's health disaster management program. As supplies become available HCA will purchase critical hospital supplies such as ventilators, masks and other supplies to support hospital capacity when needed.
- Provide hospital preparedness grants to support local hospitals with planning efforts to increase capacity to be prepared to address COVID-19 care and other critical healthcare needs. HCA has an existing Hospital Preparedness Program that provides grants to hospitals and will use that existing infrastructure along with increased funding to provide needed support to local hospitals.

4. Create a coalition of private and public partners to research treatments

INDICATOR FOUR: The ability to develop therapeutics to meet the demand.

- **OC COVID-19 therapeutics task force:** create a coalition of private, public, and academic partners to coordinate with state and federal partners to study and accelerate the development of therapeutic treatments for COVID-19.
 - Current efforts: HCA is collaborating with UCI to complete a study with twelve pilot SNFs to assess and determine interventions to optimize infection control and then roll out lessons learned to all SNFs to improve infection control and prevent outbreaks.

5. Support businesses, schools and child care facilities in physical distancing

INDICATOR FIVE: The ability for businesses, schools, and childcare facilities to support physical distancing;

- **OC COVID-19 social distancing task force:** create a coalition of business, educational, public, nonprofit and healthcare partners to develop and promote guidelines and resources to OC organizations to support physical distancing and create safe environments for employees, stakeholders, or the public.
- **COVID-19 resource grants:** grants for business, educational, and community coalitions to provide resources to the diverse sectors that make up the OC economy and service infrastructure.

6. Establish a mechanism to inform when to reinstate certain measures

INDICATOR SIX: The ability to determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary.

- **Data monitoring team:** Assemble data tracking and monitoring team to continually assess COVID-19 infection rates, hospitalization data, and related indicators to provide an early warning system that informs data driven decision-making.
- **Public communication support:** add public information/communications staff to coordinate with regional governmental partners, healthcare providers, media entities, OC elected officials, and other stakeholders to develop a communication plan to quickly and effectively communicate the need to reinstate any mitigation measures in order to support rapid adoption by community to support optimal outcomes.