

County of Santa Clara
Santa Clara Valley Health & Hospital System
Public Health Department



DATE: May 21, 2021
TO: Board of Supervisors
FROM: Sara H. Cody MD, Health Officer and Public Health Director
SUBJECT: Off Agenda report regarding ELC Expansion Grant Funds positions and workplan

At the May 4, 2021 Board of Supervisors meeting (Items 41 and 42), Supervisor Chavez requested an off agenda report providing an organizational overview of the ELC Expansion grant-funded positions as well as a copy of the grant application submitted to the California Department of Public Health (CDPH) by the Public Health Department. The workplan that has been submitted and preliminarily approved by CDPH is attached, and below is a list of positions by grant strategy. Please refer to the May 4th legislative file (LF 105333) for a detailed description of what activities will be done under each category.

As described in the legislative file, the Public Health Department has grouped grant activities into six categories: Advance racial and health equity; Sustain and adapt the current COVID-19 response; Expand capacity for communicable disease prevention and control; Increase laboratory capacity and genomic surveillance; Develop 21st century data systems and analytic capacity; and Enhance public health communications. Below are the positions for each category. As noted in the legislative file, some of the classifications do not currently exist and these positions were not included in the salary ordinance the Board approved on May 4th. Those positions are highlighted/bolded in each section. Also note that, in a few cases, the Department has created unclassified positions that will serve as temporary positions until the new classifications are created. These positions are also highlighted in each section.

Category 1: Advance racial and health equity.

The grant includes seven new permanent positions, including one in County Counsel, to support the work in this category. These positions will work closely with the County's Division of Social Equity and Justice as it develops the new Office of Diversity, Equity and Belonging.

1	Program Manager II
1	Community Outreach Specialist
1	Management Analyst
1	Health Planning Spec III
1	Health Education Specialist

1	Administrative Assistant
1	Attorney IV-County Counsel

Category 2: Sustain and adapt the current COVID-19 response.

The grant includes ten new permanent positions and six unclassified positions to support this category.

5	Pharmacist
3	Pharmacy Technician
2	Administrative Assistant
1	Admin Support Officer I-Unclassified
1	Program Manager II-Unclassified
2	Program Manager I unclassified
2	Public Health Nurse Manager I – Unclassified

Category 3: Expand capacity for communicable disease prevention & control.

The grant includes 13 new permanent positions and two unclassified position to support this category. Three of these classifications are new to the County and will be created by ESA.

1	Health Education Specialist
2	Public Health Nurse Specialist
2	Communicable Disease Investigators
1	Health Program Specialist
2	Office Specialist III
	PMII (Unclassified)* (temporary until Epi Mgr I/II classification is created)
1	Health Education Specialist – Unclassified* (temporary until QI Coordinator classification is created)
1	Quality Improvement Coordinator (New)
3	Epidemiology Investigator – (New)
1	Epidemiology Mgr I/II – (New)

Category 4: Increase laboratory capacity and genomic surveillance.

The grant includes two permanent and seven unclassified positions to sustain surge capacity for high throughput COVID-19 testing and Whole Genome Sequencing (WGS), support long-term laboratory expansion needs, and oversee the development, deployment, and evaluation of the WGS program. Unclassified lab assistants will expire once the grant is over. The Unclassified microbiologist will expire once the permanent microbiologist is hired.

1	Office Specialist III
1	Public Health Microbiologist
1	Public Health Microbiologist – Unclassified
5	Medical Laboratory Asst I - Unclassified

1	Medical Laboratory Asst II/I - Unclassified
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Category 5: Develop 21st century data systems and analytic capacity.

The grant includes thirty-four permanent and four unclassified positions, of which one (1) permanent position is for County Counsel and eight (8) permanent positions are for TSS.

1	Program Manager III – Unclassified* (temporary until Epi Manager II/III classification is created)
1	Program Manager II – Unclassified* (temporary until Epi Manager I/II classification is created)
2	Sr Epidemiologist
4	Epidemiologist I/II
2	Sr Research & Evaluation Specialist
2	Sr Research & Evaluation Specialist – Unclassified* (temporary until QI Manager and QI coordinator classifications are created)
3	Research & Evaluation Specialist
1	Health Planning Specialist III
1	Administrative Assistant
1	Office Specialist III
1	Chief Science Officer (New)
1	Public Health Informatics Director (New)
1	Public Health Informaticist I/II (New)
1	Epidemiology Mgr II/III (New)
1	Epidemiology Mgr I/II (New)
1	Sr Biostatistician(New)
1	Statistician I/II (New)
1	Demographer (New)
1	Economist (New)
1	PH Quality Improvement Manager (New)
1	Quality Improvement Coordinator (New)
1	Senior Business Systems Analyst (TSS)
2	Business Intelligence Analyst (TSS)
1	Data Engineer (TSS)
1	GIS Analyst (TSS)
1	Integration Analyst (TSS)
1	IT Process Analyst (TSS)
1	IT Project Manager (TSS)
1	Attorney IV (County Counsel)

Category 6: Enhance public health communications.

The grant proposal includes five new permanent positions, one of which is housed in TSS.

1	Communications Officer
1	Associate Communications Officer
1	Multimedia Communications Specialist
1	Health Education Associate
1	Web Technician (TSS)

In addition, there are two unclassified positions for grant management. Both of these are housed in Public Health Preparedness

- Senior Management Analyst
- Management Analyst

Attachment:

- Santa Clara County ELC Expansion Workplan

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-01-10

Strategy 1 - Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity

Strategy 1 Actions and Deliverables:

- A. Train and hire staff to improve laboratory workforce ability to address issues around laboratory safety, accessioning, testing and reporting results.
- B. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.
- C. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including contact tracing) and other conditions of public health significance.
- D. Build expertise to support management of the COVID-19 related activities within the jurisdiction and the integrate into the broader ELC portfolio of activities (e.g., additional leadership, program and project managers, budget staff, etc.).
- E. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance.

Strategy 1 - Milestone 1	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	Enhance surveillance and informatics capabilities by hiring and training necessary staff.
	Implementation Plan (Bulleted items or brief sentences)	<p>Hire and Train:</p> <ul style="list-style-type: none"> - 2 Epidemiologist I (assist with case data, enhanced surveillance of COVID-19 including tracking syndromic surveillance system (ESSENCE), community surveillance of Influenza and COVID-19 and contact tracing as needed). <p>Contract for:</p> <ul style="list-style-type: none"> - Integration Analyst (contract) (assist with accepting various data streams, validating and parsing the data) - Data Vault Developer (contract) (segment and transform the data in the Data Warehouse and merge the data streams to fill gaps in the surveillance data and creating tables and reports for analysis) - Health Informatics, Data Modeling, Automation, Data Analytics and Visualization training for Epi & IT

	Applicant capacity: What is the current capacity to perform this milestone?	<p>Currently we have limited capacity to consume the significant amounts of data that is being sought or already acquired to help with the COVID-19 response. We have our syndromic surveillance system that was created in 2008 and last updated in 2016 for syndromic surveillance and now needs to be updated for COVID-19. It is the main system serving as an ingestion engine for this purpose. Significant increases in staffing and training is necessary to sustain capabilities moving forward. This includes training staff on the architecture, interfaces, automation tools and a master person index to support this effort.</p> <p>The Public Health Department has an enterprise data warehouse (Data Vault) and has new and existing feeds from large healthcare providers in the county. The Department has .25 FTE epidemiologists, .25 FTE Senior Research and Evaluation Specialist, .25 FTE Healthcare Program Manager II, that are available to perform this milestone, and is working with .25 IT Manager, .75 FTE Data Analyst, 0.5 FTE Associate Data Analyst, 1 FTE contract whose contract expires 12/31/2020.</p>
	Expected Achieve By Date (select from drop down)	March 2022

Strategy 1 - Milestone 2	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	Expand real-time HL7 data and Clinical Document Architecture (CDA) data feeds.
	Implementation Plan (Bulleted items or brief sentences)	<p>Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance through:</p> <p>Enhanced syndromic surveillance Clinical Document Architecture (CDA) data feeds.</p> <p>This entails onboarding hospitals and large ambulatory clinics to provide real</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Architecture lacks the capacity to parse, validate and consume eICR and CDA real-time feeds from electronic health records.
	Expected Achieve By Date (select from drop down)	March 2022

CDC - Epidemiology and Laboratory Capacity (ELC) [Expansion Coronavirus Response and Relief Supplemental Appropriations Act, 2021](#)

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-02-07

Strategy 1 - Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity

Strategy 1 Actions and Deliverables:

- Train and hire staff to improve laboratory workforce ability to address issues around laboratory safety, **quality management, inventory management, specimen management, diagnostic and surveillance** testing and reporting results.
- Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.

C. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including case investigation and contact tracing) and other emerging infections and conditions of public health significance. This should include staff who can address unique cultural needs of those put at higher risk for COVID-19.

D. Build expertise to support management of the COVID-19 related activities within the jurisdiction and the integrate into the broader ELC portfolio of activities (e.g., additional leadership, program and project managers, budget staff, etc.).

E. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other **emerging coronavirus and other infections** and conditions of public health significance.

Strategy 1 - Milestone 1	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	Build robust informatics capabilities in the Department by hiring the necessary staff to create and maintain an end-to-end Public Health Vault Architecture
	Implementation Plan (Bulleted items or brief sentences)	<p>Hire and Train:</p> <p>Data Engineer (DE) – to design, code, test and implement data extracts, transform and load (ETL) procedures, to transform data sets and enable automation.</p> <p>Integration Analyst (IA)– to perform analysis, integrations, and interfaces and perform data mapping, data translations and transformations and ensure system integrity.</p> <p>Business Intelligence (BI) Analysts - to gather, review, and interpret data to define, implement, and ensure reports are executable and functional.</p> <p>IT Process Analyst (ITPA) – to document and define the target future state processes that will drive transformational improvement for the PHD Vault.</p> <p>Senior Business Systems Analyst (BSA)- to concentrate on the technological needs of PHD and align the business strategy with the PHD Vault.</p> <p>IT Project Manager (ITPM) – to oversee and control the initiation, planning, executing, and closing the work of projects and programs to achieve the specific goals to complete the implementation of the PHD Vault.</p> <p>Geographical Information System Analyst- to create interactive and static maps to inform planning and operations</p> <p>In the interim, create consultant codes for several of these positions such as Integration Analyst, Data Vault Developer till we create and hire for permanent codes.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Currently our technology team is relying on contractors for creating the public health vault architecture and integration of data sources. The team does not have the right codes to support the Public Health Vault Architecture and keep data sources refreshed. End to end automation and analytic capability is also lacking; Infrastructure is old and outdated; limited funding in PH budget for maintenance of PH IT infrastructure that is built/will be built; staff are not adequately trained to develop and maintain an end -to-end PH Vault architecture.
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 1 - Milestone 2	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
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Milestone 2	Planned Activity (Provide a title for this milestone)	Train and hire staff to improve the capacities of the workforce around epidemiology and other essential skill sets to COVID-19 surveillance and response, and other emerging infections and conditions of public health significance.
	Implementation Plan (Bulleted items or brief sentences)	<p>Hire and train the following staff:</p> <p>Infectious Disease Epidemiology: Create 2.0 Epidemiology Managers (II/III and I/II) tasked with creating strategic plan for COVID-19 data analysis, both current and retrospective and management of staff and surveillance activities.</p> <p>For the first year, create an unclassified 1.0 Program Manager (III) to oversee the Epidemiologists and lead data and surveillance for COVID-19; and an unclassified 1.0 Program Manager (II) who will help with management of staff and other management activities. These will serve as a bridge positions till the Epidemiology Manager series is created.</p> <p>Fund 1.0 FTE Sr Epidemiologist to lead response epidemiology functions -case data and contact investigation.</p> <p>Fund 1.0 FTE Sr Epidemiologist to oversee genomic surveillance and to build genomic surveillance capacity.</p> <p>Fund 4.0 FTE Epidemiologist I/II positions to support epidemiological functions for the current response, including outbreak investigation, utilization of state datasets, CICT, and genomic surveillance.</p> <p>Public Health Informatics: Create and fund a Public Health Informatics code series, including 1.0 FTE Public Health Informatics Director and 1.0 Public Health Informaticist (I/II) to develop the Public Health Vault as the repository for electronic data; coordination with data suppliers and IT; oversee development and storage of integrated COVID-19 datasets for retrospective data analysis, research, and evaluation.</p> <p>Create a County Counsel IV code to help with creation and negotiation of agreement to get data for PH Surveillance.</p> <p>Research, evaluation, Performance Measurement and Quality Improvement (PMQI), and university partnerships: These staff (2.0 Senior Research & Evaluation Specialists - SRES) will oversee junior level Research and Evaluation Specialists and Epidemiologists and (2.0 Research & Evaluation Specialists I/II) will help with development research agenda, collaboration with university partners and QI improvement and improve workflows for efficiency along with the SRES. In addition create two new classifications QI Manager (1.0) and QI coordinator (1.0) to help with process improvement and quality enhancement strategies including improving workflow and redundancies and improve the overall standards of surveillance and other PH</p>

	Applicant capacity: What is the current capacity to perform this milestone?	The current number of staff with epidemiology and related skill sets related to infectious disease prevention and control is small; as a result, epidemiologists assigned to non-infectious disease, and other analysts in the county working on healthcare and policy have been activated for the response as Disaster Service Workers for the past year. There is little capacity to maintain the current level of response or to prepare for the next pandemic without significant changes in current staffing levels in these areas. Staff are also not adequately trained in critical skill sets, including genomic surveillance, PH Informatics, modeling and advanced statistical techniques, healthcare data analysis, dashboarding, new and emerging methods of surveillance and new qualitative and quantitative dataset analysis. The current job codes in the County are not aligned with job duties for several of these positions and hence creates barriers for hiring.
	Expected Achieve By Date (select from drop down)	

Strategy 1 - Milestone 3	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	Build grant administration capacity with staffing and train/equip grant workforce with the necessary technology to support work plan activities.
	Implementation Plan (Bulleated items or brief sentences)	Hire Sr. Management Analyst and Management Analyst, to serve as grant administrative staff. Staff will be responsible for monitoring all grant-related activities, such as monitoring CDPH deadlines, participating in CDPH grant calls/webinars, coordinating and submitting monthly and quarterly reports, tracking milestone and budget activities, assisting with sub-contracts, coordinating internal expenditures and invoicing, maintaining documentation as required by the grant, etc. . Provide necessary training resources , hardware/phone/office supplies for grant staff to support all work plan activities.
	Applicant capacity: What is the current capacity to perform this milestone?	DOC staff are assisting with these rolls, but will need to resume their other COVID/County duties when the positions can be filled.
	Expected Achieve By Date (select from drop down)	February 2022

Strategy 1 - Milestone 4	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	(B,C) Build and sustain capacity to conduct case and outbreak investigations in facilities, congregate settings, and other settings of public health importance for COVID-19 and other diseases of public health consequence.
	Implementation Plan (Bulleated items or brief sentences)	Hire and train: A team of Communicable Disease Investigators, Office Specialist I/II, and Epidemiologist Investigators under an Epidemiology Manager I/II to conduct case investigation, contact tracing, disease surveillance, and outbreak investigation focused on congregate and other settings at high risk for large outbreaks or high degree of morbidity and mortality and complete data entry related to such surveillance and investigations. Procure, develop procedures for, and train staff in use of a "soft phone" solution to allow expanded infectious disease investigation workforce to conduct telephone-based work from remote or temporary physical worksites at baseline and during surge activities. Procure and engage via contract expertise in industrial hygiene and toxicology for consultation in instances of illness and outbreaks related to toxins, chemicals, and other industrial exposures of public health importance.

	Applicant capacity: What is the current capacity to perform this milestone?	<p>Current capacity is sufficient but based wholly on temporary assignment of Disaster Service Workers (DSWs) who were trained urgently in the context of the COVID-19 pandemic and will need to return to their usual County employment in the next several months. Prior to activation of DSWs, the Public Health Department's capacity to respond to an outbreak of large size or extended duration was limited, and the ability to respond to more than one outbreak at the same time requiring emergency activation was nil.</p> <p>Current capacity to place and receive calls for the purpose of disease and outbreak investigation and response is limited to the use of the Amazon Web Services soft-phone embedded in the CalCONNECT contact tracing solution and further limited by use restrictions on call routing, making it unsuitable for non-case investigation uses. Prior to AWS availability and even prior to the need for expanded remote workforce, emergency and surge response has required multiple rounds of manual set-up for wired phones, extensive efforts to communicate changing points of contact to stakeholders, and staff retraining for use in evolving communications channels. Current capacity for surge telephone needs outside of COVID-19 Case Investigation and specific use-case for vaccine scheduling are nil.</p>
	Expected Achieve By Date (select from drop down)	June 2022

Strategy 1 - Milestone 5	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	(C) Build and sustain expertise in facility infection prevention and capacity to provide outbreak investigation, site inspections, and consultation to facilities at high risk for communicable disease outbreaks and/or high degree of morbidity and mortality in the event of an outbreak.
	Implementation Plan (Bulleted items or brief sentences)	<p>Hire and train: One (1) Public Health Nurse Specialist to sustain and improve the existing COVID-19 infection prevention and site visit program developed in combination with CDPH to support Skilled Nursing Facilities.</p> <p>Expand existing infection prevention and site visit program for Skilled Nursing Facilities to address other congregate settings, including but not limited to non-licensed long-term care facilities, custody settings, and shelters.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	<p>Current capacity is limited and based wholly on temporary assignment of Disaster Service Workers (DSWs) who were trained urgently in the context of the COVID-19 pandemic and will need to return to their usual County employment in the next several months. Prior to activation of DSWs, the Public Health Department's capacity to respond to outbreaks in a facility or congregate setting was limited to 0.2 FTE, leading to limited or delayed response. Capacity to provide site visits and preventive recommendations to facilities at risk of outbreak was extremely limited, and specific infection prevention expertise was lacking.</p>
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 1 - Milestone 6	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	(B, C, D) Build and sustain ability to support development of and training in standardized policies and procedures for infectious disease prevention, investigation, and control.
	Implementation Plan (Bulleted items or brief sentences)	Hire and train: A team of health education specialist and a QI Coordinator to support documentation of infectious disease control policies and procedures,

		development of related trainings and supportive reference materials, and support for quality improvement activities.
	Applicant capacity: What is the current capacity to perform this milestone?	Current capacity is sufficient but based wholly on temporary assignment of Disaster Service Workers (DSWs) who were trained urgently in the context of the COVID-19 pandemic and will need to return to their usual County employment in the next several months. Prior to activation of DSWs, the Public Health Department's capacity to develop, update, maintain, and train based on standardized policies and procedures was limited in general and performed by management-level staff, leading to inconsistent staff performance, out-of-date procedures most exacerbated during times of rapid change such as during an outbreak, and increased limitation on management staff needed for other leadership activities.
	Expected Achieve By Date <i>(select from drop down)</i>	December 2021

Strategy 1 - Milestone 7	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity <i>(Provide a title for this milestone)</i>	(D) Hire and train administrative support staff
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	Administrative staff such as office specialists, administrative assistants, etc., will be hired to support the various teams on the grant.
	Applicant capacity: What is the current capacity to perform this milestone?	40% - Currently, we don't have the administrative support bandwidth in the department to support the new staff on the grant.
	Expected Achieve By Date <i>(select from drop down)</i>	July 2023

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-01-10

Strategy 2 - Strengthen Laboratory Testing

Strategy 2 Actions and Deliverables:

- A. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2/COVID-19 (which may build capacity to test for other pathogens with potential for broad community spread) among all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance, including testing of asymptomatic individuals.
- B. Enhance laboratory testing capacity for SARS-CoV-2/COVID-19 outside of public health laboratories
- C. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.

Strategy 2 - Milestone 1	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Expand laboratory floor space to allow for greater testing capacity for detecting infectious diseases including SARS-CoV-2.
	Implementation Plan (Bulleted items or brief sentences)	Implementation requires converting current storage space into a fully working wet laboratory space. Removal of carpet and installing coped flooring, retrofitting electrical and ventilation, inserting laboratory bench space. Installing freezers, refrigerators, and biological safety cabinet.

	Applicant capacity: What is the current capacity to perform this milestone?	Capacity to meet this milestone is contingent on the ability to get construction started and completed in the timeline allowed.
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 2 - Milestone 2	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Implement targeted genomic sequencing of SARS-CoV-2 specimens
	Implementation Plan (Bulleated items or brief sentences)	Implement a long term targeted sequencing approach to help guide public health intervention for patients testing positive for SARS-CoV-2
	Applicant capacity: What is the current capacity to perform this milestone?	We currently have staffing in place to commit to this strategy.
	Expected Achieve By Date (select from drop down)	October 2020

Strategy 2 - Milestone 3	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Increase Lab Staffing
	Implementation Plan (Bulleated items or brief sentences)	Use grant funding to fund seven (7) additional staff for Covid testing - 6 laboratory assistants and 1 microbiologist. These laboratory assistants provide data entry support, specimen processing, and sample storage. The microbiologist provides testing support. *Maintain lab capacity at 600 samples per day as opposed to 100 per day without them.
	Applicant capacity: What is the current capacity to perform this milestone?	We have the capcity to hire these staff.
	Expected Achieve By Date (select from drop down)	July 2020

CDC - Epidemiology and Laboratory Capacity (ELC) **Expansion Coronavirus Response and Relief Supplemental Appropriations Act, 2021**

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-02-07

Strategy 2 - Strengthen Laboratory Testing

Strategy 2 Actions and Deliverables:

- A. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2/COVID-19 and build **infectious disease preparedness for future coronavirus and other events involving** other pathogens with potential for broad community spread.
- B. Enhance laboratory testing capacity for SARS-CoV-2/COVID-19 outside of public health laboratories
- C. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.

Strategy 2 - Milestone 1	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Increasing capacity for infectious disease preparedness
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> Identify and purchase equipment for the identification of infectious diseases of importance. Procure laboratory supplies for continued SARS-CoV-2 genomic sequencing and other important infectious diseases
	Applicant capacity: What is the current capacity to perform this milestone?	25%
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 2 - Milestone 2	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Enhancing laboratory testing capacity
	Implementation Plan (Bulleted items or brief sentences)	Implement workforce development plan to meet the current shortage of qualified microbiologists to help combat the Covid-19 pandemic and future pandemics
	Applicant capacity: What is the current capacity to perform this milestone?	10%
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 2 - Milestone 3	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Enhanced analytic capacity
	Implementation Plan (Bulleted items or brief sentences)	Implement a fully automated genomic workflow to increase capacity, improve efficiencies in operations, management, testing, and data sharing for both Covid-19 surveillance and other infectious diseases. Hire bioinformatics consultant to provide training and support for developing bioinformatic workflows for other infectious diseases.
	Applicant capacity: What is the current capacity to perform this milestone?	10%
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 2 - Milestone 4	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Laboratory expansion
	Implementation Plan (Bulleted items or brief sentences)	Expand current laboratory space to include surge capacity capabilities for increased testing capacities.
	Applicant capacity: What is the current capacity to perform this milestone?	0%
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 2 -	Strategy 2: Strengthen Laboratory Testing	
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Milestone 5	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date (select from drop down)	

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-01-10

Strategy 3 - Advance Electronic Data Exchange at Public Health Labs

Strategy 3 Actions and Deliverables:

A. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.

Strategy 3 - Milestone 1	Strategy 3: Advance Electronic Data Exchange at Public Health Labs	
	Planned Activity (Provide a title for this milestone)	Advance data collection for community, worksite and school outbreaks and also lab result data using Application Interfaces (APIs), and secure file transfers for
	Implementation Plan (Bulleted items or brief sentences)	<p>Advance Electronic Data Exchange for Contact Intake/Contact Tracing software (CICT) using connectors to bridge with CalConnect.</p> <p>Implement a central data repository in the Cloud to ease reporting for laboratories sending COVID results to the LHD as a parallel to CalConnect for quality control.</p> <p>Use APIs to enable connectors to Salesforce/CalConnect to enhance workflow and quickly identify cases for contact tracing.</p>

	Applicant capacity: What is the current capacity to perform this milestone?	Currently using a hybrid of Azure cloud and SharePoint solution with flat file processing that is not scalable for automation and integration with CalConnect or CalREDIE. Currently labs report directly into CalREDIE or send faxes, emails and ad-hoc reports to the LHD. Currently we are using Salesforce for CICT Currently we have an implemented DocuSign process for worksite and school reporting which is being transitioned for Qualtrics for data collection.
	Expected Achieve By Date (select from drop down)	May 2020

CDC - Epidemiology and Laboratory Capacity (ELC) Expansion Coronavirus Response and Relief Supplemental Appropriations Act, 2021

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-02-07

Strategy 3 - Advance Electronic Data Exchange at Public Health Labs

Strategy 3 Actions and Deliverables:

A. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.

Strategy 3 - Milestone 1	Strategy 3: Advance Electronic Data Exchange at Public Health Labs	
	Planned Activity (Provide a title for this milestone)	Liaison with labs to improve Electronic Laboratory Reporting (ELR)
	Implementation Plan (Bulleted items or brief sentences)	If manually reporting, assist with onboarding labs to ELR in order to improve the timeliness and accuracy of case confirmation and reporting. Include both PCR and antigen results, focusing on local labs with the highest reporting volume, as well as addressing any gaps in reporting to CDPH/CalREDIE.
	Applicant capacity: What is the current capacity to perform this milestone?	Limited capacity as current staff are also tasked with additional high priority duties.
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 3 - Milestone 2	Strategy 3: Advance Electronic Data Exchange at Public Health Labs	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date (select from drop down)	

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-01-10

Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data

Strategy 4 Actions and Deliverables:

- A. Establish complete, up-to-date, automated reporting of morbidity and mortality to CDC and others due to COVID-19 and other conditions of public health significance, with required associated data fields in a machine readable format.
- B. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to CDC and others in a machine-readable format (ensuring LHD have access to data that is reported).
- C. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.
- D. Enhance systems for flexible data collection, reporting , analysis, and visualization.
- E. Establish or improve systems to ensure complete, accurate and immediate (within 24 hrs) data transmission to a system and open website available to local health officials and the public by county and zipcode, that allows for automated transmission of data to the CDC in a machine

Strategy 4 - Milestone 1	Strategy 4: Improve Surveillance and Reporting of Electronic Health Data	
	Planned Activity (Provide a title for this milestone)	Provide enhanced surveillance data for COVID-19 to improve understanding of communities at risk, fill data gaps and use it for data-driven decision making.
	Implementation Plan (Bulleted items or brief sentences)	<p>Implement NetGen Connect Premium Platinum Mirth Interface Engine and enhance HL7 feeds to receive data from electronic health records from major healthcare providers, in order to assess factors related to COVID-19 risk in communities.</p> <p>Enroll the various hospital systems and large ambulatory care facilities to electronically send case reports via Electronic Initial Case reporting for COVID-19. Expand eICR to other reportable diseases as well. Ensure that the PHD receives the data via HL7 and an extract is also sent to CalREDIE. Automate hospital indicator reports for surge capacity planning.</p> <p>Merge EHR with case and testing data from CalREDIE to fill data gaps in demographics, hospitalizations, occupation and other indicators.</p> <p>Analyze the data for hospitalization and surveillance indicators for assessment, planning, policy development and to enhance dashboards for public reporting.</p>

	Applicant capacity: What is the current capacity to perform this milestone?	Current Open Source interface engine lacks the capabilities to support existing and emerging interface protocols such as HL7 v3 and FHIR to meet interoperability standards. We currently do not have real-time feeds on hospitalization related indicators from hospitals. This will eliminate ad-hoc data reporting from hospitals.
	Expected Achieve By Date (select from drop down)	December 2021

CDC - Epidemiology and Laboratory Capacity (ELC) Expansion Coronavirus Response and Relief Supplemental Appropriations Act, 2021

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-02-07

Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data

Strategy 4 Actions and Deliverables:

- A. Establish complete, up-to-date, **timely**, automated reporting of morbidity and mortality to CDC and others due to COVID-19 and other **coronavirus and other emerging infections which impact** conditions of public health significance, with required associated data fields in a machine readable format.
- B. Establish additional and on-going surveillance methods (e.g. sentinel surveillance) for COVID-19 and other conditions of public health significance.**
- C. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to CDC and others in a machine-readable format (ensuring LHD have access to data that is reported).
- D. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.
- E. Enhance systems for flexible data collection, reporting , analysis, and visualization.
- F. Establish or improve systems to ensure complete, accurate and immediate (within 24 hrs) data transmission to a system and open website available to local health officials and the public by county and zip code, that allows for automated transmission of data to the CDC in a machine readable format.

Strategy 4 - Milestone 1	Strategy 4: Improve Surveillance and Reporting of Electronic Health Data	
	Planned Activity (Provide a title for this milestone)	(D, E, F) Develop a strong Public Health information technology architecture to support various data needs for the COVID-19 response and for future pandemics
	Implementation Plan (Bulleted items or brief sentences)	<p>Create a full realized and scalable Public Health Vault that yields a patient level matched dataset that can be used to create a comprehensive dataset for COVID-19 and can be expanded to other conditions;</p> <p>Harness the various datasets that are being provided by healthcare partners to the fullest capacity to inform the response to fill in gaps in race/ethnicity and</p>

		<p>residential address in COVID-19 case, testing and vaccine data, hospitalization admit and discharge dates, health conditions, and other essential fields; use datasets for retrospective studies;</p> <p>Develop solutions to automate data analysis and reporting for frequently used surveillance indicators; Expand and create internal dashboards if feasible and maintain current external dashboards and modify as needed for cases, deaths, testing, hospitalization and vaccine related indicators to report data in a timely fashion. Provide maps on indicators of interest at various geographies including time series maps. Continue to provide easily downloadable data on an open data portal for public consumption;</p> <p>Leverage electronic solutions to reduce reporting burdens on providers to help with providing accurate, timely and complete data from providers ;</p> <p>Provide direct payments to healthcare providers to establish and enhance HL7 feeds;</p> <p>Use automated solutions such as Qualtrics to gather surveillance data for one or more of these use cases below</p> <ul style="list-style-type: none"> -Adhoc interviews with data fields not available in CalCONNECT -Case Report Forms -Death Report Forms -Outbreak information at schools, workplaces and other settings
	Applicant capacity: What is the current capacity to perform this milestone?	<p>Currently data exchange relies on a set of tools that are not standardized; we do not have an Electronic Master Patient Index for deduplication of records; inability to scale from a population to a person centric view; lack of sophisticated ingestion, analysis, automation and visualization tools</p> <p>Currently surveillance data such as case reports forms and death reports are being faxed by providers; currently we have dashboards for external reporting that are manually uploaded and have several indicators of interest to the general public and decision makers; there is an open data portal populated with these indicators</p>
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 4 - Milestone 2	Strategy 4: Improve Surveillance and Reporting of Electronic Health Data	
	Planned Activity (Provide a title for this milestone)	(A, C) Expand electronic case reporting to include all hospitals in SCC and include other reportable conditions of interest
	Implementation Plan (Bulleted items or brief sentences)	Enroll the four remaining hospital systems and large ambulatory care facilities if applicable to electronically send case reports via Electronic Initial Case reporting (eICR) for COVID-19.

		<p>Expand eICR to other reportable diseases including communicable such as LTBI where we have data gaps and non-communicable diseases of interest.</p> <p>Ensure that the PHD receives the data via HL7 interfaces and an extract is also sent to CalREDIE. Work with CalREDIE to ensure seamless integration of this data with CalREDIE to fill data gaps.</p> <p>Work with CDC, CSTE to expand indicators of interest for enhanced surveillance of diseases of interest and participate in taskforces as needed.</p> <p>Parse the eICR data to fill data gaps and create a golden and complete record for each patient using multiple data sources that can be used for enhanced surveillance to provide early identification of cases and elucidate health disparities and inequities to facilitate data driven decision making. This will also reduce the redundancies of faxes from large healthcare providers.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Currently we have enrolled two large health systems (4 hospitals) and one ambulatory service provider and are in the process of enrolling two more on to eICR; we are currently parsing the data but need other advanced IT infrastructure which we are in the process of procuring to be able to fully integrate and use the data; we have started piloting the authoring tool to receive COVID-19 data and need to expand to other reportable conditions of interest
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 4 - Milestone 3	Strategy 4: Improve Surveillance and Reporting of Electronic Health Data	
	Planned Activity (Provide a title for this milestone)	(B) Establish additional and ongoing methods of surveillance for COVID-19 and other conditions of public health significance
	Implementation Plan (Bulleted items or brief sentences)	The Public Health Department and Laboratory Genomic Surveillance Initiative (SCCGS1) for SARS-CoV-2 and other pathogens of concern will sustain the existing and grow the capacity for whole genome sequencing (WGS) existing and growing initiative. This surveillance activity has an immediate practical application using the WGS results as a tool for outbreak investigations and guidance of public health responses. The activity also importantly includes storage of integrated WGS biobanks and datasets for secondary analysis, retrospective data analysis, research, and evaluation. Staff will be hired and trained to expand genomic surveillance capacity, including; a 1) Health Program Specialist, 2) Public Health Nurse Specialist, 3) Public Health Nurse Specialist, 4) Sr. Epi. The information coming from WGS from clinical samples from patients and coroner cases will be integrated with Waste Water Genomic Surveillance information thus we will also have the work of a Toxicologists/Industrial Hygienist.
		Plan for and conduct regular and targeted population health surveys to understand key points of intervention around COVID-19 impacts and other conditions of public health significance

	Applicant capacity: What is the current capacity to perform this milestone?	Genomic surveillance: Limited capacity as current staff are also tasked with additional high priority duties. Population health surveys: limited capacity
	Expected Achieve By Date <i>(select from drop down)</i>	July 2023

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-01-10

Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention

Strategy 5 Actions and Deliverables:

- A. Use laboratory data to initiate case investigations, conduct contact tracing and follow up, and implement containment measures.
- B. Identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations to target mitigation strategies.
- C. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations) including proactive monitoring for asymptomatic case detection.

Strategy 5 - Milestone 1	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	Develop and implement two-year sustainable structure for use laboratory-based case reports to initiate case investigation and contact tracing (CICT), isolation and
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> * Project six-month and twelve-month staffing needs * Identify prioritization schemes for levels of CICT responses based * Identify and create sustainable staffing model for the direction and operational management of CICT workforces * As needed, identify and train staff and develop infrastructure for ongoing direction and operational management <p>Note: initial planning period for 6 months through March 2021, and then ongoing maintenance of strategy beyond March 2021.</p>

	Applicant capacity: What is the current capacity to perform this milestone?	CICT is currently managed by a County staff of 3 directors, a part-time Epidemiologist, 2 clinical leads an 8 person quality management team in partnership with a contracted organization that manages the daily operations. Collectively, this group brings expertise in CICT principles, principles of communicable disease prevention and control, strategic planning, operations, and staffing.
	Expected Achieve By Date (select from drop down)	September 2021

Strategy 5 - Milestone 2	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	Design, develop, and implement community-responsive, community-based contact tracing and isolation and quarantine supports in communities disproportionately impacted by COVID-19 to extend beyond current 6 month pilot
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> * Work with CBO partners serving communities most impacted to understand their interest and capacity to support contact tracing as part of their work in service to their clients/patients * Provide resources to support staffing, training, PPE, and operational overhead for contact tracing efforts embedded within community organizations. * Implement a “high touch” model for CICT among vulnerable populations to
	Applicant capacity: What is the current capacity to perform this milestone?	Santa Clara County has worked with 6 community organizations and is piloting this deployment over the next 6 months. The County has leadership with long-standing partnerships in the LatinX and African/African Ancestry communities and is currently supporting a 3-month community health worker model in partnership with CBOS
	Expected Achieve By Date (select from drop down)	March 2021

Strategy 5 - Milestone 3	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	Increase public trust and awareness of contact tracing through partnership with testing providers serving communities hardest hit by COVID-19 to increase public information about what to expect when waiting for a test result and if individuals become positive.
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> * Identify community testing sites and primary care providers that are serving communities of color. * Develop information about contact tracing and what to expect next * Identify additional opportunities for hot- and warm- handoffs between testing

		<p>providers and contact tracers to extend trust to public health department contact tracers.</p> <p>* Focus on vulnerable populations countywide, which have been disproportionately affected by COVID-19 (Latinx, African American, and other vulnerable populations) relative to the non-Hispanic White and Asian populations. Data-driven (see below) efforts will focus on eight zip codes in East San Jose and one zip code (with targeted census tracts) in the City of Gilroy. Both areas of the county have been disproportionately impacted by COVID-19, and align closely with the lowest quartile of the Healthy Places Index, which the basis of the CDPH Blueprint Health Equity Metric.</p> <p>* Form formal partnership with local community health centers to embed case investigators and contact tracers (Tracers) in community settings to help contact hard to reach communities.</p> <p>Note: initial planning period for 4 months through Jan 2021, and then ongoing maintenance of strategy beyond Jan 2021.</p> <p>Data note: As of 11/22, the 7-day average positivity rate (with a 5-day lag) in East San Jose was 6.9% and in Gilroy was 7.8, relative to 3.3% for the county as a whole, and 2.3% for the other parts of Santa Clara County. These positivity rates have doubled since the beginning of November. The 7-day average daily case rate in both areas (with a 5-day lag) is approaching or has surpassed 30 per 100,000. These rates have also doubled since the beginning of November.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	CICT leadership currently works closely with testing team and community testing providers. Large percentage of community-based testing is operated by the County's health system.
	Expected Achieve By Date (select from drop down)	January 2021

Strategy 5 - Milestone 4		
Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention		
	Planned Activity (Provide a title for this milestone)	Maintain a bilingual, culturally knowledgeable team that can be deployed nimbly through a variety of contact tracing strategies to respond to emerging needs
	Implementation Plan (Bulleted items or brief sentences)	<p>* Complete hiring of 50 bilingual and culturally knowledgeable contact tracers</p> <p>* Onboard and train this workforce for contact tracing skills and tools</p> <p>* Identify possible deployment strategies that may be used (CBO embedded, strike teams, door-to-door, triaged case assignment for phone tracing)</p> <p>* Recruit bilingual and bicultural staff in highly impacted areas identified by the data. Strategize with local community-based organization partners.</p> <p>* Conduct ongoing training on cultural humility and communication; sexual orientation and gender identity; racial and health equity with focus on areas that</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Hiring is underway for 50 bilingual and culturally knowledgeable contact tracers.
	Expected Achieve By Date (select from drop down)	November 2020

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-02-07

Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention

Strategy 5 Actions and Deliverables:

- A. Use laboratory data to initiate **and conduct** case investigation **and** conduct contact tracing and follow up, and implement containment measures.
- B. Identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations **at increased risk of severe illness or death** to target mitigation strategies **and referral for therapies (for example, monoclonal antibodies) to prevent hospitalization.**
- C. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations) including proactive monitoring for asymptomatic case detection.

Strategy 5 - Milestone 1	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	C. Implement prevention strategies in high-risk congregate living settings
	Implementation Plan (Bulleted items or brief sentences)	With support from added communications staff such as Communications Officer and Health Education Associate, create and disseminate tailored health education materials in various languages with populations such as custody, unhoused or shelter settings, and long-term care facilities, with trainings for staff/leadership and materials for residents.
	Applicant capacity: What is the current capacity to perform this milestone?	Some capacity
	Expected Achieve By Date (select from drop down)	March 2022

Strategy 5 - Milestone 2	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	A. Maintain a sustainable structure to initiate case investigation and contact tracing (CICT) for cases and contacts, isolation and quarantine guidance, resource provision and vaccination education and scheduling support.
	Implementation Plan (Bulleted items or brief sentences)	Project staffing needs Define and maintain an organization structure. Maintain a CICT prioritization scheme for response to cases and contacts. Maintain policies and procedures and a training program. Integrate vaccination outreach, education and scheduling support Train staff and conduct quality management
	Applicant capacity: What is the current capacity to perform this milestone?	Full capacity
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 5 - Milestone 3	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	A. Maintain and expand community-responsive, community-based case investigation and contact tracing for isolation and quarantine guidance and resource support for communities that have been disproportionately impacted by COVID-19.
	Implementation Plan (Bulleted items or brief sentences)	Extend case investigation and contact tracing partnership with community based organization. Maintain a "high touch" model for populations that have been disproportionately impacted by COVID-19 by providing patient navigation and

		disproportionately impacted by COVID-19 by providing patient navigation and care coordination services for individuals seeking a primary care provider, testing sites, health insurance, financial support, safe isolation services and related resources.
	Applicant capacity: What is the current capacity to perform this milestone?	Full capacity
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 5 - Milestone 4	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	C. Provide Isolation and Quarantine Support Services
	Implementation Plan (Bulleated items or brief sentences)	Funding will allow for I/Q support services for residents in unincorporated areas in Santa Clara County in three areas: At-Home support (meal delivery, laundry services, transportation medical, etc.); Motels, on-site services including medical and food; Rental assistance (when a person cannot work due to I/Q)
	Applicant capacity: What is the current capacity to perform this milestone?	Currently there is support for these services, however it is unknown when the FEMA and city-based reimbursements will end. These funds will assist in continuig services when other funding streams end and there is a surge of cases in need of I/Q support.
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 5 - Milestone 5	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	B. Outreach to Vulnerable Communities
	Implementation Plan (Bulleated items or brief sentences)	<ul style="list-style-type: none"> •Improve messaging and access to information, education, and resources regarding COVID-19 and build relationships with trusted community institutions (faith-based, schools, athletic, etc.) that can partner in facilitating County response and recovery activities. •Utilizing lab data and working in partnership with community organizations, will leverage community social capital, to develop a sampling plan that will identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations at increased risk of severe illness or death by targeting Door to Door COVID testing. •Conduct outreach in neighborhoods to dispel myths, address the fear, hesitation and mistrust that might prevent vaccination, build awareness about recommended vaccine frequency, promote upcoming vaccine events and pre-register individuals for vaccine appointments. Community health workers will also staff mobile vaccine events to create a more familiar, trusted and comfortable interface with the community.
	Applicant capacity: What is the current capacity to perform this milestone?	Limited dedicated community and partner engagement staff who are working closely with community based partners and resident on COVID-19 response.
	Expected Achieve By Date (select from drop down)	July 2023

CDC - Epidemiology and Laboratory Capacity (ELC) Paycheck Protection Program and Health Care Enhancement Act of 2020

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-01-10

Strategy 6 - Coordinate and Engage with Partners

Strategy 6 Actions and Deliverables:

A. Partner with LHDs to establish or enhance testing for COVID-19/SARS-CoV-2.

B. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.

Strategy 6 - Milestone 1	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	Outreach to communities
	Implementation Plan (Bulleted items or brief sentences)	<p>Improve messaging and access to information, education, and resources regarding COVID-19. Build relationships with trusted community institutions (faith-based, schools, athletic, etc.) that can partner in facilitating County response and recovery activities.</p> <p>Activities for this milestone will focus on populations in eight zip codes in East San Jose and one zip code (with</p>

	Applicant capacity: What is the current capacity to perform this milestone?	Dedicated community and partner engagement staff who are working closely with community based partners and resident on COVID-19 response.
	Expected Achieve By Date (select from drop down)	February 2021

Strategy 6 - Milestone 2	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	Community Based Testing
	Implementation Plan (Bulleated items or brief sentences)	Conduct outreach in neighborhoods to dispel myths, and address the fear and mistrust that prevent testing, build awareness about recommended testing frequency, and promote upcoming mobile testing unit events. Community health workers will also staff mobile testing unit events to create a more familiar, trusted and comfortable interface with the community.
	Applicant capacity: What is the current capacity to perform this milestone?	Dedicated community and partner engagement staff who are working closely with community based partners and resident on COVID-19 response.
	Expected Achieve By Date (select from drop down)	February 2021

Strategy 6 - Milestone 3	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	CICT
	Implementation Plan (Bulleated items or brief sentences)	Support contact tracing efforts by connecting positive cases to appropriate services, housing, follow-up care, and financial assistance. Activities for this milestone will focus on populations in eight zip codes in East San Jose and one zip code (with targeted census tracts) in the City of Gilroy. Both areas of the county have been disproportionately impacted by COVID-19, and align closely with the lowest quartile of the Healthy Places Index, which the basis of the CDPH Blueprint Health Equity Metric.

	Applicant capacity: What is the current capacity to perform this milestone?	Dedicated community and partner engagement staff who are working closely with community based partners and resident on COVID-19 response.
	Expected Achieve By Date (select from drop down)	February 2021

Strategy 6 - Milestone 4	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	County-Community Connection
	Implementation Plan (Bulleated items or brief sentences)	<p>Serve as a bridge between the County and communities and ensure constructive feedback loops that inform the County's response to COVID-19.</p> <p>Create a bi-directional communication and a continuous feedback loop between the work that is happening in communities is critical to evaluate effectiveness of strategy, to inform/modify strategies, and to share timely COVID-related messaging and information from the Emergency Operations Center (EOC). This includes: a community of practice to build on the work in community with our EOC focus areas (Contract Tracing, Testing Team, School's Team), weekly communication toolkit from the Public Information Officers at the EOC to Community partners, focus groups, and weekly reporting on metrics and qualitative.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Dedicated community and partner engagement staff who are working closely with community based partners and resident on COVID-19 response.
	Expected Achieve By Date (select from drop down)	February 2021

Strategy 6 - Milestone 5	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	Vaccine Planning and Distribution

	<p>Implementation Plan (Bulleted items or brief sentences)</p>	<p>Develop a comprehensive vaccine implementation plan outlining our plans and progress towards vaccine provider enrollment, transport, storage/handling, identification of POD sites, and administration. Plan will make data-informed decisions about priority populations, placement of mass vaccination sites, and engagement of community stakeholders to promote uptake of the vaccine as it becomes available.</p> <p>*Establish POD agreements with all of the acute care hospitals, including multi-county entities, to ensure that all county residents in the Phase 1a population will be able to receive the COVID-19 vaccine.</p> <p>*Work with the hospital systems to assess their vaccination capacity and support as needed.</p> <p>*Validate the storage capacity information in the vaccine registration system with each provider to understand the estimated number of vaccines that the provider can hold.</p> <p>*Assess the vaccination throughput to provide an overall picture of the population the provider is able to serve.</p> <p>*Enlist support of promotores, community leaders/influencers, and members of the COVID-19 Vaccine Community Leaders Advisory Board to reach subsequent population phases.</p> <p>*Collaborate with our partners to help disseminate timely and accurate information about the vaccine; develop tailored vaccine outreach and educational materials; help instill trust in the vaccine; and promote vaccine uptake in our communities disproportionately affected by COVID-19. The role of community messengers and partners was critical to increasing COVID-19 testing in our jurisdiction, and we plan to apply those approaches to help to promote uptake of the COVID-19 vaccine.</p> <p>Conduct outreach in neighborhoods to dispel myths, and address the fear and mistrust that might prevent vaccination, build awareness about recommended vaccine frequency, and promote upcoming vaccine events. Community health workers will also staff mobile vaccine events to create a more familiar, trusted and comfortable interface with the community.</p>
	<p>Applicant capacity: What is the current capacity to perform this milestone?</p>	<p>Dedicated community and partner engagement staff who are working closely with community based partners and resident on COVID-19 response.</p>
	<p>Expected Achieve By Date (select from drop down)</p>	<p>February 2021</p>

Strategy 6 - Milestone 6	Strategy 6: Coordinate and Engage with Partners
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	Planned Activity (Provide a title for this milestone)	Infection Prevention and Control
	Implementation Plan (Bulleted items or brief sentences)	<p>*Augment existing staff knowledge to include infection prevention expertise and attempt to hire 1 infection preventionist to assist our Special Investigations Group Healthcare/Congregate Care Unit with conducting regular, onsite visits to skilled nursing facilities, assisted living facilities with memory care units and other long term care facilities who are at high risk for outbreaks and deaths among residents.</p> <p>*These preventionists will receive extensive IPC training prior to conducting visits with facilities and will build capacity and knowledge in IP best practices and developing improvement plans.</p> <p>*IP staff will also establish working relationships with the facilities and adapt/tailor trainings and interventions rapidly. Typical IP duties will include:</p> <ul style="list-style-type: none"> • Providing education to facility staff regarding infection prevention and control
	Applicant capacity: What is the current capacity to perform this milestone?	Infection preventionists have been difficult to procure given the demand across the State. The County is exploring several options including using staffing agencies and hiring Extra Help support (part-time/short-term staff).
	Expected Achieve By Date (select from drop down)	February 2021

CDC - Epidemiology and Laboratory Capacity (ELC) [Expansion Coronavirus Response and Relief Supplemental Appropriations Act, 2021](#)

Local Health Jurisdiction Name:	Santa Clara County
Grant Number:	6 NU50CK000539-02-07

Strategy 6 - Coordinate and Engage with Partners

Strategy 6 Actions and Deliverables:

A. Partner with LHDs to establish or enhance testing for COVID-19/SARS-CoV-2.

B. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.

Strategy 6 - Milestone 1	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	B. Partner with regional organizations to enhance capacity for prevention of COVID-19
	Implementation Plan	Collaborate and coordinate release of certain types of public information through the Association of Bay Area

	(Bulleted items or brief sentences)	Health Officers to ensure consistent region-wide communication that enhances prevention program goals such as risk reduction and vaccine uptake. - With added bilingual staff capacity, translate and disseminate regional announcements to ensure greater access to timely, accurate information among highly impacted populations.
	Applicant capacity: What is the current capacity to perform this milestone?	Some capacity
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 6 - Milestone 2	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	B. Work with partners to develop tailored, culturally appropriate campaigns and materials
	Implementation Plan (Bulleted items or brief sentences)	- With the support of new added bilingual Associate Communications Officer position and Multimedia Communications Specialist position, collaborate with partners to co-develop and test materials, advertising, and marketing to convey timely and accurate information about COVID-19 and COVID-19 vaccine. - With contracts and deliverables monitored by added communications staff, secure vendors to assist in reaching priority populations by planning campaigns, designing advertisements, translating materials in various languages. - Implement qualitative focus groups and quantitative opinion surveys with priority populations to further inform development of tailored vaccine outreach and educational materials. - Identify and partner with community influencers to help instill trust in the vaccine and promote vaccine uptake in our communities disproportionately affected by COVID-19. The role of community messengers and partners was critical to increasing COVID-19 testing in our jurisdiction, and we plan to continue to apply those approaches to help to promote uptake of the COVID-19 vaccine.
	Applicant capacity: What is the current capacity to perform this milestone?	Some capacity
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 6 - Milestone 3	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	B. Work with partners to disseminate tailored, culturally appropriate campaigns and materials
	Implementation Plan (Bulleted items or brief sentences)	- Collaborate with partners to disseminate and publish materials, advertising, and marketing to convey timely and accurate information about COVID-19 and COVID-19 vaccine. - With contracts and deliverables monitored by added communications staff, secure vendors to assist in reaching priority populations through methods that could include: advising on news media strategy, making ad

		<p>reaching priority populations through methods that could include: advising on news media strategy, making ad buys to disseminate finalized messages through small and large media outlets, direct mail, and printing and distributing materials in various languages.</p> <ul style="list-style-type: none"> - With added communications staff such as Web Technician, publish and update digital and hardcopy materials in various languages. - Support partnerships with community influencers by providing them culturally appropriate, tailored materials they select to help instill trust in the vaccine and promote vaccine uptake in our communities disproportionately affected by COVID-19. The role of community messengers and partners was critical to increasing COVID-19 testing in our jurisdiction, and we plan to continue to apply those approaches to help to promote uptake of the COVID-19 vaccine.
	Applicant capacity: What is the current capacity to perform this milestone?	Some capacity
	Expected Achieve By Date	July 2023
	<i>(select from drop down)</i>	

Strategy 6 - Milestone 4	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	B. Strengthen Community Partnerships & Capacity Building
	Implementation Plan (Bulleted items or brief sentences)	The contracts will focus on building community capacity and infrastructure to accomplish the activities outlined below. Community grants will be awarded to organizations that are geographical based in communities hardest hit by COVID-19 and/or work with subpopulations throughout the county that have experienced a disproportionate burden of COVID-19. A wide range of data metrics will be used to ensure that we are targeting and focusing our efforts where inequities are deep and pervasive. A health equity impact assessment and analysis will inform the partnership opportunities to address the inequitable impact of COVID-19 with the goal of improving outcomes, conditions and build community resilience.
	Applicant capacity: What is the current capacity to perform this milestone?	Limited dedicated community and partner engagement staff who are working closely with community based partners and resident on COVID-19 response.
	Expected Achieve By Date <i>(select from drop down)</i>	July 2023

Strategy 6 - Milestone 5	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	B. Community Recovery & Resilience
	Implementation Plan (Bulleted items or brief sentences)	In partnership, as part of the recovery efforts, communities most impacted by COVID-19 will be provided with critical relief, support services and investment in neighborhoods to help residents in Santa Clara County

		clinical care, support services and investment in neighborhoods to help residents in Santa Clara County rebound stronger than ever from the disproportionate impact of COVID-19 pandemic, with a focus on resilience, prevention and healing.
	Applicant capacity: What is the current capacity to perform this milestone?	Limited dedicated community and partner engagement staff who are working closely with community based partners and resident on COVID-19 response.
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 6 - Milestone 6	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	Vaccine Management
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> - Partner with health systems and providers to enroll as COVID-19 vaccine providers and vaccinate priority populations according to the current eligibility. Serve as a liaison between providers and Federal, State and Third Party Administrators (TPA) to allocate vaccines and ensure all requirements are followed. Collect data reported from State and County surveys to project future allocation needs and develop dashboards. Provide guidance on storage and handling of COVID-19 vaccines and distribute vaccines to providers. -Assess COVID-19 vaccine provider's readiness for appropriate storage and handling of vaccines, vaccine administration plans, and timely reporting requirements. Create presentations and participate in weekly COVID-19 Vaccine Provider Taskforce meetings to disseminate information on Federal/State updates, allocation decisions, and clinical considerations. -Analyze data from County surveys on provider's future appointments, vaccine inventory, administration, and wastage, and targeted patient populations to make recommendations on weekly allocations of first and second doses. Conduct daily data validation to provide vaccine inventory and administration data to the public facing County dashboard online. -Coordinate surveys conducted by TPA and State to provider's and the local health department to ensure timely and accurate responses. -Create and update COVID vaccine protocols based on recent guidelines. Support providers with clinical consultations. -Facilitate roll out of vaccine administration systems such as PrepMod and MyTurn to providers, as well as vaccine management platforms such as COVIDReadi, CalVax, and myCAVax. Inform providers on training materials and triage issues with systems to State and application help desks. -Receive and re-distribute vaccines and ancillary kits to providers from the local health department. Support providers with delivery and pick up of vaccines and guidance on storage and handling through vaccine transport carrier inspections and site visits. Address temperature excursions, shipping discrepancies, and other vaccine related issues from providers. -Manage supply needs of providers through State and County resources.

	Applicant capacity: What is the current capacity to perform this milestone?	Pharmacists and technicians currently within these roles have been taken out of the normal pharmacy operation to support the COVID-19 vaccine management. Many are working over-code and overtime to fulfill the needs, and some pharmacy services are limited at this time due to the shift to the COVID-19 response.
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 6 - Milestone 7	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	Mobile Vaccine Delivery
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> - Direct vaccine delivery for medically vulnerable and socioeconomically disadvantaged populations who face barriers in accessing mass vaccination sites - Employ a variety of low barrier mobile vaccine strategies to meet the diverse needs of vulnerable populations including drive-through, work-based, place-based, and in-home vaccination. - Develop and refine protocols for nurse-led mobile vaccine delivery in conjunction with pharmacy team - Communicate with congregate residential settings (including long-term care facilities and behavioral health facilities) to identify ongoing vaccine delivery needs and access to care - Partner with city and county Fire and EMS departments to provide in-home vaccination services to homebound individuals. Evaluate eligibility, prioritize, and pre-screen individuals requesting homebound vaccination. - Evaluate epidemiologic data to identify zip codes and census tracts with low vaccination rates and low Healthy Places Index to identify potential sites for mobile vaccine delivery - Enlist support of promotores, community leaders/influencers, and members of the COVID-19 Vaccine Community Leaders Advisory Board to maximize outreach to target populations of mobile vaccine delivery
	Applicant capacity: What is the current capacity to perform this milestone?	Effective mobile vaccine delivery requires a large workforce of clinical and non-clinical managers, vaccinators, and non-clinical support staff. The current mobile vaccine delivery has relied upon pulling all PHN nurses and nurse managers which is not sustainable if other PHD functions are to be maintained. In addition, there are currently no dedicated pharmacists to the mobile vaccine effort.
	Expected Achieve By Date (select from drop down)	July 2023

Strategy 6 -	Strategy 6: Coordinate and Engage with Partners
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Milestone 8 (also in Strategy 1)	Planned Activity (Provide a title for this milestone)	Build and sustain ability to support development of and training in standardized policies and procedures for infectious disease prevention, investigation, and control.
	Implementation Plan (Bulleted items or brief sentences)	Hire and train: A team of health education specialist and a QI Coordinator to support documentation of infectious disease control policies and procedures, development of related trainings and supportive reference materials, and support for quality improvement activities.
	Applicant capacity: What is the current capacity to perform this milestone?	Current capacity is sufficient but based wholly on temporary assignment of Disaster Service Workers (DSWs) who were trained urgently in the context of the COVID-19 pandemic and will need to return to their usual County employment in the next several months. Prior to activation of DSWs, the Public Health Department's capacity to develop, update, maintain, and train based on standardized policies and procedures was limited in general and performed by management-level staff, leading to inconsistent staff performance, out-of-date procedures most exacerbated during times of rapid change such as during an outbreak, and increased limitation on management staff needed for other leadership activities.
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 6 - Milestone 9 (also in Strategy 1)	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	(C) Build and sustain expertise in facility infection prevention and capacity to provide outbreak investigation, site inspections, and consultation to facilities at high risk for communicable disease outbreaks and/or high degree of morbidity and mortality in the event of an outbreak.
	Implementation Plan (Bulleted items or brief sentences)	Hire and train: One (1) Public Health Nurse Specialist to sustain and improve the existing COVID-19 infection prevention and site visit program developed in combination with CDPH to support Skilled Nursing Facilities. Expand existing infection prevention and site visit program for Skilled Nursing Facilities to address other congregate settings, including but not limited to non-licensed long-term care facilities, custody settings, and shelters.
	Applicant capacity: What is the current capacity to perform this milestone?	Current capacity is limited and based wholly on temporary assignment of Disaster Service Workers (DSWs) who were trained urgently in the context of the COVID-19 pandemic and will need to return to their usual County employment in the next several months. Prior to activation of DSWs, the Public Health Department's capacity to respond to outbreaks in a facility or congregate setting was limited to 0.2 FTE, leading to limited or delayed response. Capacity to provide site visits and preventive recommendations to facilities at risk of outbreak was extremely limited, and specific infection prevention expertise was lacking.

	Expected Achieve By Date <i>(select from drop down)</i>	December 2021
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