

County of Santa Clara

Public Health Department

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DATE: September 1, 2022

TO: Honorable Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: Sara H. Cody, MD, Health Officer and Director *SHC*

SUBJECT: Off Agenda Report Regarding the Heluna Health Agreement

At the June 23, 2020 Board of Supervisors meeting (Item No. 18), Supervisor Chavez requested that Administration report on contract expenditures in comparison to the support received from Heluna Health.

Background

In April 2020, the County of Santa Clara Public Health Department (PHD) recognized an urgent need to rapidly scale the ability to provide case investigation and contact tracing (CICT) for the growing number of individuals affected by COVID-19. The capacity at that time allowed response to only 5-10 cases per day, despite utilizing nearly all available PHD resources for the work itself, supportive infrastructure, program design, and staff supervision. Upon consensus within the Emergency Operations Center of the urgent need for external support for a rapid and extensive scale-up of CICT, in early May 2020, PHD contracted with Heluna Health, a not-for-profit organization with extensive experience leading public health initiatives, to support human resources infrastructure, training and development, technical support, and oversight of the diverse workforce of nearly 1,000 temporarily reassigned government staff, volunteers, and contracted team members required to reach the projected capacity needs for the COVID-19 case rate at the time. In March 2021, in anticipation of additional scaled capacity for mobile vaccination delivery, the PHD expanded the contractual scope to include infrastructure development and bilingual staffing for that purpose, with subsequent amendments extending the contract through May 2022.

Heluna Health was responsible for providing consulting and support services for the design and implementation of a multilevel staffing infrastructure to expand and sustain the PHD's COVID-19 CICT and Mobile Vaccination (MoVax) efforts. The PHD set the vision, leadership, direction, and criteria for the design and implementation of the

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administrative and operational infrastructure for both CICT and MoVax. As new priorities were set by PHD and updated frequently as the local epidemic and related needs evolved, Heluna Health assessed, refined, and deployed operational, logistical, and staffing plans to meet the objectives of the emergency response operations. The services provided by Heluna Health were critically important in limiting the number of staff who were deployed as Disaster Service Workers to various operations throughout the pandemic.

Scope of Services

The Agreement with Heluna Health allowed the County to rapidly expand, establish, deploy, and sustain a large CICT operation in order to achieve the Health Officers' goals related to contact tracing: reaching at least 90 percent of COVID-19-positive individuals (cases); ensuring 90 percent of the persons reached could safely isolate; reaching at least 90 percent of their identified contacts; and ensuring at least 90 percent of identified contacts could safely quarantine.

To support the **human resources infrastructure**, Heluna Health was responsible for the recruitment, hiring and onboarding of new employees and volunteers. Heluna Health was also responsible for providing support to the three-week onboarding process of government staff and individuals from the County's partner agencies, including CDC Foundation, Santa Clara University, and Stanford University. Heluna Health also built and maintained a database for staff schedules; set weekly schedules and maintained changes daily; and matched team members with a Team Lead, Lead Mentor, and Buddy System for coaching and technical support. Within the Mobile Vaccination program, Heluna Health also coordinated clinical and non-clinical volunteers, re-assigned staff to appropriate programmatic and planning roles as needed and facilitated team or schedule changes to meet the operational needs of the program.

To support **training and development** of staff, Heluna Health was responsible for the co-development, implementation, and maintenance of the training plans for both CICT and MoVax. Once onboarded to CICT, Heluna Health coordinated and ensured new staff were trained in case investigation or contact tracing, interviewing skills, use of specialized technology, local county standard operations procedures, legal privacy obligations, and other training topics. Within the MoVax operation, Heluna Health developed training and onboarding materials, workflows, and playbooks to support place-based vaccination delivery systems.

To provide **oversight and technical support**, Heluna Health 1) Established, maintained, and supported a virtual help desk for staff that could be accessed via telephone, email or via an online form to address questions and concerns; 2) Established and maintained daily Lead emails, created and monitored MS Teams Channels to

respond to urgent technical concerns, and provided technical support to the CICT Directors during the morning briefings to streamline communication about schedule updates, major project announcements, new resources available, upcoming trainings or meetings, and staffing numbers for the day; 3) Established and coordinated weekly meetings designed for trouble shooting, training and updates; 4) Produced weekly newsletters; and, 5) Developed and maintained a learning platform for staff of over 200 training tools.

The success by Santa Clara County in rapidly building and sustaining a robust operational CICT structure with a multi-level support system that went from conception to full staffing in several weeks is due to Heluna Health's day-to-day operational management and technical support for nearly a 1,000-person workforce. The services by Heluna Health for maintaining a large, multilevel organization structure has allowed for streamlined and effective communication deployment, individual support and change management through the rapidly evolving operating environment.

Expenditures

The original contract was for \$12,100,000 for the County's initial CICT efforts. Over the course of two years, there were additional amendments to address case surges, to pivot and scale mobile vaccination efforts, and to optimize CICT functions and data. The amendments increased the contract by \$15,925,000, of which \$13,237,255 was funded by Centers for Disease Control COVID response allocations. FEMA reimbursement is also being utilized for eligible portions of the contract. The PHD utilized and pivoted underspent funds to continue the critical work as rates of COVID-19 remained high particularly in certain communities. The contract ended on May 6, 2022, with total final contract expenditures of \$26,733,282, of which approximately \$16.1 million was for CICT and \$10.6 million was for MoVax.

Closing

Without Heluna Health's involvement, the County would not have been able to provide the level of case investigation and contact tracing that was needed for the number of cases and their contacts emerging in the Spring of 2020, and on the rapid timeline required, to impact the spread of COVID-19 in the community. Additionally, Heluna Health was instrumental to the success of the County's Mobile Vaccination program – providing staffing, infrastructure, and technical skills that enabled the County to provide over 100,000 doses of COVID vaccine via a place-based and equity-forward program. With a fully paid workforce, this effort would have likely cost upward of \$100 million with significant supervision and operational oversight required by the PHD and other County leadership. The vetting, training, and management of a volunteer

workforce of this scale would have been unsustainable by County resources alone, especially at the speed achieved.

Frequently through the collaboration with Heluna Health, Santa Clara County was touted by the California Department of Public Health as “the gold standard” in contact tracing investment and activities. The size, sustainability, flexibility, and support structure of the County’s CICT infrastructure even allowed Santa Clara County to continue to provide CICT to all cases despite the unprecedented winter surge of 2020-2021, when nearly all other California jurisdictions were forced to cease key elements of CICT, and to seamlessly evolve the CICT work into systems of ongoing outbreak investigation and resource assistance for people and families impacted by COVID-19.