### THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS BOARD ACTION SUMMARY

DEPT: Chief Executive Office

BOARD AGENDA:6.1 AGENDA DATE: February 8, 2022

#### SUBJECT:

Acceptance of a Report on COVID-19 Emergency Response in Stanislaus County, Approval to Terminate the County's Proclamation of Local Emergency Related to COVID-19 Without Affect to the Declaration of Local Health Emergency, and Consideration of Focus Areas and Strategies for COVID-19 Response in 2022

#### **BOARD ACTION AS FOLLOWS:**

#### **RESOLUTION NO. 2022-0070**

On motion of Supervisor Grewal	Seconded by Supervisor B. Condit		
and approved by the following vote,			
Ayes: Supervisors: B. Condit, Chiesa, Grewal, C. Cor	dit, and Chairman Withrow		
Noes: Supervisors: None			
Excused or Absent: Supervisors: None			
Abstaining: Supervisor:None			
1) Approved as recommended			
2) Denied			
<ol> <li>X Approved as amended</li> </ol>			

4) \_\_\_\_\_ Other:

**MOTION:** Approved Staff Recommendations Nos. 1 through 4 as listed in the staff report; and, directed staff to return within 30 days to review the need for continuing the local health emergency.

KELLY RODR CUEZ, Assistant Clerk of the Board of Supervisors ATTEST:

### THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS AGENDA ITEM

DEPT: Chief Executive Office

BOARD AGENDA:6.1 AGENDA DATE: February 8, 2022

CONSENT

CEO CONCURRENCE: YES

4/5 Vote Required: No

### SUBJECT:

Acceptance of a Report on COVID-19 Emergency Response in Stanislaus County, Approval to Terminate the County's Proclamation of Local Emergency Related to COVID-19 Without Affect to the Declaration of Local Health Emergency, and Consideration of Focus Areas and Strategies for COVID-19 Response in 2022

### **STAFF RECOMMENDATION:**

- 1. Accept a report on COVID-19 emergency response in Stanislaus County.
- Consider termination of the Local Emergency proclaimed by the Chief Executive Officer as Director of the Office of Emergency Services on March 11, 2020 while retaining the 2019 Novel Coronavirus Local Health Emergency declared by the Public Health Officer also on March 11, 2020, as ratified by the Board of Supervisors on March 17, 2020.
- 3. Adopt the Resolution Terminating the Proclamation of Local Emergency.
- 4. Consider focus areas and strategies for the County's COVID-19 response in 2022.

### **DISCUSSION:**

On March 4, 2020, the Governor of the State of California proclaimed a State of Emergency due to the presence of and threat posed by the Novel Coronavirus (COVID-19). On March 17, 2020, the Board of Supervisors adopted a resolution ratifying the March 11, 2020 Declaration of a Local Health Emergency and Proclamation of a Local Emergency related to COVID-19. The ratification acknowledged that there have been resource requests for first responder agencies and local healthcare providers that are beyond the resources of Stanislaus County. In times of declared emergencies, the Local Health Emergency declaration enables the County to more effectively respond to the outbreak, potentially obtain reimbursement for the response, and ensure the County's public health professionals have the necessary tools at their disposal aimed at keeping the community safe.

For the past two years, Stanislaus County has balanced pandemic response with ongoing local government operations, scaling emergency response focus to the continuously changing public health needs in the community and/or state/federal mandates. The partnership between the Chief Executive Office, Health Services Agency and Sheriff/Office of Emergency Services has provided operational leadership aligned with Board priorities. At this time, with vaccines and boosters widely available to the public and treatment options expanding, it is recommended that the local strategy transition from emergency response to endemic response during calendar year 2022.

#### COVID-19 Emergency Response Focus Areas and Strategies

The primary objective of the County's emergency response to COVID-19 is to reduce the level of disease prevalence in the community in service to the health of the community and to protect the capacity of the acute care hospital system. As there is now a level of protection against severe COVID-19 in most county residents, disease management shifts from pandemic-related strategies to a new focus recognizing COVID-19 will likely reach endemic status in 2022 and join other common respiratory illnesses circulating in the community.

Goal #1	Support operational integrity of the medical treatment system in Stanislaus County.
Purpose	Maintain access and quality of care for all individuals seeking hospital- based services and ensure ongoing operations throughout the medical system (including outpatient providers, skilled nursing facilities, assisted living facilities, etc.)
Strategies	Support medical facilities with resource requests through MHOAC. Maintain communications with hospital leadership to understand "system- wide" issues that impact hospital operations.

Goal #2	Maximize vaccination of high-risk populations
Purpose	Protect individual health status and avoid unnecessary strain on healthcare system.
Strategies	<ul> <li>Public campaign to encourage high-risk individuals who are not fully vaccinated/boosted to connect with a healthcare provider.</li> <li>Establish advisory group/network of consulting physicians (possible retirees) to give input on vaccines/treatment and/or fill gaps if needed.</li> <li>Physician-led public campaign.</li> </ul>

Purpose	Reduce known impacts resulting from involuntary distance-learning.
Strategies	Assist and support the education community and local school districts to understand and interpret state guidelines and options to maximize in- person education; school districts retain authority for school policies and communicate their decisions to their community

Goal #4	Maximize community treatment services to avoid unnecessary hospitalizations
Purpose	Protect individual health status and avoid unnecessary strain on healthcare system.
Strategies	Ongoing communication of the latest treatment protocols and available community resources to support pre-hospitalization treatment of COVID-19. Establish a committee of local healthcare providers to assist in all aspects of pre-hospitalization treatment (best-practices in care, infrastructure, resources, communications, etc.).

Goal #5	Ensure availability of testing resources and appropriate face masks based on CDC guidelines and community demand.
Purpose	Protect individual health status and avoid unnecessary strain on healthcare system.
Strategies	Encourage return to primary health care providers for availability and referrals to services/treatment; monitor community need to ensure equity of access to testing and PPE.

Goal #6	Community-centric education and communications
Purpose	Ensure public has ongoing access to information that is most in-demand based on the evolving status of COVID-19.
Strategies	<ul><li>Public information team to monitor and respond to community trends in real-time.</li><li>Specific goals to be developed by PIO team.</li></ul>

### COVID-19 Emergency Status

The intent of a Declaration of a Local Emergency is to support rapid decision-making by one individual or a group of individuals acting as a Unified Command, in response to a rapidly evolving emergency situation, in which it isn't possible or practical to engage the Board of Supervisors for policy direction prior to action being required. Ratification by the Board is to be sought as soon as possible after such exceptions to normal business authorities are enacted. In March of 2020 when the Declaration of Local Emergency was ratified by the Board of Supervisors there was no question that local resources were not sufficient to respond to the COVID-19 pandemic and the Local Emergency was required for both public safety and to engage assistance from State and Federal agencies/resources in a timely manner.

Over the past two years, County staff have reported to the Board of Supervisors on ten occasions to summarize emergency actions taken at the staff level, requiring subsequent ratification. Nine of these actions occurred in the first year, between March 17, 2020 and February 23, 2021 and included: emergency declarations, authorities for Health Services Agency and the Sheriff to make critical decisions related to office closures and public access restrictions, authority for the Chief Executive Officer to implement operational efficiencies including electronic signature practices, remote work and a host of other human relations policy adjustments to provide additional supports, leave, supplies and equipment to maintain social distancing and safety in the workplace, along with expedited contracting and procurement for vendor/partner services to assist the County in COVID-19 response including facility lease, testing, contact tracing, extrahelp, supplies and personal protective equipment.

The final ratification action occurred almost one year later, on January 11, 2022 documenting technical accounting adjustments and federal claiming for costs incurred by California State University, Stanislaus supporting COVID-19 testing at their Turlock campus.

At this point in the COVID-19 response, County staff no longer require the broad authorities inherent under a Local Emergency, and it is recommended the Board of Supervisors end the Local Emergency for COVID-19.

However, it is important to differentiate the ongoing need that remains for the Local Health Emergency, as evidenced by the continued reliance on health systems support from outside agencies, and mutual aid response to ensure emergency medical services and hospital capacity to adequately address health needs in the community. In addition, State of California staff are assisting with case investigations and providing state resources at no cost to the County General Fund.

### POLICY ISSUE:

The Director of the Office of Emergency Services, a role previously filled by the Chief Executive Officer, transitioned to the Stanislaus County Sheriff effective December 15, 2020. The Director of Emergency Services has the authority to proclaim a Local Emergency under the California Government Code section 8630 and the Stanislaus County code section 2.52.110; the Board of Supervisors must ratify the proclamation within seven (7) days of that proclamation for it to remain active. As the conditions warranting the COVID-19 Local Emergency include both incorporated and unincorporated jurisdictions within the County, the Local Emergency proclamation applies to the entire geography of Stanislaus County under California Government Code section 8630, making it unnecessary for the cities to separately proclaim. Ordinarily, the Board of Supervisors would need to renew the ratification every sixty (60) days to remain active, however the Governor's emergency proclamation of March 4, 2020, suspended that requirement during the duration of the statewide emergency. As a result, the COVID-19 Local Emergency will remain active until the Board subsequently takes action to terminate the proclamation. Should the Board of Supervisors act to end the Local Emergency proclamation, the State Emergency proclamation will continue to provide authorities to departments operating programs and services supporting the community health and safety.

The Stanislaus County Public Health Officer, under the authority stated in California Health and Safety code section 101080, may declare a Local Health Emergency when there is an imminent and proximate threat to public health. To remain active after seven (7) days of that declaration, the Board of Supervisors of Stanislaus County must ratify the declaration. The Local Health Emergency declaration enables the County to more effectively respond to the COVID-19 outbreak, potentially obtain reimbursement for the response, and ensure the County's public health professionals have the necessary tools at their disposal aimed at keeping the community safe. It also authorizes other political subdivisions and state agencies to provide mutual aid, and provides some immunity to physicians, hospitals, nurses, and other specified persons providing medical care at the express or implied request of the Public Health Officer. Under the Governor's executive orders, the 30-day time period within which a local governing authority must renew a local health emergency is waived for the duration of the statewide emergency. Once the Board of Supervisors acts to ratify the Local Health Emergency declaration, it remains in effect until the Board takes action to terminate the At this time, with local health systems still impacted by COVID-19 declaration. response, the Local Health Emergency Declaration is still needed.

### FISCAL IMPACT:

To assist the County with the financial burden of responding to the COVID-19 pandemic emergency, the United States Treasury allocated and disbursed to Stanislaus County \$96.1 million of CARES Act Coronavirus Relief Fund (CRF) funds. Further, the California Department of Finance allocated an additional \$12.8 million of States CARES Act CRF Pass-through funds to support costs necessary to respond to the emergency. The total of State Pass-through and Federal CARES Act CRF funds is \$108.9 million. On October 31, 2020, the Board of Supervisors (Resolution No. 2020-0266) approved the CRF policy recommendations and a Spending Plan that designated the \$108.9 million allocation to Stanislaus County as follows:

- \$58.9 million for Direct Budget support for Stanislaus County departments;
- \$50 million for Community Support.

The deadline for expenditure of CRF was December 31, 2021. County departments have documented expenses for the COVID-19 emergency response, and the Auditor-Controller is finalizing all expenditure claiming to ensure full benefit of the CRF funds for Stanislaus County. A final report on the use of CRF funds is anticipated in April of 2022.

Beyond the CARES Act CRF funding allocated to the County, many departments received targeted allocations for expanding health and human services and safety net services to assist the community throughout the early phases of the COVID-19 emergency. While not all allocated funds have been received to date, the Health Services Agency, has been allocated Federal, State and external funding of approximately \$45 million to support the public health mitigation efforts and COVID-19 impacts over a two to three-year period. While most of the funding is intended for response activities, it also includes recovery and strengthening of the public health infrastructure including workforce training and capacity development for the future.

In addition, the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) legislation, part of the American Rescue Plan Act (ARPA), was signed into law by President Biden on March 11, 2021. The bill included \$65.1 billion in direct, flexible aid to every county in America. An additional \$65.1 billion has been allocated to States, metropolitan cities, and non-entitlement units of local government. Funds must be used by December 31, 2024 and all projects funded with SLFRF completed by December 31, 2026. Stanislaus County has been allocated \$106,959,250 through ARPA SLFRF. In addition, the nine Stanislaus County incorporated cities are estimated to receive a combined total of \$86.3 to \$91.8 million in SLFRF directly for use within the respective cities.

On May 18, 2021, the Board approved a spending plan (Resolution No. 2021-0210) for the County allocation of approximately \$107 million focused on capacity building in the community as follows:

- \$50 million for Community Infrastructure in Urban Pockets/Urban Communities
- \$30 million for Economic Growth/Job Creation
- \$5 million for Community Development Corporation
- \$5 million to support families/individuals in need.

The Fiscal Year 2021-2022 Final Budget approved the use of SLFRF for administrative support costs for program administration. This cost is estimated to be \$545,000 over the life of the program. The remainder of the ARPA SLFRF, approximately \$16.5 million, is reserved pending roll-out of the core program/project areas identified above.

It is important to note that should the Board of Supervisors choose to end the Local Emergency, there is no negative impact to the emergency funding sources identified, including CARES Act CRF, ARPA SLFRF and department funds in support of Stanislaus County. Staff have specifically confirmed the ongoing availability of Federal Emergency Management Agency (FEMA) funding with the oversight agency.

### BOARD OF SUPERVISORS' PRIORITY:

The recommended actions are consistent with the Board's priorities of *Supporting Strong and Safe Neighborhoods, Supporting Community Health and Delivering Efficient Public Services* by adjusting the County's focus and response to align with the current local impacts of COVID-19 while retaining the means to ensure the continuity of COVID-19 emergency health services and related ongoing support.

#### **STAFFING IMPACT:**

Existing staff are dedicated to public safety and health services supports aligned with the 2022 focus areas and strategies to respond to COVID-19. There is no additional staffing impact as a result of the recommended action to end the Local Emergency while retaining the Local Health Emergency in response to COVID-19.

#### CONTACT PERSON:

Jeff Dirkse, Sheriff/Director of Emergency Services (209) 525-7117

Jody Hayes, Chief Executive Officer (209) 525-6333

Mary Ann Lilly-Tengowski, Managing Director, Health Services Agency (209) 558-7163

### ATTACHMENT(S):

1. Resolution Terminating Local Emergency 2/15/2022

#### THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS STATE OF CALIFORNIA

Date: February 8, 2022	
and approved by the following vo	
Ayes: Supervisors:	B. Condit, Chiesa, Grewal, C. Condit, and Chairman Withrow
Noes: Supervisors:	None
Excused or Absent: Supervisors:	None
Abstaining: Supervisor:	None

THE FOLLOWING RESOLUTION WAS ADOPTED:

Item # 6.1

2022-0070

### TERMINATION OF PROCLAMATION OF LOCAL EMERGENCY

WHEREAS, on March 4, 2020, the Governor of the State of California proclaimed a state of Emergency now exists in the State of California due to the presence of and threat posed by the novel coronavirus ("COVID-19"); and

WHEREAS, on March 11, 2020, the County Health Officer of the County of Stanislaus proclaimed and declared that a local health emergency now exists in the County of Stanislaus due to the presence of and threat posed by COVID-19; and

WHEREAS, on March 11, 2020, the Stanislaus County Director of Emergency Services proclaimed a local emergency due to aforesaid conditions; and

WHEREAS, the Stanislaus County Board of Supervisors adopted and ratified said proclamation as a Local Emergency on March 17, 2020; and

WHEREAS, said proclamation was to remain in effect due to Governor's executive orders waiving traditionally required renewal requests under California Government Code section 8630 and Health and Safety Code 101080; and

WHEREAS, on June 11, 2021, the Governor issued Executive Order N-07-21, which rescinded prior state orders pertaining to COVID-19, including the Blueprint for a Safer Economy and the Stay-at-Home Order, and Executive Order N-08-21, which rolled back many of the Governor's prior orders pertaining to limiting the spread of COVID-19; and

WHEREAS, health risks from COVID-19 continue, and therefore, some protective measures against that risk will need to remain in place.

#### Page 2

NOW, THEREFORE, pursuant to California Government Code section 8630, the Stanislaus County Board of Supervisors hereby proclaims as follows:

1. The Local Emergency Order proclaimed by the Board of Supervisors on March 17, 2020, is hereby terminated.

2. The Declaration of a Local Health Emergency proclaimed by the Stanislaus County Public Health Officer on March 11, 2020, remains in effect and is not affected by the termination of the Local Emergency Order of March 17, 2020.

ATTEST: KELLY RODRIGUEZ, Assistant Clerk Stanislaus County Board of Supervisors, State of California

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File No.

COVID-19 Update and Recommendations

February 8, 2022

Jody Hayes, Chief Executive Officer Julie Vaishampayan, MD, MPH, Health Officer

Mary Ann Lilly-Tengowski, Managing Director, Health Services Agency

Patrice Dietrich, Assistant Executive Officer Jeff Dirkse, Sheriff

# Surveillance

### COVID-19 Confirmed and Probable Cases





Confirmed Probable



# Testing Positivity, 7-day average, 7-day lag



### 565 tests/100,000/day

Wastewater Surveillance



# Hospitals

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COVID-19 Total Hospitalization and ICU



## Blood Supply Shortage

### DONATE BLOOD

Go to

Redcrossblood.org

to find blood drives near you or to schedule online

# **COVID-19** Treatments

# Treatment availability in Stanislaus County

	Prevention of Severe Disease in those at high risk	Previous (2 <sup>nd</sup> ) Allocation to Stanislaus County	Current (3 <sup>rd</sup> ) Allocation
Molnupiravir*	30% (within 5 days)	520 courses (1/24)	576 courses (2/7)
Paxlovid*	88% (within 5 days)	120 courses (1/24)	140 courses (2/7)
Remdesivir (IV)	87% (within 7 days)	-	-
Sotrovimab (IV)	85% (within 5 days)	150 for one week	144

\*Allocation interval unknown

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## Who is high-risk for severe disease?

- older age
- age < 1 year
- obesity
- pregnancy
- chronic kidney disease

• diabetes

- immune compromised
- heart disease
- chronic lung diseases
- sickle cell disease
- neurodevelopmental disorders

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# Prevention and Diagnosis Healthy choices, Vaccination, Testing

## Prevention – Individual Long-Term Actions



- Do your best to eat nourishing meals, like those rich in fruits and vegetables, lean protein, and whole grains. They can keep your body and mind healthy during stressful times.
- Cut down on foods that can cause anxiety (i.e., sugar, caffeine, and alcohol) and avoid unhealthy choices (smoking, stress...)
- Move your way What's your move? Physical activity is so important, it helps boost your mood, sharpen your focus, reduce stress, and improve your sleep.

Adapted from Minnesota Department of Health

## Testing

## Who should get tested:

As soon as COVID-19 symptoms begin 5 days after close contact with someone with COVID-19 Other workplace requirements

### Where to get tested?

Not the hospital emergency room, unless needing emergent hospital care Over-the-counter At Home test PCR test at multiple locations throughout the county <u>www.schsa.org/coronavirus/testing</u> Check local pharmacies for availability or check myturn.ca.gov

\* *Testing capacity not fully subscribed, scaling down in-process.* 

## Choose to Schedule a Vaccine Appointment

### myturn.ca.gov

# lt's your turn.

# The vaccine is free to everyone ages 5 and up.

Safe, free, effective COVID-19 vaccines are available to you regardless of immigration or insurance status. Stay healthy, protect others and help us end the pandemic. Find a walk-in clinic or make an appointment today.

## Latest eligibility update: Booster doses of Pfizer are now available to people age 12+.





MyTurn 833-422-4255

County Public Health 209-558-7535

Chat with us

# http://www.schsa.org/

or link from stancounty.com or stanemergency.org

# **Health Services Agency**

ABOUT - SERVICES - HEALTH COVERAGE - PUBLIC HEALTH CAREERS CONTACT NEWS

Stanislaus County > Health Services Agency



### COVID-19 Information

Get the latest information about COVID-19 including vaccine information, county statistics, and current guidance





### COVID-19 Testing

Book an appointment for a COVID-19 PCR test or learn where you can pick up free At-Home Rapid Antigen Tests.

# Monoclonal Antibodies

Monoclonal antibody therapy can be used to treat COVID-19 in people who are at high risk of severe disease or being hospitalized.



### READ MORE



# January 2020 to present Then and Now

# Local Situation - Then

- First known cases identified in US and California January 2020 (first deaths Feb 2020)
- County Public Health notified of first COVID-19 exposed Stanislaus County resident February 2, 2020 Department Operations Center activated on February 6, 2020.
- Limited test availability, little known about the virus or treatments, vaccine development begun.
- Office of Emergency Services Emergency Operations Center (EOC) activation February 27, 2020, engaged multiple county departments and cities
- First CA COVID-19 Death reported March 4, 2020 (Later determined first deaths occurred in February 2020).
- Local Emergency Declaration Proclaimed & Local Health Emergency Declared March 11, 2020, Board of Supervisors Ratification March 17, 2020

## 2022 COVID-19 Situation Overview - Now

SARS-CoV-2 has continued to change with new variants constantly emerging

We are in a much better place now than we were in January 2020; public awareness of layers of protection, and testing, vaccination and treatments available

Most of the population has some level of protection against severe disease (hospitalization and death) either from vaccination or previous infection

We will continue to learn the best actions for optimum protection from severe disease, but the tools are mostly in place

## 2022 COVID-19 Situation - Testing

Testing is now widely available

Rapid home antigen tests will continue and become a larger proportion of tests being done

Demand for PCR testing will decrease along with the need for sample collection sites outside of the existing healthcare system capacity

## 2022 COVID-19 Situation - Vaccinations

Vaccinations offer very good protection against severe disease and some protection against symptomatic infection

A large proportion of our population at risk for severe disease has been vaccinated and received their booster shots

Vaccines may soon be authorized for infants and children aged 6 months-4 years

The technology exists to rapidly update the vaccines to address emerging variants if necessary

## 2022 COVID-19 Situation - Treatments

There are antivirals and monoclonal antibodies that have been authorized or approved to protect against severe disease

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While supplies are currently limited and in high demand, that will change over the next months

> Healthcare providers should soon be able to order/prescribe without the need for prioritization

Local Emergency Proclamation

Local Health Emergency Declaration

# Local Emergency Proclamation

Proclaimed in times of disaster and imminent threats to the public's safety and health (floods, fires, earthquakes, epidemics, hazardous spills, etc.)

- Enables access to federal and State reimbursement and other resources
- Provides authority to the Office of Emergency Services Director/Sheriff to make immediate decisions and take actions including contracting and securing resources to respond to the emergency

# Local Emergency - Timeline of Actions Taken Ratification Board Agenda Items (BAI)


### Local Health Emergency Declaration

- Declared by the local Public Health Officer at times of imminent threat to the health of the public
- Enables access to federal and state reimbursement and resources
- Raises public's awareness of the threat and engages attention to individual's role on prevention

However...

- Is not related to the authority to establish Local Public Health Orders.
- Has no bearing on the State's authority to establish State Public Health Orders
- Has no bearing on Cal-OSHA's requirements

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#### Local Emergency – No longer warranted or necessary Local Health Emergency – Continues to offer community benefit

- Continued reliance on health systems support from outside agencies, and mutual aid response to ensure emergency medical services and hospital capacity to adequately address health needs in the community.
- State of California staff are assisting with case investigations and providing state resources for testing at no cost to the County General Fund.
- State of California continues to fulfill mutual aid requests for staffing and supplies to the healthcare system
- Continue to seek FEMA reimbursement for allowable expenditures related to mitigation activities
- Hospital capacity continues to be challenged; future mutations/variants possible

#### Termination of the Local Emergency:

- What this does:
  - Sheriff/Director of Emergency Services can no longer exercise unilateral authority to act without Board approval; the Sheriff has confirmed this is no longer needed.
- What this doesn't mean:

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 This does not change any requirements for schools or businesses; all of those standards are from the State of California, not local Public Health.

### Sheriff Jeff Dirkse

### Focus Areas and Strategies

### Primary Objective of the COVID-19 Response

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To reduce the level of disease in the community to protect the capacity of the acute care hospital system in service to the health of the community

#### **COVID-19** Response Goals

Support the medical system

Prevent severe disease with vaccination

Support schools to maximize in-person education

Maximize treatment services

Ensure community access to testing and PPE

Provide clear and timely communication

Goal 1: Support operational integrity of the medical treatment system in Stanislaus County

Continue to support resource needs of medical facilities including hospitals and skilled nursing facilities

Maintain communications with hospital leadership to understand system-wide issues

## Goal 2: Maximize vaccination of high-risk populations

Continue to prioritize a public campaign to encourage high-risk individuals who are not up-to-date on vaccinations to talk to their healthcare provider

Establish an advisory group of community physicians to inform actions and assist with messaging

## Goal 3: Maximize in-person education for all students



Continue to assist and support the education community and local school districts to understand state guidelines and options to maximize in-person education; school districts retain authority for school policies and communicate their decisions to their community.

### Goal 4: Maximize community treatment services to keep people healthy and avoid unnecessary hospitalization



Continue to provide ongoing communication of the latest treatment protocols and available community resources to decrease the risk for progressing to severe disease.



Establish an advisory group of community physicians to inform actions and assist with messaging.

## Goal 5: Ensure the availability of testing resources and appropriate face masks

Encourage return to primary healthcare providers for availability and referrals to services for diagnosis and treatment

Ensure equity of access of all county residents to testing and PPE

### Goal 6: Timely community-centric education and communications

#### Monitor and respond to community trends in real-time

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# The Cliff Analogy

Camara Phyllis Jones, MD, MPH, PhD



















**Primary Prevention** 



Ensuring Opportunities for Health

Safety net programs secondary prevention



Acute care tertiary prevention

#### Staff Recommendations

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