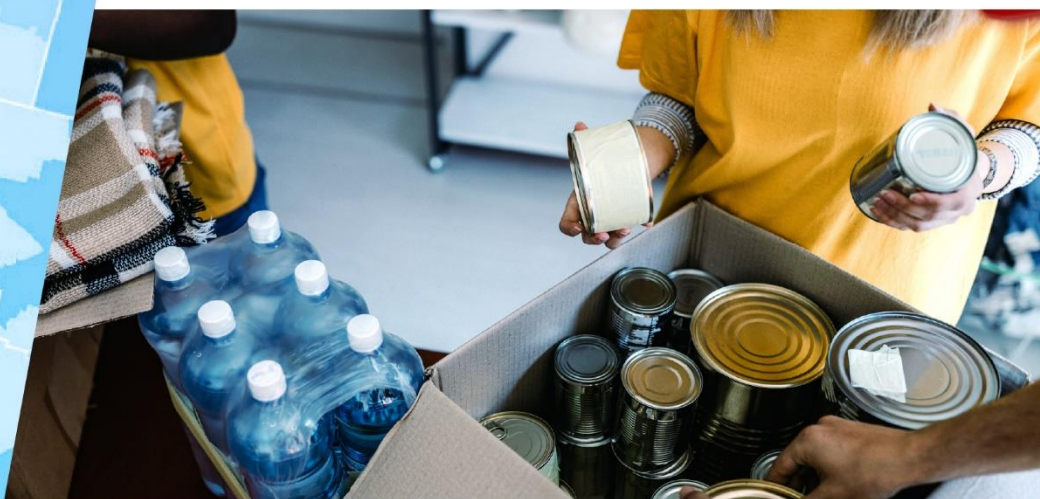
San Mateo County Communitywide COVID-19 Long-term Strategic Plan

June 3, 2020



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ACKNOWLEDGEMENTS

We thank the following individuals for their valuable contributions to this project.

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SUMMARY AND KEY FINDINGS

San Mateo County initiated development of the Communitywide COVID-19 Long-term Strategic Plan in April 2020, at the onset of the public health response efforts to the novel coronavirus outbreak. The Plan was developed following a series of workshops and interviews with local government and community leaders during a 6-week period. The planning process was intended to identify communitywide concerns and identify goals, objectives, and strategies to address critical recovery issues resulting from COVID-19. This document represents the findings from the initial planning step and provides a starting point to inform more focused recovery planning and decision making in the coming months.

CONTEXT

Government agencies, the private sector, and nonprofit organizations are working at or above capacity to provide their urgently needed and vital services, resources, and expertise to those in need. The Communitywide Long-term Strategic Plan outlines the community's primary goals and objectives for recovery and complements—and provides links to—community initiatives already underway. The strategy aims to provide the flexibility to grow, expand, and evolve efforts in the months and years ahead.

It is evident that the COVID-19 crisis has caused disruption on a global scale and has destabilized systems that are critical to almost all aspects of daily life. It will have broad and lasting long-term impacts for years to come. Ongoing recovery efforts will be necessary until there is a vaccine or herd immunity, which could take many months or even years. In the meantime, decisions will be made in an environment of uncertainty with the best available information at the time. The County, like all communities across the world, will be figuring out actions in real time. This situation requires everyone to remain flexible as events change, understand there may be setbacks during the process, and quickly adjust behavior to take appropriate actions to reduce and contain the spread of infections and continue to balance the risks involved.

FOUNDATIONAL PRINCIPLES

The Communitywide Long-term Strategic Plan is guided by four foundational principles.

- **Public Health and Safety**. As always and especially in the midst of a pandemic, maintaining the health, safety, and well-being of the public is paramount. The community requires a robust and well-resourced medical treatment capability, mental health support system, and essential basic needs for all.
- **Equity**. The effects of COVID-19 are amplifying inequities. The vision for recovery must focus on lessening inequities and resolving disparities in access to and quality of services and resources for underserved, unserved, and inequitably served communities, which reflect structural impacts shouldered by low-income residents, people of color, and populations that experience stigma and discrimination.
- **Communitywide Collaboration.** No single organization can get us through this challenging time. Collaboration will be needed internally among County departments and agencies and with municipal governments, businesses, nonprofit organizations, and residents. Government partners, including federal, state, county, cities, and towns, will all need to work together with community nonprofit organizations, foundations, donors, businesses, and every individual to harness the collective capacity of the community into coordinated action.
- **Fiscal Responsibility.** Public funding and resources are not unlimited. Municipal governments must maximize available federal and state funding and work within their own budgets to fund

community recovery initiatives. In these uncertain times, the County aims to balance fiscal health with providing financial support that facilitates recovery in the most fiscally-responsible way possible.

KEY THEMES

During the strategic planning process, participants expressed common recovery concerns that have been aggregated into the key themes listed below. These themes surfaced during multiple workgroup discussions and interviews with stakeholders, and they are featured in multiple locations throughout the Strategic Plan. This repetition is necessary to accurately reflect community input and emphasize the importance of integrating these key themes across a variety of recovery objectives.

- **Serving vulnerable populations and those most severely affected by COVID-19**, including underserved and marginalized communities, seniors, people of color, homeless, home-bound, low-income, newly unemployed, and immigrant communities, including those who are undocumented
- **Providing direct assistance and supporting individuals in navigating recovery programs** so those in need can access available funding, housing, food, and medical care
- **Effectively allocating resources** by developing and implementing strategies to take what is already available within the community and redeploying those resources where they are needed most
- **Supporting economic recovery** of individuals, governments, and businesses to recuperate from hardships and succeed in an uncertain and changing environment
- **Developing and disseminating accurate, timely, coordinated, and culturally and linguistically appropriate public information** across all sectors, communities, and neighborhoods through trusted community partners and via community-specific channels to reach all residents
- **Building community resilience** to best prepare for future outbreaks by helping all individuals understand their role and act responsibly to protect the health of their neighbors and help ensure the medical system is not stressed beyond its capabilities

IMPLEMENTATION

The Communitywide COVID-19 Long-term Strategic Plan captures the input provided by community stakeholders during this initial planning phase. It outlines many potential strategies for achieving goals and objectives that the community can consider as it develops more focused implementation plans. The County, along with cities, towns, agencies, nonprofits, community organizations, and individuals, will all have a role in the implementation phase. The following initiatives have been identified to ensure the path to implementation is effective and productive. These initiatives will require broad engagement among a wide variety of community partners.

ESTABLISH A LONG-TERM RECOVERY MANAGEMENT STRUCTURE

To manage and implement a complex long-term recovery involving partners from across the community, a central coordination structure is needed. International disaster recovery best practice research has shown that successful recovery is driven by clear leadership, collaborative working groups, and committees with designated lead and support organizations across various areas of recovery. The key principles of health, equity, collaboration, and fiscal responsibility should be reflected throughout the management structure—which will bring together representatives from government, nonprofit, private

sector, and community-based organizations to coordinate efforts. The County should work with community partners and government representatives to establish the coordination structure that best meets the needs of the community and addresses key components and functions outlined in the Long-term Strategic Plan.

CONVENE AN EQUITY RECOVERY GROUP

Equity is a driving principle in the community's recovery efforts to COVID-19 and must be considered every step of the way. The County should convene a group of representatives from community-based organizations and local agencies to specifically focus on coordinating, supporting, and promoting recovery strategies that meet the needs of underserved and marginalized communities throughout San Mateo County. Members of this group will advise decision makers and ensure affected communities are engaged across all recovery workgroups and committees.

DEVELOP A WHOLE COMMUNITY CRISIS COMMUNICATIONS PLAN

There is a critical need for accurate and valid information to rise above the noise. Government, private, faith-based, and nongovernment community partners can work together to co-develop and disseminate trusted, timely, and accurate information. The goal is to leverage existing networks and trusted community partners to collectively reach all residents, including vulnerable groups that are underserved, isolated, home-bound, have limited English proficiency, or are without Internet access. A comprehensive communications strategy must be culturally and linguistically appropriate to resonate with various cultures and age groups. Messaging must be easily understood, clear and actionable. Building off the County's current outreach programs, including those used for Census outreach, is an excellent starting point for this effort.

PROVIDE CLEAR GUIDANCE TO SUPPORT IMPLEMENTATION OF PUBLIC HEALTH MEASURES

While the virus remains a threat, it is imperative that the community understand public health guidance and decision making and quickly turn those guidelines into appropriate actions. County departments should continue to work with municipal governments, university partners, private sector and business partners, and nonprofit organizations to develop mechanisms, coordinating bodies, and collaborative opportunities to help communities understand the application of public health guidelines. It will be important to solicit ongoing feedback from local businesses and community members to evaluate whether guidance is penetrating the most vulnerable communities and is practiced effectively.

SUPPORT ECONOMIC RECOVERY INFORMATION EXCHANGE

To return the local economy to a healthy state, it is increasingly important to have organized opportunities for best practice information exchange. This includes exchanges between local governments to share how they have leveraged limited resources to continue community services, and exchanges between local businesses and employers to share strategies for adjusting to public health guidelines, building trust with consumers, and applying innovative strategies. The County should collaborate with local partners to develop a one-stop shop for local businesses to access recovery information and financial assistance, coordinate opportunities for information exchange among the local business community, and expand job training and workforce support. As part of the information exchange effort, targeted outreach and assistance should be provided to minority-owned businesses, small business, and businesses in low-income areas to ensure they are able to access and apply available resources, programs, and best practices.

ASSESS UNMET COMMUNITY NEEDS AND FILL GAPS

Local organizations have found effective ways to continue serving their populations and providing important resources. However, many organizations are already beginning to experience shortages in resources and staff that limit their capacity. Community organizations can assess the needs on the ground, evaluate whether existing programs are meeting those needs, and help identify resources and means to fill the gaps. An established best practice for long-term disaster recovery is operating a long-term recovery group comprising representatives of faith-based and nonprofit organizations, government, businesses, and other community organizations to assist individuals and families through case management, crisis counseling, donations management, and volunteer coordination.

REDEPLOY RESOURCES TO CREATE EFFICIENCIES

Moving forward, it will be essential that limited resources are used effectively and efficiently. The County can work with community organizations and the private sector to create resourceful solutions for how specific needs can be met by what is readily available. These unconventional resources can be redeployed where they are needed most. For example, non-essential government staff can be redeployed to support contact tracing efforts. Restaurants limited to curbside pickup or delivery can be hired to provide meals to vulnerable populations and seniors. Collaboration among local governments, the private sector, and nonprofit partners can help create efficiencies with limited resources and find novel ways of supplying services that are mutually beneficial for all partners.

LEVERAGE FEDERAL PROGRAM SUPPORT

Many local jurisdictions have limited staff and may need assistance in leveraging the funding streams available through federal programs such as the CARES Act, Federal Emergency Management Agency (FEMA) Category B Public Assistance, Medicare/Medicaid, the Small Business Administration, the U.S. Department Health and Human Services, and the U.S. Department of Housing and Urban Development. Since this need is shared across local governments, it creates efficiencies to pool expertise and help all jurisdictions. Local governments should consult with subject-matter experts either within or outside the County who have knowledge and experience with these programs to leverage available funding and expedite recovery.

ESTABLISH RECOVERY ROLES AND RESPONSIBILITIES

The County, cities, towns, nonprofits, community organizations, and individuals all have a role in recovery. As the community shifts into the implementation phase, the immediate next step is to engage stakeholders to identify organizations and individuals that can help build out the recovery management structure. Specific responsibilities must be agreed-upon with stakeholders, but suggested roles include:

- **San Mateo County** can establish and lead a central coordinating body for recovery efforts, called a Recovery Coordination Council. This group will include local government and community leaders and will convene on a regular basis to share information and direct ongoing recovery efforts. This Council will help organize workgroups and collaborative recovery committees focused on specific recovery areas—such as public information and outreach, public health, and community services—and ensure an equity lens is brought to all recovery activities.
- **Cities, towns, and other public agencies** can lead and support community-wide workgroups, committees, programs, and projects. Cities and towns should conduct their own hyper-focused recovery efforts within their jurisdiction, such as revitalizing their downtown areas, supporting local first responders, or serving the needs of marginalized communities. Other public agencies

can lead and support their own recovery efforts, for example, SamTrans should lead public transportation recovery efforts, and school districts should lead school reopening planning.

- **Private-sector partners** can lead and support recovery committees, projects, and programs related to their sector or industry, and provide community input and subject-matter expertise.
- **Nonprofit, faith-based, and community-based organizations** can lead and support recovery committees, projects, and programs to ensure there is an equity lens applied to all recovery efforts and a strong community voice in decision making. These organizations help identify unmet needs and coordinate support for members of the hardest hit communities and those that, in addition to pre-existing injustices, now face overwhelming barriers to meeting basic needs such as food, housing, and healthcare.
- **Community members** should own their community recovery. Individuals, families, and children should be actively involved in recovery projects and programs in their community. Local governments should engage community members in meaningful ways and ensure residents can provide input and feedback throughout recovery progress. This input is critical to ensuring recovery efforts meet the actual needs of the community.

ASSEMBLE THE LONG-TERM RECOVERY ORGANIZATION

While it would be ideal to implement every strategy presented in this document, it is not financially feasible. Resources and funding are limited, and efforts must be prioritized. Moving forward, community partners will need to work collaboratively within a recovery-management structure to evaluate the current status of recovery efforts, prioritize strategies that best meet community needs and financial realities, and develop focused implementation plans for the months ahead.

Figure 1 illustrates a communitywide recovery-management structure that supports community-driven and inclusive recovery. A well-defined organizational structure facilitates information exchange and resource sharing and provides transparency for how priorities are identified and how decisions are made. Direct communication lines are established between community leadership and recovery partners to collaboratively prioritize, plan, and implement recovery. While the County will initiate and facilitate the recovery organization, the long-term recovery process will be a collaborative undertaking by public, private, nonprofit, and community partners across the County.

No single entity, agency, or organization has the resources to address the wide range of COVID-19 recovery needs. For that reason, the County will convene a Recovery Coordination Council (RCC) that will serve as a collaborative entity comprising key government and nongovernment community leaders. The RCC brings together leaders who can work together to leverage resources from across the community to support recovery efforts.

An inclusive communitywide approach is applied to all units of the organizational structure. Recovery committees are groups made up of government, private sector, and nonprofit organizations working together to prioritize, plan, and implement recovery activities in various focus areas. Public Information and Outreach and Equity Recovery Groups serve as advisors to the RCC as well as committee members to ensure an equity lens is carried throughout the recovery-implementation process and community outreach is culturally and linguistically appropriate for all populations.

The committees and focus areas are directly tied to the findings from the strategic planning process. The goals and objectives identified in the Communitywide COVID-19 Long-term Strategic Plan suggest that committees should include public health, economic recovery, vulnerable populations support, community infrastructure, and education and childcare. Focus areas within each committee reflect the prominent themes that surfaced during the strategic planning process. The structure is designed to be flexible and

adaptable to the changing environment—as committees prioritize recovery strategies, they may decide to break into subcommittees to work on one or more specific focus areas.

This structure was built to reflect the outcomes of the strategic planning process but should link to established COVID-19 initiatives to avoid duplication of efforts. The RCC and committee members will be able to provide linkages and facilitate coordination with programs and projects already being carried out across the community. Establishing an organization specific to COVID-19 recovery will ensure ongoing dialogue and coordinated efforts across government, nonprofit, and private partners and the greater community to continually monitor recovery progress, identify gaps, and create solutions.

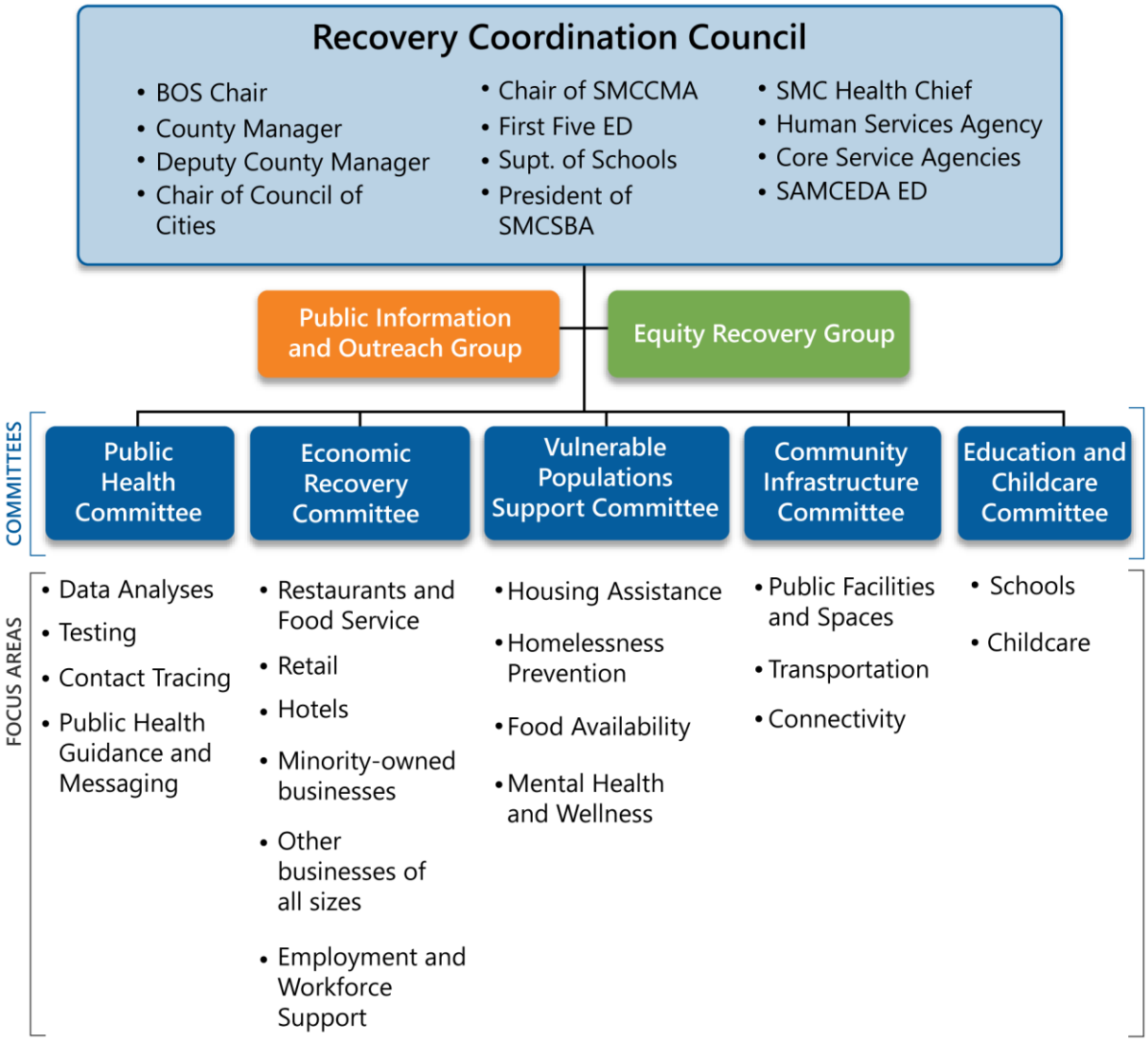

Figure 1. Communitywide Long-term Recovery Management Structure

Table of Contents

ACKNOWLEDGEMENTS I
SUMMARY AND KEY FINDINGS III
OVERVIEW 1
1. PLANNING FOR UNDERSERVED POPULATIONS AND ADVANCING EQUITY 6
2. DELIVERING RESOURCES TO A SHELTER-IN-PLACE POPULATION 13
3. TRIGGERS FOR LIFTING SHELTER-IN-PLACE ORDERS: MODELING, TESTING, AND TRACING 18
4. ECONOMIC RECOVERY AND FINANCIAL IMPACT PLANNING 21
5. EDUCATION AND CHILDCARE SERVICES 27
6. PREPARING FOR FUTURE OUTBREAKS 31
7. PREPARING FOR A SECONDARY DISASTER 35
ATTACHMENT A: FEDERAL FUNDING SOURCES 39
ATTACHMENT B: RESEARCH AND REFERENCES 44

OVERVIEW

Since the initial outbreak of COVID-19 in early 2020, communities across the country have faced unprecedented challenges. The pandemic has caused a catastrophic global public health crisis that has affected millions of people across the world. Policy decisions made in real time are having secondary consequences—both intended and unintended—in all aspects of daily life. COVID-19 has exacerbated challenges that communities faced beforehand, such as unemployment, inequity, poverty, lack of affordable housing, and limited access to healthcare.

Given the widespread impacts of this crisis, it is critical to look ahead to the months and possibly years to follow. The San Mateo County government does not have the resources needed to bring the community out of this crisis and has initiated this strategic planning process to foster collaboration among the County, local cities and towns, community organizations, and private partners to pool resources and leverage the collective capability of the whole community. Recovering from the COVID-19 crisis requires resources, partnerships, and expertise from across the community to build a new, more equitable, healthy, and connected San Mateo County.

PURPOSE

The Communitywide COVID-19 Long-term Strategic Plan presents the collective countywide goals and objectives for recovery and proposes strategies for consideration by community leaders and recovery committees as more focused implementation plans are developed in the coming months. The strategies proposed in this plan are intended to complement—and provide linkages to—community initiatives already underway. This document provides a starting point to consider potential strategies and determine what can be realistically accomplished with available funding and resources.

This document reflects input from more than 70 local leaders from government, nonprofit, and community organizations gathered in April and May 2020. The plan therefore reflects a snapshot in time and should remain a living document to incorporate additional feedback from ongoing community engagement.

Figure 2: The Seven Key Focus Areas of the COVID-19 Long-term Strategic Plan

FOCUS AREAS

COVID-19 has proven to be the most disruptive disaster in recent history, with ripple effects reaching nearly all countries, states, counties, cities, towns, and citizens. There is no shortage of challenges, but communities all over the world must make difficult decisions to allocate limited resources most effectively and act quickly to get help where it is needed most. At the onset of the project, the County identified seven focus areas critical to COVID-19 recovery. The seven focus areas are shown in Figure 2 and outlined below.

Planning for underserved populations and advancing equity. The COVID-19 crisis has exacerbated pre-existing social, economic, racial, and health inequities. Worse still, shelter-in-place orders have made it more difficult to reach many of the community's most underserved populations. The community aims to ensure that culturally and linguistically appropriate support is provided to populations of color, marginalized communities, low-income residents and those experiencing extreme financial loss, and people experiencing housing insecurity and homelessness.

Delivering resources to a shelter-in-place population. Residents have experienced a multitude of personal challenges during shelter-in-place orders, and seniors and those with underlying conditions will need to continue to shelter-in-place even as the County reopens. The community aims to ensure that mental health support reaches those struggling with depression and anxiety; food and other necessities are delivered to those in need; and residents make use of available financial assistance programs and employment resources.

Triggers for lifting sheltering-in-place orders: modeling, testing, and tracing. Fundamental to containing the virus is building local capacity for testing and tracing. The County aims to expand testing and tracing by leveraging public-private partnerships and developing data-collection and -analysis methodologies to inform future shelter-in-place and reopening decisions.

Economic recovery and financial impact planning. To slow the spread of COVID-19, many businesses have greatly reduced or suspended operations. There is an immediate need to revive local businesses and get residents back to work. The community aims to help residents and business owners find financial assistance to bridge the gap while safely reopening businesses. The County and municipalities will need to evaluate impacts to tax revenue due to COVID-19 protective measures while monitoring opportunities to access federal and state resources and develop strategies to offset shortfalls.

Education and childcare services. Social distancing and shelter-in-place orders are incompatible with traditional classroom, daycare, and recreational settings. Childcare services are necessary to support working families but pose an increased risk of transmission. The community aims to support practitioners, children, and parents during shelter-in-place and for reopening schools by ensuring the availability of mental health services, childcare resources, and support services like connectivity and transportation.

Preparing for future outbreaks. Strict shelter-in-place orders are not a feasible long-term solution. As shelter-in-place orders are lifted, a second wave of infection is a real possibility. Local governments should work with businesses, transit agencies, nonprofits, and other key sectors to identify lessons learned and improve mitigation and preparedness. Central to increased preparedness is developing clear, consistent public messaging to manage expectations while also maintaining community morale and camaraderie.

Planning for a secondary disaster. While local agencies focus emergency response resources on the immediate needs of the COVID-19 public health crisis, they must also remain ready to respond to a secondary natural disaster such as an earthquake or wildfire. A secondary incident that causes significant damage to homes, infrastructure, and the environment could be catastrophic for the community. The County aims to maintain the continuity of essential safety net healthcare, transportation and utility services, availability of disaster housing, and integrity of the supply chain to effectively manage a secondary emergency.

PLANNING PROCESS

To initiate the strategic planning process, the County brought together workgroups comprising City and County leaders to discuss key concerns related to COVID-19's impact on the community. More than 25 local leaders participated in seven workshops that informed the goals and objectives included in the initial draft version of this Strategy. A second round of seven workshops was held to review the draft with nearly

50 stakeholders, expanding the initial group to include local government agencies and nongovernment entities. In addition to the workshops, the Strategy has been informed by 40 one-on-one interviews with community-based organizations, nonprofits, elected officials, and County staff.

FOCUS AREAS, GOALS, AND OBJECTIVES

This report presents goals, objectives, and strategies based on the findings from the workshop discussions and interviews combined with best practices and subject-matter expertise. Moving forward, engagement with County and municipal leaders, subject-matter experts, and a wide range of community stakeholders will further supplement and refine the strategy and identify implementation options for consideration. The community goals and objectives for each focus area are summarized below.

Focus Area	Goal	Objectives
Planning for Underserved Populations and Advancing Equity	**Goal 1** Ensure an equity lens is brought to all recovery planning efforts and ensure equitable access to resources and services for underserved populations	**Objective 1.1** Develop and implement a comprehensive outreach program that encourages solidarity and cooperation and combats racism and xenophobia **Objective 1.2** Engage in transparent and equitable decision making **Objective 1.3** Provide resources and assistance to those experiencing the greatest impacts of COVID-19 due to long-standing inequities, including people of color, low-income communities, and those who experience stigma and discrimination, and help underserved communities navigate recovery resources **Objective 1.4** Coordinate among faith-based and community organizations to meet the recovery needs of undocumented residents **Objective 1.5** Provide outreach, resources, and services for individuals experiencing housing insecurity and homelessness
Delivering Resources to a Shelter-In-Place Population	**Goal 2** Ensure provision of food distribution, financial assistance programs, and mental health services to those sheltering in place	**Objective 2.1** Coordinate efforts for distribution of food and other essential items and ensure items reach those in need **Objective 2.2** Provide outreach and information on available financial assistance programs and employment opportunities and resources **Objective 2.3** Ensure availability of behavioral health services, resources, and information to essential workers and all members of the community

Triggers for Lifting Shelter-In-Place	**Goal 3** Outline triggers and milestones that can be used to inform a reopening strategy	**Objective 3.1** Develop a data-collection strategy for evaluating the efficacy of protective measures **Objective 3.2** Expand testing capacity through public-private partnerships and augmented Public Health Lab **Objective 3.3** Expand contact-investigation and tracing capacity in coordination with the state
Economic Recovery and Financial Impact Planning	**Goal 4** Support initiatives to return economic and business activities to a healthy state and develop new business and employment opportunities	**Objective 4.1** Provide financial resources and assistance to individuals and families **Objective 4.2** Support the reopening and revitalization of local businesses **Objective 4.3** Evaluate impacts to local government tax revenues and develop strategies to address shortfalls
Education and Childcare Services	**Goal 5** Identify resources and ways to provide necessary resources and support to practitioners, children, and parents while sheltering in place and for reopening schools	**Objective 5.1** Coordinate support services and resources, such as connectivity and transportation, needed for school reopening **Objective 5.2** Identify available care resources for children of all ages to meet the needs of the workforce **Objective 5.3** Provide information on available mental health and wellness resources and partner with entities positioned to expand and promote virtual mental health support services
Preparing for Future Outbreaks	**Goal 6** Evaluate lessons learned and provide information and outreach to increase community resiliency for handling varying degrees of shelter-in-place and management measures	**Objective 6.1** Assess lessons learned related to supply chain, procurement, resource requirements, and reopening **Objective 6.2** Develop coordinated, frequent, clear, consistent, and timely public messaging to residents and businesses to combat fatigue and manage public expectations **Objective 6.3** Maintain community morale through outreach, programs, and activities that engage the whole community, including those with limited English proficiency, without Internet access, or who are home-bound

Preparing for a Secondary Disaster	**Goal 7** Ensure sufficient response capabilities are available to respond to a secondary disaster during varying degrees of shelter-in-place orders	**Objective 7.1** Support continuity of essential safety net healthcare, public safety, transportation, and utility services, including sewer, water, communications (phone and Internet), and power **Objective 7.2** Provide temporary housing and sheltering in the event of a secondary disaster that displaces residents from their homes **Objective 7.3** Protect the integrity of the supply chain for food and other commodities during a secondary disaster

PLAN CONTENT

The Strategic Plan is presented in seven sections corresponding to each focus area. Each focus area section contains the following content:

- **Goal** statement defining what the community would like to achieve in the focus area
- **Key concerns** related to the focus area
- **Stakeholders** that may play a role in carrying out the strategies to achieve the goal
- **Objectives** to achieve the goal
- **Strategies** to achieve the objectives that can be considered for implementation

ONGOING EFFORTS

The planning environment continues to change, with a constant stream of new policies, data, and information. The primary challenge of this real-time planning effort is keeping pace with the rapidly changing situation. This Communitywide Long-term Strategic Plan, therefore, must be a living document and adapt and evolve over time. The intention of this plan is to lay out the key concerns of the community at this stage of the COVID-19 crisis and propose strategies for addressing those concerns. Future efforts will validate, supplement, and refine the goals and objectives through ongoing stakeholder engagement and public outreach across the broader community. Community-based input and evaluation will provide a natural feedback loop to ensure the strategy evolves with and responds to community needs over time.

The Communitywide COVID-19 Long-term Strategic Plan is a starting point to inform recovery efforts within the greater community. The goals, objectives, and strategies outlined in this plan reflect input from community leaders during the initial stages of the recovery effort. A variety of organizations across the County are currently working on many of the strategies outlined in this document. Existing initiatives should be considered when implementing recovery efforts to reduce duplication and make the most of available resources.

While it would be ideal to implement every strategy in this document, it is simply impossible. Resources and funding are limited and efforts must be prioritized. Moving forward, community partners will need to work collaboratively to evaluate the current status of recovery efforts, prioritize strategies that best meet community needs and financial realities, and develop focused implementation plans for the months ahead.

1. PLANNING FOR UNDERSERVED POPULATIONS AND ADVANCING EQUITY

Goal 1: Ensure an equity lens is brought to all recovery planning efforts and ensure equitable access to resources and services for underserved populations

Objective 1.1 Develop and implement a comprehensive outreach program that encourages solidarity and cooperation and combats racism and xenophobia

Objective 1.2 Engage in transparent and equitable decision making

Objective 1.3 Provide resources and assistance to those experiencing the greatest impacts of COVID-19 due to long-standing inequities, including people of color, low-income communities, and those who experience stigma and discrimination, and help underserved communities navigate recovery resources

Objective 1.4 Coordinate among faith-based and community organizations to meet the recovery needs of undocumented residents

Objective 1.5 Provide outreach, resources, and services for individuals experiencing housing insecurity and homelessness

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During the ongoing COVID-19 crisis and beyond, the County strives to ensure all people have equitable access to resources and services. Equity is a guiding principle for the County's COVID-19 recovery efforts, and application of best practices and tools to advance equity have been carried through all goals in this Strategy. The objectives and strategies in this section are intended to link to and complement ongoing support services of local agencies and nonprofit and community-based organizations that continue to provide vital support to underserved communities across the County.

Key Concerns

Need for Solidarity	The community must be united during this difficult time. COVID-19 has amplified racism and xenophobia towards ethnic communities and immigrant populations. It is critical that public outreach combat this divisiveness and emphasize the need to come together in solidarity.
Equitable Decision Making	COVID-19 has intensified many pre-existing social and economic injustices in underserved and vulnerable communities. Planning and decision making during this difficult time must engage vulnerable populations and advance social, economic, and health equity of marginalized communities.
Undocumented Population	Undocumented residents have fewer available resources than legal residents and may be hesitant to apply for additional assistance for fear of retribution. Undocumented populations often lean on trusted faith-based and community-based institutions and need support now more than ever.
Individuals Experiencing Severe Economic Loss	Many Americans lived on the edge of poverty before COVID-19 and are now experiencing extreme financial hardship. Eviction moratoriums and financial assistance are short-term solutions, but many vulnerable populations need multifaceted support to get back on their feet.

Individuals Experiencing Homelessness

To comply with social distancing requirements, the County has reduced the number of residents in congregate homeless shelters by 39% by moving residents at high risk for COVID-19 into hotels. This has also increased the total number of homeless residents the County can shelter. Supporting ongoing housing resources for homeless residents may be challenging.

COMMUNITY PARTNERS

Government

- Community Colleges
- First 5
- Get Healthy San Mateo* (County-Community collaboration)
- Health Equity Initiatives supported by BHRS, Office of Diversity and Equity* (County-Community collaboration)
- Housing Authority of the County of San Mateo
- Municipal Economic Development
- Municipal Housing Department
- Municipal Parks and Recreation
- Municipal Public Affairs/Outreach
- SamTrans and Other Public Transit Partners
- School Districts
- SMC Communications Office
- SMC Department of Housing
- SMC Health
- SMC Human Services Agency
- SMC Office of Community Affairs
- SMC Office of Education

NGOs

- American Red Cross
- Anamantangi Polynesian Voices
- Bay Area Community Health Advisory Council
- Belle Haven Action
- Belle Haven MiniGrant
- Boys & Girls Clubs
- Catholic Charities
- Community Collaboration for Children's Success
- Community Legal Services in East Palo Alto (CLSEPA)
- Council of Churches
- County Core Service Agencies (Daly City Community Services Center, Samaritan House South, Coastside Hope, Pacifica Resource Center, Samaritan House, Puente, Fair Oaks Community Center, YMCA Community Resource Center)
- County Homeless Service Providers (LifeMoves, Project WeHope, Samaritan House, StarVista, CORA, Mental Health Association)
- County Latino Collaborative
- Daly City Partnership
- Faith in Action
- Gatepath
- Government Alliance on Race and Equity (GARE)
- Housing Leadership Council Immigration Institute of the Bay Area Legal Aid Society of San Mateo County
- Live in Peace
- North East Medical Services
- Nuestra Casa
- Pacific Islanders Together
- PARCA
- Peninsula Conflict Resolution Center (PCRC)
- Peninsula Family Service
- Peninsula Interfaith Action
- Pilipino Bayanihan Resource Center (PBRC)
- Ravenswood Family Health Center
- San Mateo County Latino Collaborative
- San Mateo County Pride Center
- Service Clubs
- Sienna Youth Center
- Silicon Valley Community Foundation
- St. Francis Center
- Taulama for Tongans
- The Big Lift
- The Villages
- Thrive Alliance
- Youth Leadership Institute
- Youth United for Community Action

OBJECTIVE 1.1 DEVELOP AND IMPLEMENT A COMPREHENSIVE OUTREACH PROGRAM THAT ENCOURAGES SOLIDARITY AND COOPERATION AND COMBATS RACISM AND XENOPHOBIA

Strategy 1.1.1 Establish a collaborative COVID-19 outreach program that builds on existing relationships among government, schools, faith-based, and nonprofit and community-based organizations to identify marginalized communities that need focused outreach and co-develop strategies that are culturally relevant, linguistically appropriate, and accessible.

Strategy 1.1.2 Develop and distribute messaging and public service announcements that incorporate themes of community solidarity and connectedness and proactively combat xenophobia and racism.

Strategy 1.1.3 Coordinate dissemination of information with trusted community organizations and schools and through complementary efforts such as Census outreach to ensure penetration into underserved communities.

Strategy 1.1.4 Employ micro-targeting outreach strategies to reach vulnerable populations (for example, Samoan and Tongan radio stations, Latinx radio stations); work in concert with trusted community partners and schools to ensure messaging is empathetic, clear, transparent, honest, and available in appropriate languages.

Strategy 1.1.5 Create a community-wide branding and slogan of encouragement and acceptance for recovery that is culturally and linguistically universal; share across the County and among local officials and encourage businesses, schools, and faith-based and community organizations to use the slogan in high-visibility websites, social media, stickers for cars and storefronts, and murals.

Strategy 1.1.6 Develop simple, clear, and easily understandable information about phased reopening, shelter-in-place, and prevention measures such as wearing cloth facial coverings and social distancing, that are culturally and linguistically appropriate for ethnic communities.

Strategy 1.1.7 Disseminate messaging through multiple channels to reach those who are not exposed to English-language media, such as multi-language mailers, radio, websites, video, posters, social media, influencer videos, infographics, doorhangers, and robo-calls.

Strategy 1.1.8 Engage community members who are English-learners, older adults, people with disabilities, the uninsured, immigrants, farmworkers, and the homeless to tailor outreach campaigns to the needs of these populations.

Strategy 1.1.9 Collaborate among local governments, schools, and faith- and community-based organizations to develop and disseminate culturally appropriate messaging that helps combat minority and immigrant populations' fear and mistrust of government and lets them know they are supported.

OBJECTIVE 1.2 ENGAGE IN TRANSPARENT AND EQUITABLE DECISION MAKING

Strategy 1.2.1 Leverage training sessions, such as those provided by the Government Alliance on Race and Equity (GARE), to build the capacity of local governments to use data to apply an equity lens to recovery decision making.

Strategy 1.2.2 Establish a formal process and mechanism, such as a Recovery Coordination Council, for government officials and community leaders to discuss proposed policies to ensure community voice in decision making and inclusion of community leaders of underrepresented groups most affected by COVID-19.

Strategy 1.2.3 Promote transparency and trust between the government and underserved communities by sharing GIS and social indicator data and analyses that are used to inform equity-based planning and decision making, such as the GIS mapping and social index work recently completed by SamTrans that identifies concentrations of low-income households, households without access to vehicles, and households of ethnic and racial groups.

Strategy 1.2.4 Use an equity tool to review burdens and benefits of various recovery strategies and understand the potential effects on vulnerable and underserved populations.

Strategy 1.2.5 Use input from our most vulnerable communities to inform recovery-planning efforts through proven models that increase civic engagement and provide space and resources to accommodate authentic civic engagement.

Strategy 1.2.6 Organize community-engagement workshops, committees, surveys, interviews, and other opportunities for soliciting direct community feedback and evaluation on recovery planning efforts.

Strategy 1.2.7 Municipal governments can consider adopting a local resolution to end xenophobia.

OBJECTIVE 1.3 PROVIDE RESOURCES AND ASSISTANCE TO THOSE EXPERIENCING THE GREATEST IMPACTS OF COVID-19 DUE TO LONG-STANDING INEQUITIES, INCLUDING PEOPLE OF COLOR, LOW-INCOME COMMUNITIES, AND THOSE WHO EXPERIENCE STIGMA AND DISCRIMINATION, AND HELP UNDERSERVED COMMUNITIES NAVIGATE RECOVERY RESOURCES

Strategy 1.3.1 Identify the most appropriate location for a centralized, one-stop-shop website and provide links to information on financial assistance programs and employment resources for residents; provide translation of information and resources where possible.

Strategy 1.3.2 Collaborate with faith-based, nonprofit, and community-based organizations to co-develop culturally and linguistically appropriate outreach materials on available local, state, and federal financial resources, including how to apply and the criteria for qualification.

Strategy 1.3.3 Expand the funding capacity of community-based organizations to provide culturally and linguistically appropriate outreach and support for individuals who need help navigating recovery assistance programs and completing the application process, such as individuals without Internet connectivity or computers, with limited computer literacy, and with limited English proficiency.

Strategy 1.3.4 Consider enlisting the support of trusted community messengers (for example, promotoras in the Latinx community), and nonessential local government staff with outreach experience who can be trained to provide navigation support to residents for understanding what recovery programs are available.

Strategy 1.3.5 Coordinate outreach efforts with mental health services of government, the private sector, and community organizations to ensure outreach and information is clear, compassionate, and reassuring to those who are particularly stressed and overwhelmed.

Strategy 1.3.6 Provide 2-1-1 with culturally and linguistically appropriate information on referrals for organizations that provide navigation support; this is particularly critical to reach vulnerable communities without access to the Internet to receive information.

Strategy 1.3.7 Provide low-income families with direct assistance to help with virtual schooling, mental health and medical care, rent and mortgage payments, and other critical needs.

Strategy 1.3.8 Identify potential federal and state funding resources (e.g., CARES Act funding) that can be used to provide rental assistance to support the newly unemployed after local eviction moratoriums expire; continue outreach and information dissemination to landlords and tenants to understand program rules.

Strategy 1.3.9 Direct funding and volunteers to supplement, continue, and expand existing services for newly unemployed individuals, low-income families, seniors, and those with disabilities and access and functional needs.

Strategy 1.3.10 Coordinate with the Housing Authority of the County of San Mateo (HACSM) and owners of deed-restricted affordable housing to monitor decreased rental income and ensure protection of County- and HACSM-supported portfolios.

Strategy 1.3.11 Synchronize Strategic Plan implementation with the County-wide social progress index project, supported by Social Progress Imperative, to ensure coordination and support the work being done within the County.

Strategy 1.3.12 Ensure continued operation of public transit services throughout the County to support low-income residents and those without personal vehicles who rely on the system to get to work.

OBJECTIVE 1.4 COORDINATE AMONG FAITH-BASED AND COMMUNITY ORGANIZATIONS TO MEET THE RECOVERY NEEDS OF UNDOCUMENTED RESIDENTS

Strategy 1.4.1 Coordinate efforts among County and local governments, community health organizations, immigrant advocacy organizations, and local faith-based organizations to coordinate and expand relief efforts available to immigrants and undocumented residents for delivery of food, healthcare, education, testing, housing, and quarantine options.

Strategy 1.4.2 Continue work through the County Office of Community Affairs outreach efforts and Health Equity Initiatives to develop culturally and linguistically appropriate outreach to help reassure undocumented residents and provide information on relief resources.

Strategy 1.4.3 Use parks and recreation departments and other public-facing local government departments to leverage community connections and provide outreach to undocumented residents.

Strategy 1.4.4 Identify opportunities to provide direct financial assistance to undocumented residents and leverage available local and state programs and resources, such as senior meal programs and free and reduced lunch.

Strategy 1.4.5 Identify federal, state, and community funding opportunities to expand rental assistance for undocumented residents.

Strategy 1.4.6 Work with trusted messengers to disseminate culturally and linguistically appropriate information related to equitable access to affordable and quality treatment for COVID-19.

Strategy 1.4.7 Support information dissemination through faith-based and community-based organizations and language-specific television, radio, and other media serving the immigrant population.

Strategy 1.4.8 Support community-based organizations to provide wellness checks on vulnerable or home-bound undocumented residents.

OBJECTIVE 1.5 PROVIDE OUTREACH, RESOURCES, AND SERVICES FOR INDIVIDUALS EXPERIENCING HOUSING INSECURITY AND HOMELESSNESS

Strategy 1.5.1 Coordinate with the San Mateo County Department of Housing and other organizations, such as HACSM, to ensure existing clients understand COVID–related eviction moratoriums and subsequent policy decisions.

Strategy 1.5.2 Conduct community-wide planning efforts to develop policies, strategies, and resources to halt evictions and combat homelessness in anticipation of limited rental assistance funds for those who have lapsed in payments during the moratorium period and residents who are newly unemployed and in danger of defaulting on their mortgage.

Strategy 1.5.3 Coordinate with the San Mateo Legal Aid Society and the Tenants Together organization to provide information on legal resources for residents experiencing challenges in paying rent due to the COVID-19 response.
Strategy 1.5.4 Implement coordinated County-wide strategies to secure housing that follow appropriate social distancing guidelines for sheltered homeless residents living in overcrowded conditions and congregate shelters.
Strategy 1.5.5 Implement coordinated County-wide strategies to secure housing for unsheltered homeless residents that follows appropriate social distancing guidelines.
Strategy 1.5.6 Continue to coordinate with local hotels to provide temporary housing and COVID-19–positive respite beds for the homeless, those with serious mental illness who may harm themselves or others, and those with addiction; determine a plan for providing transitional services and resources to those individuals once the hotel agreement timeframe has passed.
Strategy 1.5.7 Collaborate with existing organizations that provide services to the homeless community, such as LifeMoves and the San Mateo Health Care for the Homeless program at the San Mateo Medical Center, to identify housing options for individuals experiencing homelessness who are transitioning out of hotels.
Strategy 1.5.8 Consider coordinating funding and resources for handwashing stations and hand-sanitizer dispensers in strategic locations across the County to provide additional sanitation resources for those who remain unhoused.

2. DELIVERING RESOURCES TO A SHELTER-IN-PLACE POPULATION

Goal 2: Ensure provision of food distribution, financial assistance programs, and mental health services to those sheltering in place

Objective 2.1 Coordinate efforts for distribution of food and other essential items and ensure items reach those in need

Objective 2.2 Provide outreach and information on available financial assistance programs and employment opportunities and resources

Objective 2.3 Ensure availability of behavioral health services, resources, and information to essential workers and all members of the community

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The ability of jurisdictions and community partners to continue to support a population that is under an extended shelter-in-place order is of utmost importance during the COVID-19 crisis. This hyper-local mission ensures critical services, resources, and programs are delivered to people with various needs and abilities. Existing community assets might be able to be repurposed and redeployed where they are needed most. The objectives and strategies in this section are intended to link to, and complement, county, local, and community-based efforts to provide resources and services to those in need.

Key Concerns

Food

Food insecurity is a growing concern. Food distribution efforts by schools, NGOs, local growers, and community organizations are facing unprecedented demand. Food must be made available to those who can't afford it and vulnerable populations like seniors and people with disabilities. Using area restaurants to supply food provides the added benefit of supporting struggling businesses.

Financial Insecurity

Prior to COVID-19, a significant portion of society lived with financial insecurity. Since COVID-19 and shelter-in-place orders, many residents have significantly reduced incomes or may have become unemployed. Programs that provide rental assistance have become overwhelmed by new applicants. Many newly unemployed individuals do not know how or where to find available assistance. Financial assistance programs and employment opportunities are key to rebounding the economy.

Mental Health

COVID-19 has been a traumatic event for everyone. Many have fallen ill, lost a loved one, or struggle to adjust to the uncertain and stressful situation. People may be sick, isolated, alone, or depressed. First responders, healthcare workers, and other essential workers are increasingly stressed and overworked. Older or dependent adults may experience self-neglect. Domestic violence may increase. Some individuals misuse alcohol and other substances while others have relapsed. Youth may engage in self-destructive behavior. It is critical to deliver mental health and substance use services to adults and children.

COMMUNITY PARTNERS

Government

- Municipal Parks, Recreation, and Community Services
- Municipal Public Affairs/Outreach
- SamTrans and Other Public Transit Partners
- Schools and school districts
- Sheriff's Office Corrections Division
- Small Business Administration
- SMC Communications Office
- SMC Department of Housing
- SMC Health
- SMC Human Services Agency
- SMC Office of Community Affairs
- SMC Office of Sustainability
- SMC Ombudsman Services

NGOs

- 2-1-1
- Bay Area Community Health Advisory Council
- CERT
- Community Legal Services in East Palo Alto (CLSEPA)
- County Core Service Agencies (Daly City Community Services Center, Samaritan House South, Coastside Hope, Pacifica Resource Center, Samaritan House, Puente, Fair Oaks Community Center, YMCA Community Resource Center)
- County Homeless Service Providers (LifeMoves, Project WeHope, Samaritan House, Mental Health Association)
- Faith-based Organizations
- Farm Bureau
- Food Banks
- Food System Alliance
- Fresh Approach
- Institute on Aging
- Job Train
- Labor Unions
- Meals on Wheels
- Mental Health Association of San Mateo
- Mental Health Hotline of California
- National Alliance on Mental Illness (NAMI)
- NOVA San Mateo
- Nuestra Casa
- Peninsula Family Service
- Renaissance Mid-Peninsula
- SAMCEDA
- San Mateo County Strong
- Second Harvest
- Service Clubs
- Silicon Valley Community Foundation
- SMC Labor Council
- St. Francis/Sienna Youth Center
- The Legal Aid Foundation

Private Sector

- Banks/credit unions
- Health Insurance Companies
- Hospital/healthcare networks
- Industry Associations
- Lucky Supermarkets
- Nursing Facilities
- PG&E's CARE Program
- Safeway
- Whole Foods

OBJECTIVE 2.1 COORDINATE EFFORTS FOR DISTRIBUTION OF FOOD AND OTHER ESSENTIAL ITEMS AND ENSURE ITEMS REACH THOSE IN NEED
Strategy 2.1.1 Identify funding to expand existing food-distribution programs targeting low-income, vulnerable, immigrant, and unemployed populations to alleviate the surge in demand; where possible, prioritize sourcing from local farmers.
Strategy 2.1.2 Manage an ongoing resource delivery program to get the right food and supplies to the right people; the program should address broad community-wide needs through food pantries and other organizations and address targeted needs of underserved communities or specific family situations (for instance, baby food and formula that are not part of standard family food pantry boxes).
Strategy 2.1.3 Review, inventory, and map food-distribution sites and any restrictions or eligibility criteria; facilitate partnerships to ensure equitable geographic distribution that reaches the communities with the greatest need.
Strategy 2.1.4 Select food-distribution sites that are well-known to the local community, such as malls or store fronts that are currently vacant; these locations can be easily identified by all residents and are more likely to be accessible by public transportation.
Strategy 2.1.5 Develop culturally and linguistically appropriate messaging and coordinate with trusted faith-based and community partners to provide outreach to the undocumented population to convey that assistance with basic needs such as food will not be held against them and they should not fear asking for help.
Strategy 2.1.6 Use non-essential City and County staff and volunteers to supplement food-distribution and food-delivery services to seniors and other vulnerable individuals without transportation; food delivery can also serve as a wellness check.
Strategy 2.1.7 Set minimum guidelines (e.g., maximum number of shoppers, sanitation protocols, worker PPE, etc.) for local grocers, restaurants, food trucks and carts, and cottage-food businesses to reduce the risk of transmission.
Strategy 2.1.8 Standardize guidelines for local grocers to implement shopping hours for vulnerable populations and essential workers.
Strategy 2.1.9 Using a combination of federal, state, and local funding sources (such as the Governor's Great Plates Delivered program and potential follow-on efforts) to employ restaurants for food preparation and delivery to vulnerable populations.
Strategy 2.1.10 Review and amend, if necessary, permits pertaining to what items restaurants can sell and thereby allow them to sell grocery items.
Strategy 2.1.11 Consider connecting with the Food System Alliance to identify ways local food supplies can be used and opportunities to distribute food directly from growers to consumers, (e.g., via farmers markets and community-supported agricultural enterprises) to supply hard-to-reach populations including those in the South Coast.
Strategy 2.1.12 Support enrollment in CalFresh (known federally as the Supplemental Nutritional Assistance Program, or SNAP) for eligible families.

OBJECTIVE 2.2 PROVIDE OUTREACH AND INFORMATION ON AVAILABLE FINANCIAL ASSISTANCE PROGRAMS AND EMPLOYMENT OPPORTUNITIES AND RESOURCES

Strategy 2.2.1 Develop a central, County-wide, one-stop shop for information on financial assistance programs and employment resources for residents.

Strategy 2.2.2 Provide individuals with assistance and support navigating recovery assistance programs, particularly for vulnerable communities (e.g., elderly, low-income individuals, families without Internet connectivity, people with disabilities, and residents with limited English proficiency).

Strategy 2.2.3 Offer non-digital (i.e., paper) application processes for those without Internet access and socially distanced in-person application processes for individuals who lack Internet access or who are unable to use computers.

Strategy 2.2.4 Provide culturally and linguistically appropriate public information on available local, state, and federal financial resources, including how to apply and criteria for qualification.

Strategy 2.2.5 Provide information and outreach to target populations who are newly unemployed and no longer have employer-sponsored healthcare to ensure continuity of care.

Strategy 2.2.6 Provide information on available unemployment benefits and job training and placement programs.

OBJECTIVE 2.3 ENSURE AVAILABILITY OF BEHAVIORAL HEALTH SERVICES, RESOURCES, AND INFORMATION TO ESSENTIAL WORKERS AND ALL MEMBERS OF THE COMMUNITY

Strategy 2.3.1 Identify mental health resources and information from major health insurance companies, Medicare, and San Mateo County Behavioral Health and Recovery Services (covering those insured through Medi-Cal) and use existing client networks to distribute information on available mental health resources.

Strategy 2.3.2 Leverage cross-promotion opportunities for outreach, such as providing flyers with mental health resource referrals and information to food-distribution sites.

Strategy 2.3.3 Outline categories of essential workers (including grocery, healthcare, law enforcement, etc.) and understand how employers address mental health needs through employee-sponsored health insurance to identify gaps and opportunities to promote expansion of mental health resources by employers, labor units, business associations, and other groups with direct outreach to those workers.

Strategy 2.3.4 Explore partnerships with private insurance agencies and hospitals (e.g., Kaiser, Peninsula) to develop and disseminate mental health resources.

Strategy 2.3.5 Work with local school districts, private schools, preschools, and daycares to identify available mental health resources through school districts' health insurance companies and Employee Assistance Programs (EAP) to provide educators with mental health resources and emotional support.

Strategy 2.3.6 Coordinate with the Agricultural Commissioner, local farm bureaus, community-based organizations, and faith-based organizations to ensure culturally and linguistically appropriate mental health support services reach immigrant communities and farm workers on the coast.
Strategy 2.3.7 Continue drive-by "Health Equity Committees" made up of community representatives and County Health Department staff to serve underserved/underrepresented African American, Latinx, and LGBTQ communities.
Strategy 2.3.8 Develop targeted messaging to cultural communities where mental health is traditionally stigmatized and encourage asking for help through available channels such as hotlines.
Strategy 2.3.9 Involve the faith-based community, including those in underserved communities, in outreach efforts to disseminate information on mental health resources to their congregations.
Strategy 2.3.10 Coordinate programs that match volunteers with isolated and vulnerable residents who are elderly, home-bound, or have disabilities or special needs to provide home wellness checks, home delivery, and daily phone calls to combat isolation, loneliness, and depression.
Strategy 2.3.11 Work with the Sheriff Office's Corrections Division and inmate support groups to provide mental health resources, connect inmates with family and friends, and arrange temporary housing assistance to those recently released or due to be released from jails.
Strategy 2.3.12 Collaborate with organizations such as the Mental Health Association of San Mateo County, National Alliance on Mental Illness (NAMI), California Club House, Heart and Soul, and others to expand virtual mental health resources.
Strategy 2.3.13 Provide technical assistance to bring case worker and social worker services online.
Strategy 2.3.14 Expand or supplement existing mental health, suicide prevention, and violence prevention hotlines by recruiting and training volunteers who represent ethnic communities and speak various languages to staff phone banks that provide mental health and emotional support.
Strategy 2.3.14 Advocate for strengthened enforcement of mental health parity laws at the state and federal levels.
Strategy 2.3.15 Expand training on mental health first aid, crisis intervention, and de-escalation practices for law enforcement as a means of promoting mental health and safety of both residents and first responders.

3. TRIGGERS FOR LIFTING SHELTER-IN-PLACE ORDERS: MODELING, TESTING, AND TRACING

Goal 3: Outline triggers and milestones that can be used to inform a reopening strategy

Objective 3.1 Develop a data-collection strategy for evaluating the efficacy of protective measures

Objective 3.2 Expand testing capacity through public-private partnerships and augmented Public Health Lab

Objective 3.3 Expand contact-investigation and tracing capacity in coordination with the state

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Determining the type and extent of COVID-19 mitigation and management measures will be based on the best available data. Processes should be put in place for collecting and analyzing data to continually track the transmission of COVID-19.

Note: County Health is developing a Testing Expansion Plan. The objectives and strategies in this section were developed prior to finalization of the plan. These strategies are intended to link to and complement County Health's ongoing work but may be supplanted by County Health plans as they are developed.

Key Concerns

Modeling

Until an effective vaccine is developed, communities will rely on the best available data to make decisions. Modeling might serve as a leading indicator for additional waves of outbreaks and inform decisions to adjust COVID-19 management strategies. Modeling projections for the number of cases, hospitalizations, and intensive care unit (ICU) beds can enhance situational awareness throughout the crisis.

Testing

Testing is a vital tool for understanding the actual threat of COVID-19 in the community. Communities across the country and the world have struggled to scale testing to the level necessary to effectively track the spread of COVID-19. Governments at all levels are committed to increasing and expanding the capacity for testing throughout the crisis.

Contact Tracing

In conjunction with adequate testing capacity, contact tracing is a necessary task for managing COVID-19. Contact tracing is the systematic identification and monitoring of all persons who might have been exposed to a person diagnosed with COVID-19. It involves identifying and notifying individuals who are at risk of developing COVID-19 due to interaction with a confirmed patient. These contacts may be tested and encouraged to self-monitor or self-quarantine depending on their symptoms, underlying conditions, and test results.

COMMUNITY PARTNERS

Government

- California Department of Health
- SMC Health

NGOs

- Biocom Life Science Association of California

Private Sector

- Biomedical Research Companies
- Private Healthcare Providers
- Private Labs
- Stanford University
- University of California San Francisco and Other Colleges and Universities

OBJECTIVE 3.1 DEVELOP A DATA-COLLECTION STRATEGY FOR EVALUATING THE EFFICACY OF PROTECTIVE MEASURES

Strategy 3.1.1 Build and maintain close partnerships with academic institutions to leverage their COVID-19 modeling capabilities.

Strategy 3.1.2 Monitor other jurisdictions and institutions across the United States for lessons learned or new and innovative methodologies and technologies.

Strategy 3.1.3 Establish metrics and thresholds for triggering decisions related to reopening and shelter in place and communicate reasoning behind specific targets and how and why they have been selected.

Strategy 3.1.4 Use modeling data in a real-time framework to inform guidance for decision makers as to what to expect with regard to hospitalizations, ICU beds, and ventilator usage.

Strategy 3.1.5 Continue to expand data collection that is currently underway to include the number of confirmed cases and deaths by race, ethnicity, gender identity, socio-economic status, and disaggregate it by jurisdiction, to help define the scope of the problem in marginalized communities.

Strategy 3.1.6 Ensure collaboration with local agencies and organizations, such as school districts and transit operators, to review public health guidance related to their operations.

OBJECTIVE 3.2 EXPAND TESTING CAPACITY THROUGH PUBLIC-PRIVATE PARTNERSHIPS AND AN AUGMENTED PUBLIC HEALTH LAB

Strategy 3.2.1 Leverage partnerships with the local health-sciences sector to build local capacity for COVID-19 testing and antibody testing.

Strategy 3.2.2 In the absence of widespread testing, develop a phased approach to best allocate limited testing resources; establish a sentinel site(s) to first evaluate those highest at risk, and then expand to multiple sentinel sites to assess the spread of disease.

Strategy 3.2.3 Identify new technologies and serve as a conduit for procuring or assisting the government in procuring new Food and Drug Administration (FDA)-approved and -validated testing kits as soon as they become available.

Strategy 3.2.4 Prioritize testing sites in locations in underserved and low-income areas with residents that may lack access through their employer or healthcare provider.

Strategy 3.2.5 Collaborate with trusted community partners to develop culturally and linguistically appropriate messaging and outreach that helps marginalized communities understand the importance of testing and encourages them to feel safe getting tested.

OBJECTIVE 3.3 EXPAND CONTACT-INVESTIGATION AND TRACING CAPACITY IN COORDINATION WITH THE STATE

Strategy 3.3.1 Develop a tiered approach to layer contact investigator recruitment and training efforts.

Strategy 3.3.2 Leverage existing staff resources, such as government employees who can be reassigned (librarians, teachers, administrative personnel), community volunteers, medical students, or community emergency response team (CERT) members to support contact tracing.

Strategy 3.3.3 Develop data-collection and data-management methodologies to aggregate information in a useful format.

Strategy 3.3.4 Conduct outreach that is culturally and linguistically appropriate to help all residents understand the process for and importance of contact-tracing efforts; work with community-based organizations, school districts, and other trusted messengers to disseminate guidance and messaging to underserved communities.

Strategy 3.3.5 Identify resources and referrals for temporary housing options for low-income residents who have tested positive for COVID-19 and need to quarantine outside the home, often because they share a multi-generational or multi-family household with vulnerable members.

4. ECONOMIC RECOVERY AND FINANCIAL IMPACT PLANNING

Goal 4: Support initiatives to return economic and business activities to a healthy state and develop new business and employment opportunities

Objective 4.1 Provide resources and assistance to individuals and families

Objective 4.2 Support the reopening and revitalization of local businesses

Objective 4.3 Evaluate impacts to local government tax revenues and develop strategies to address shortfalls

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Economic and financial impacts from the COVID-19 crisis might last years, and supporting economic recovery of local government, businesses, families, and individuals must be a focal point of the County's comprehensive long-term strategy. The objectives and strategies in this section are intended to link to, and complement, ongoing community efforts to address financial and economic impacts caused by COVID-19.

Key Concerns

Individual and Family Recovery

Record numbers of people have been furloughed and laid off due to closures of non-essential businesses and travel restrictions. Many renters and homeowners are struggling to make monthly payments. Individuals and families need multifaceted support from government and community partners to help rebound from financial setbacks.

Business Recovery

Businesses have been forced to quickly adapt operations to meet shelter-in-place orders. Retail, restaurants, hospitality, and other commercial sectors have been affected, and small businesses are some of the hardest hit. Many local businesses need immediate financial assistance in order to survive. Businesses also need a framework for reopening that business owners and customers understand and have confidence in.

Public Sector Recovery/Loss of Tax Revenue

Local governments rely heavily on revenue from sales tax and transient occupancy tax. During shelter-in-place orders, most businesses and hotels closed, and large events were cancelled. These closures cause considerable loss in tax revenues at the same time that there is an increased reliance on local government. Leveraging financial support from state and federal resources will be a key strategy for addressing revenue shortfalls.

COMMUNITY PARTNERS

Government

- Child Care Partnership Council
- Get Healthy San Mateo* (County-Community collaboration)
- Housing Authority of San Mateo County
- Municipal Economic Development
- Municipal Finance Department
- Municipal Public Affairs/Outreach
- SamTrans, Caltrain, and Other Public Transit Partners
- San Mateo Community College District
- San Mateo County Transit District
- SMC Communications Office
- SMC County Manager's Office
- SMC Department of Housing
- SMC Health
- SMC Human Services Agency
- SMC Office of Community Affairs
- SMC Treasurer/Tax Collector

NGOs

- Bay Area Entrepreneurship Center of Skyline College
- Boys & Girls Clubs
- Burlingame Downtown Business Improvement District
- Chamber of Commerce
- Child Care Coordinating Council (4Cs)
- County Core Service Agencies (Daly City Community Services Center, Samaritan House South, Coastside Hope, Pacifica Resource Center, Samaritan House, Puente, Fair Oaks Community Center, YMCA Community Resource Center)
- Downtown San Mateo Association (DSMA)
- Greenlining Institute
- Immigrant Business Associations
- JobTrain
- Mental Health Association
- North Valley Job Training Consortium (NOVA)
- Peninsula Family Service
- Policy Link
- Redwood City Improvement Association
- Renaissance Mid-Peninsula
- SAMCEDA
- San Mateo County Strong
- Service Clubs
- Silicon Valley Community Foundation
- SMC Labor Council
- Thrive Alliance
- Unite Here

Private Sector

- California Apartment Association
- California Grocers Association
- California Hotel & Lodging Association
- California Restaurant Association
- Hotels, Convention Centers, and Venues
- San Francisco International Airport
- San Mateo County Association of Realtors
- Small, medium, and large businesses and employers

OBJECTIVE 4.1 PROVIDE RESOURCES AND ASSISTANCE TO INDIVIDUALS AND FAMILIES
Strategy 4.1.1 Develop a central, County-wide, one-stop shop for information on financial assistance programs based on areas of need.
Strategy 4.1.2 Identify trusted community partners who can help individuals navigate recovery information; this assistance is particularly critical for vulnerable communities (e.g., elderly, low-income individuals, families without Internet connectivity, people with disabilities, and residents with limited English proficiency).
Strategy 4.1.3 Leverage trusted partners, such as the County Parks Department, Human Services Agency, Department of Housing and Housing Authority, libraries, school districts, early and higher education institutions, childcare partners, community nonprofit and community-based organizations, and faith-based organizations, to disseminate culturally and linguistically appropriate information on available assistance programs.
Strategy 4.1.4 Identify existing options for childcare for all ages and support initiatives to expand childcare resources for employees, which is critical to working parents.
Strategy 4.1.5 Coordinate with area nonprofit organizations, core service agencies, faith-based community, school districts, early and higher learning education institutions, and childcare partners to identify unmet needs.
Strategy 4.1.6 Promote fair wages and prevent wage theft for hourly and low-wage essential workers, such as agricultural workers, food service, food delivery, and custodial work, that are often filled by low-income, immigrant, and other underserved populations.
Strategy 4.1.7 Provide low-income families with direct assistance to help with virtual schooling, mental health and medical care, rent and mortgage payments, and other critical needs.
Strategy 4.1.8 Identify potential federal and state funding resources (e.g., CARES Act funding) that can be used to provide rental assistance to support the newly-unemployed after local eviction moratoriums expire; continue outreach and information dissemination to landlords and tenants to understand program rules.
Strategy 4.1.9 Direct funding and volunteers to supplement, continue, and expand existing services for newly unemployed individuals, low-income families, seniors, and those with disabilities and access and functional needs.
Strategy 4.1.10 Collaborate with local corporations and donors to supplement financial needs for those who become unemployed due to COVID-19.
Strategy 4.1.11 Identify employment opportunities for recently unemployed residents to further COVID-19 response and recovery activities (e.g., providing deliveries and outreach to vulnerable populations, staffing phone banks such as 2-1-1, and contact tracing).
Strategy 4.1.12 Encourage local employers to identify new ways their business may pivot to meet COVID-19 recovery needs and hire employed residents (e.g., retool private sector businesses that can support production of PPE, hand sanitizer, etc.).

Strategy 4.1.13 Consider partnering with Job Train, NOVA San Mateo, the United Way, and others to assist the growing number of dislocated workers and set up workforce development and job training programs for disadvantaged residents; consider partnering with Renaissance Entrepreneurship Center and Bay Area Entrepreneurship Center to provide training to dislocated workers who want to start their own business.

Strategy 4.1.14 Partner with local community colleges to identify workforce needs, trends, and available training to support workers who may have to transition to new sectors, develop new skills, or adapt to a virtual workplace.

Strategy 4.1.15 Consider partnering with local jails to help formerly incarcerated residents access jobs.

OBJECTIVE 4.2 SUPPORT THE REOPENING AND REVITALIZATION OF LOCAL BUSINESSES

Strategy 4.2.1 Develop or promote safety guidelines tailored for different sectors and business types (e.g., hair salons, hotels, restaurants, etc.) that outline recommendations for cleaning, PPE, screening, and distancing.

Strategy 4.2.2 Provide support and technical assistance to local businesses, with targeted assistance for minority-owned businesses and businesses located in low-income areas; consider partnering with Renaissance Mid-Peninsula and other local organizations with strong relationships with minority-owned small businesses and community-based organizations to develop culturally and linguistically appropriate outreach.

Strategy 4.2.3 Provide support and technical assistance to nonprofit employers, with targeted assistance to those serving local vulnerable communities with the greatest needs.

Strategy 4.2.4 Provide information to landlords of residential and commercial properties on proper application of public health guidelines.

Strategy 4.2.5 Establish a business-to-business forum where businesses can share strategies for implementing best practice guidance in their specific industry or sector.

Strategy 4.2.6 Provide opportunities for government partners to share strategies with businesses and discuss how public health recommendations apply to specific types of sectors and industries (this can be held through virtual meetings, webinars, guidance documents, etc.).

Strategy 4.2.7 Provide links to resources, training, and tools to help employers manage remote teams and adapt staff to telework environments.

Strategy 4.2.8 Review short-term rental ordinances to consider relaxing them temporarily to encourage individual revenue generation.

Strategy 4.2.9 Rank businesses as low, medium, or high depending on risk of transmission due to the level of human interaction and whether the interaction occurs indoors or outdoors; open low-risk services first (e.g., gardeners, small independent contractors).

Strategy 4.2.10 Evaluate workforce transportation needs and work with transit partners to consider adjustments to service schedules and operations to meet the demand.

Strategy 4.2.11 Ensure continuity and availability of essential public transportation services to provide smart, effective, and reliable access to jobs, shopping, and services within San Mateo County and surrounding counties.

Strategy 4.2.12 Collaborate with local industry partners and business-sector representatives to develop "self-certify" standards for businesses to communicate to the public that they are employing COVID-19 management best practices and build consumer confidence.

Strategy 4.2.13 Working in coordination with Thrive Alliance, SAMCEDA, and partners such as SMC Labor Council or Unite Here, collaborate with local industries that typically require higher levels of human interaction to develop measures to lessen the need for human interaction; consider funding programs to provide PPE to small businesses and organizations who may not be able to incur additional expenses.

Strategy 4.2.14 Coordinate with Thrive Alliance and SAMCEDA to provide consistent messaging to small, medium, and large businesses and nonprofits and disseminate online training resources for proper cleaning, use of PPE, and other safety measures.

Strategy 4.2.15 Identify long-term initiatives to support climate adaptation and climate change mitigation to promote public health and environmental health benefits, such as working with the private sector to offer flexible work schedules and continue telework operations to reduce public transit congestion and vehicle emissions.

Strategy 4.2.16 Provide support and technical assistance to childcare providers who face closures due to reduced ratios and income and establish a forum or leverage an existing childcare planning group to address the long-term impacts of childcare closures to the workforce and economy.

Strategy 4.2.17 Partner with the nonprofit sector to survey the long-term nonprofit infrastructure needs so that service delivery can adapt and organizations stay operational; promote forums where nonprofit organizations can share strategies for implementing best practice guidance and work with government to look at the service delivery structure for the long-term.

OBJECTIVE 4.3 EVALUATE IMPACTS TO LOCAL GOVERNMENT TAX REVENUES AND DEVELOP STRATEGIES TO ADDRESS SHORTFALLS

Strategy 4.3.1 Evaluate cash reserves and estimate tax and fee losses to determine budget gaps in each jurisdiction and across the County.

Strategy 4.3.2 Establish a coordinating function for managing state and federal aid across all jurisdictions.

Strategy 4.3.3 Evaluate spending that may be eligible for federal funding, such as FEMA's Public Assistance (PA) program Category B.

Strategy 4.3.4 Track ongoing COVID-19 related employment declines in the County.

Strategy 4.3.5 Review existing development proposals throughout the County to determine which projects will no longer be moving forward or are delayed; determine what impact project changes will have on the projected tax base.
Strategy 4.3.6 Communicate with commercial brokers to monitor what businesses are canceling leases, moving out of the area, renewing leases, etc.
Strategy 4.3.7 Monitor indicators of business recovery, including license renewal, health permit renewal, and timeline of payment for licenses.
Strategy 4.3.8 Evaluate anticipated decreases school funding and determine how these decreases may affect schools over time.
Strategy 4.3.9 Evaluate non-essential government services that could be suspended, eliminated, or shared between agencies at a reduced cost.
Strategy 4.3.10 Evaluate the financial impacts of COVID-19 mitigation measures (e.g., limited occupancy and increased cleaning) on public transit agencies.
Strategy 4.3.11 Identify strategies to address decreased revenues of essential public transit services operating at limited schedules and with reduced ridership.
Strategy 4.3.12 Consider cost-cutting measures such as hiring freezes, project and department budget reductions, shred services at reduced costs, or alternative (more efficient) means of providing services.
Strategy 4.3.13 Monitor eviction and foreclosure trends to understand long-term economic impacts for tenants, landlords, and homeowners.
Strategy 4.3.14 Partner with the County State Association of Counties to monitor funding packages proposed by federal and state government and advocate for local needs.

5. EDUCATION AND CHILDCARE SERVICES

Goal 5: Identify resources and ways to provide necessary resources and support to practitioners, children, and parents while sheltering in place and for reopening schools

Objective 5.1 Coordinate support services and resources, such as connectivity and transportation, needed for school reopening

Objective 5.2 Identify available care resources for children of all ages to meet the needs of the workforce

Objective 5.3 Provide information on available mental health and wellness resources and partner with entities positioned to expand and promote virtual mental health support services

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The COVID-19 crisis has been a traumatic event for the whole community but has been particularly taxing for school-aged children who have had to adjust to a completely new learning environment without the in-person support of friends or teachers. Parents often need to multi-task between working and schooling duties, and many lack the time or resources to meet the child's needs. The objectives and strategies in this section are intended to link to and complement the school district's COVID-19 recovery planning.

Key Concerns

Connectivity, Transportation, and Support Services for Reopening

Risk-reduction measures have caused significant disruption in the supplemental needs of students and families. It is anticipated that the upcoming school year will involve some level of distance learning, which requires families to have internet connectivity and access to a personal computer or tablet. Many students without access to these resources come from low-income families, and without participation in remote learning, these students are at an even greater disadvantage. When schools resume in-person learning, social distancing requirements will reduce the availability of buses and other public transportation options.

Childcare Services

Childcare is an essential service required by our workforce and vital to our economic recovery. Many essential workers and service-sector workers do not have the option to work from home—they depend on childcare. Many who can work remotely also need childcare options, as maintaining productivity while parenting and supervising children's distance learning is not sustainable. Single parents working remotely, especially those working in essential services, need affordable care. The growing demand, coupled with social distancing limitations, could cause significant shortages.

Mental Health

Children have been uprooted from their daily routines, isolated from much of their support system, and forced to adapt to new learning environments and expectations. As schools adapt, there will be a greater need for mental health resources and emotional support not only for children but also for educators and families.

COMMUNITY PARTNERS

Government

- Child Care Partnership Council
- County/Municipal Parks, Recreation, and Community Services
- First 5 San Mateo County
- Get Healthy San Mateo* (County-Community collaboration)
- Libraries
- SamTrans and Other Public Transit Partners
- SMC Behavioral Health and Recovery Services
- School Districts and Administration
- School Wellness Alliance
- SMC County Health (BHRS, PHPP, Family Health Services, San Mateo Medical Center (Pedlabiatrics))
- SMC Office of Community Affairs
- SMC Office of Education, SELPA

NGOs

- 17th District PTA
- Boys & Girls Clubs
- Build Up SMC
- Child Care Coordinating Council (4Cs)
- Community and Education Foundations
- County Core Service Agencies (Daly City Community Services Center, Samaritan House South, Coastside Hope, Pacifica Resource Center, Samaritan House, Puente, Fair Oaks Community Center, YMCA Community Resource Center)
- Faith-based Groups
- Gatepath
- Help Me Grow
- Peninsula Health Care District
- San Mateo County School Boards Association
- School Wellness Alliance
- Sequoia Healthcare District
- The Big Lift

Private Sector

- Childcare Providers
- Employee Assistance Providers
- Health Insurance Companies
- Mental Health Providers
- Private Schools
- Universities

OBJECTIVE 5.1 COORDINATE SUPPORT SERVICES AND RESOURCES, SUCH AS CONNECTIVITY AND TRANSPORTATION, NEEDED FOR SCHOOL REOPENING

Strategy 5.1.1 Establish a base foundation for home learning, outline equipment and service requirements, identify students who need assistance in meeting basic resources, and connect them with available services or programs.

Strategy 5.1.2 Work with community-based organizations to match families that have limited technology experience with volunteers who can provide basic technological support, particularly for parents with limited English proficiency.

Strategy 5.1.3 Support programs that provide laptops, netbooks, and tablets with appropriate security software, as well as Wi-Fi hotspots to support distancing learning for low-income, rural, and immigrant students.

Strategy 5.1.4 Work with government partners, school districts, and community organizations to coordinate efforts that leverage volunteers to provide culturally and linguistically appropriate real-time, free virtual tutoring, art and music classes, and other enrichment activities for low-income and underserved students.

Strategy 5.1.5 Consider planning that promotes and organizes active transportation for both the public and students, such as walking and biking to schools, as an alternative to buses that may have limited capacity.

Strategy 5.1.6 Explore the possibility of repurposing hotel shuttles and other small passenger vehicles to transport students.

Strategy 5.1.7 Facilitate information exchange between school districts and local transit partners to consider the needs of students and the greater public, and collaborate on possible solutions to meet the needs of school schedules, occupancy and ridership, routes, and operators to reduce crowding, person-to-person interaction, and time spent on the bus.

Strategy 5.1.8 Encourage local school district transportation providers to consult with SamTrans to learn about best practices that SamTrans has successfully implemented for appropriate social distancing, sanitation and cleaning, and PPE guidelines for drivers and passengers so school districts can adapt them to school fleet vehicles.

OBJECTIVE 5.2 IDENTIFY AVAILABLE CARE RESOURCES FOR CHILDREN OF ALL AGES TO MEET THE NEEDS OF THE WORKFORCE

Strategy 5.2.1 Coordinate with local essential industry associations (e.g., grocers, medical, first responders, and teachers) to ensure that essential workers are aware of available childcare resources.

Strategy 5.2.2 Identify and provide guidance to childcare providers, youth camps, recreation programs, athletic facilities, and after school care facilities related to proper cleaning, PPE, and distancing needs for safe operation.

Strategy 5.2.3 Identify federal, state, and local funding that can be used to increase and maintain existing child care facilities and keep private, nonprofit organization, faith-based, and public childcare facilities and programs financially solvent during shelter-in-place and social distancing orders and prevent further closures.

Strategy 5.2.4 Collaborate among government, private, nonprofit, faith-based, and public childcare providers to develop an online database of available care resources to match providers with clients and work with providers to keep the database updated over the long-term.

Strategy 5.2.5 Use GIS mapping to locate operational private, nonprofit, faith-based, and public childcare facilities and programs, track them over time, and work to fill gaps, particularly in low-income, underserved, and immigrant neighborhoods.

OBJECTIVE 5.3 PROVIDE INFORMATION ON AVAILABLE MENTAL HEALTH AND WELLNESS RESOURCES AND PARTNER WITH ENTITIES POSITIONED TO EXPAND AND PROMOTE VIRTUAL MENTAL HEALTH SUPPORT SERVICES

Strategy 5.3.1 Identify community mental health and trauma response resources supplemental to private health insurance, including hotlines, community-based and nonprofit organizations' programs, and telehealth/virtual providers, and the target groups they serve (e.g., children, underserved populations, special needs populations, non-English speaking individuals) to determine where gaps exist.

Strategy 5.3.2 Coordinate cultural and linguistically appropriate public outreach and information with community-based organizations, County and local agencies, and nonprofit organizations to share information on available behavioral health and wellness support services to children and their families.

Strategy 5.3.3 Identify existing funding sources at the federal, state, and local levels and how these funds can be leveraged for schools and childcare to increase mental health support resources.

Strategy 5.3.4 Collaborate through employee assistance programs to promote a peer-counseling support structure to provide emotional support to teachers, staff, and practitioners.

Strategy 5.3.5 Identify and promote trauma-informed care trainings for education, childcare, and nonprofit organizations that serve residents.

6. PREPARING FOR FUTURE OUTBREAKS

Goal 6: Evaluate lessons learned and provide information and outreach to increase community resiliency for handling varying degrees of shelter-in-place and management measures

Objective 6.1 Assess lessons learned related to supply chain, procurement, resource requirements, and reopening

Objective 6.2 Develop coordinated, frequent, clear, consistent, and timely public messaging to residents and businesses to combat fatigue and manage public expectations

Objective 6.3 Maintain community morale through outreach, programs, and activities that engage the whole community, including those with limited English proficiency, without Internet access, or who are home-bound

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Public health experts have noted that cases of COVID-19 may increase during phased reopening or on a seasonal basis. Rises in cases beyond the benchmark metrics set by public health authorities may lead officials to decide to reinstate or alter mitigation measures until the outbreak is contained. Mitigation measures may be "dialed up" and "dialed back" multiple times. The community must be understanding, adaptable, and take appropriate measures to adhere to public health recommendations. The County has the opportunity to examine what has been learned to date and refine messaging and outreach in order to increase the community's resilience to the dynamic situation. The objectives and strategies in this section are intended to link to, and complement, the community outreach and planning currently underway.

Key Concerns

Lessons Learned

Governments do not only have the opportunity to learn from their experiences, but they also have the opportunity to learn from other cities, counties, states, and countries. Learning from successes and pitfalls can help redirect strategies and inform future decision making to navigate potential additional outbreaks.

COVID-19 Fatigue, Weariness, and Stress

In the event of additional outbreaks, it may be necessary to prolong or re-institute strict shelter-in-place orders for an extended period of time. Reopened businesses and schools may again need to close for the health of the community. This uncertainty causes additional stress and fatigue among residents. Growing frustration may result in noncompliance and civil unrest.

Vulnerable Populations

Additional outbreaks will exacerbate negative effects on vulnerable populations, including the elderly, people with disabilities, and low-income and underserved populations. Re-instituting strict shelter-in-place measures may cause additional loss of income, loss of cultural and spiritual connections, and the inability to access critical services.

COMMUNITY PARTNERS

Government

- City Managers, Mayors, and local officials
- Municipal Parks, Recreation, and Community Services
- Municipal Public Affairs/Outreach
- SamTrans and Other Public Transit Partners SMC Communications Office
- SMC Health
- SMC Human Services Agency
- SMC Office of Community Affairs
- SMC Office of Emergency Services

NGOs

- Community and Education Foundations
- County Core Services Agencies
- County Mental Health Association
- Faith-based Organizations
- Second Harvest

Private Sector

- Assisted Living and Nursing Facilities
- Grocery stores and food suppliers
- Local Employers

OBJECTIVE 6.1 ASSESS LESSONS LEARNED RELATED TO SUPPLY CHAIN, PROCUREMENT, RESOURCE REQUIREMENTS, AND REOPENING
Strategy 6.1.1 Coordinate a formal planning process for the County and local jurisdictions to clearly outline what would necessitate varying degrees of re-sheltering after some areas are reopened.
Strategy 6.1.2 Coordinate discussions of lessons learned with local governments, hospitals, school districts, assisted living and senior communities, hotels, businesses, transit partners, San Francisco International Airport, and other key sectors.
Strategy 6.1.3 Define the County's role in management of PPE and equipment and clarify with all stakeholders, including state and local governments, healthcare providers, assisted living and nursing facilities, businesses, and nonprofit and community-based organizations.
Strategy 6.1.4 Identify opportunities for local manufacturing of PPE and other key products that may experience shortages in the supply chain.
Strategy 6.1.4 Work with local businesses and care providers, particularly in vulnerable and underserved communities, to share strategies for procurement of PPE.
Strategy 6.1.5 Develop and disseminate messaging that explicitly discourages and prohibits hoarding of essential items; develop standardized guidelines for grocery stores and other retailers supporting equitable distribution of items per household.
Strategy 6.1.6 Develop and disseminate messaging that offers residents guidance related to the types and quantities of food and supplies they should keep on hand and prohibit them from hoarding items that may be needed by others.

OBJECTIVE 6.2 DEVELOP COORDINATED, FREQUENT, CLEAR, CONSISTENT, AND TIMELY PUBLIC MESSAGING TO RESIDENTS AND BUSINESSES TO COMBAT FATIGUE AND MANAGE PUBLIC EXPECTATIONS

Strategy 6.2.1 Coordinate a community resiliency campaign to disseminate messaging that encourages the public to continue with face coverings, social distancing, and other personal mitigation measures and unify the broader community.

Strategy 6.2.2 Conduct frequent, accurate, clear, and compassionate public messaging from local elected leaders focused on hope, encouragement, and reassurance.

Strategy 6.2.3 Tailor public health messaging for various ethnic and cultural groups and age groups, including children, teens, millennials, middle-aged, and seniors, to ensure messaging resonates with their circumstances and concerns.

Strategy 6.2.4 As reopening plans are implemented, communicate County Health Department directives in clear, simple, succinct messaging in a variety of languages; clarify specifically how the directives apply and what measures individuals and businesses should take to stay healthy.

Strategy 6.2.5 Develop culturally and linguistically appropriate pre-scripted messaging to counter rumors and misinformation that can be used by the County, local jurisdictions, the private sector, and community partners.

Strategy 6.2.6 Provide crisis communication trainings, webinars, or work sessions for local governments, community organizations, businesses, and universities to share best practices for public health messaging.

Strategy 6.2.7 Continue to strengthen and build upon existing communication channels and partnerships for information sharing particularly with trusted messengers of faith-based and community-based organizations that support minority, low-income, and vulnerable populations.

Strategy 6.2.8 Share public health data in a user-friendly, consistent format that informs the public and maintains transparency in difficult decision making related to reopening.

OBJECTIVE 6.3 MAINTAIN COMMUNITY MORALE THROUGH OUTREACH, PROGRAMS, AND ACTIVITIES THAT ENGAGE THE WHOLE COMMUNITY, INCLUDING THOSE WITH LIMITED ENGLISH PROFICIENCY, WITHOUT INTERNET ACCESS, OR WHO ARE HOME-BOUND

Strategy 6.3.1 Foster collaboration between local government and community organizations to co-design personalized outreach strategies for those who might not have access to typical communications channels such as social media.

Strategy 6.3.2 Identify vulnerable populations without reliable access to healthcare, such as low-income and undocumented residents, and assist them in accessing available resources.

Strategy 6.3.3 Identify community events and fundraisers that could be moved to a virtual platform and work to re-format them rather than cancelling them, when possible.

Strategy 6.3.4 Identify opportunities for physical activities to be adapted for social distancing to encourage healthy lifestyles throughout the community.
Strategy 6.3.5 Ensure outreach efforts encourage solidarity and connectivity and include positive messages of hope, respect, and empathy to remind the public of their capabilities, strengths, and accomplishments.
Strategy 6.3.6 Encourage community togetherness by identifying safe, creative outdoor programs that adhere to local guidelines, such as drive-in movies and socially distanced outdoor exercise classes.
Strategy 6.3.7 Offer opportunities for residents to voice their concerns and ask questions to local officials, such as virtual town halls, multi-language surveys, Facebook and Nextdoor forums, and radio and news segments.

7. PREPARING FOR A SECONDARY DISASTER

Goal 7: Ensure sufficient response capabilities are available to respond to a secondary disaster during varying degrees of shelter-in-place orders

Objective 7.1 Support continuity of essential safety net healthcare, public safety, transportation, and utility services, including sewer, water, communications (phone and Internet), and power

Objective 7.2 Provide temporary housing and sheltering in the event of a secondary disaster that displaces residents from their homes

Objective 7.3 Protect the integrity of the supply chain for food and other commodities during a secondary disaster

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With the constant threat of earthquakes, wildfire season, and other potential disasters, reviewing and updating existing emergency plans is critical for maintaining readiness. A secondary disaster could cause widespread damage to homes and infrastructure on which residents depend for sheltering in place safely and might require mass evacuation and rehoming of residents. Disasters may also disrupt the continuity of essential safety net healthcare that is critical during the COVID-19 crisis. The objectives and strategies in this section are intended to link to and complement ongoing preparedness efforts of local and County agencies such as emergency management, law enforcement, fire, and EMS.

Key Concerns

Utilities, Transportation, and Safety Net Healthcare

A secondary disaster may damage utility infrastructure and cause service disruptions or prolonged outages. Power shutoffs and rolling blackouts necessary to reduce the risk of wildfires will cause significant disruptions and threaten life-safety during extreme heat episodes. Incidents causing mass casualties or mass fatalities could put considerable strain on essential safety net healthcare. Damages to roads and bridges and disruptions in transit services can complicate evacuation and mobility for all populations, including the most vulnerable.

Housing

A secondary disaster could cause significant structural damage to homes and buildings. Residents whose homes are heavily damaged or under threat of being damaged may need to move into an emergency shelter or temporary housing. Shelters and disaster housing must meet requirements for heightened sanitation, PPE, and social distancing.

Food and Water

Since the onset of the COVID-19 crisis, many residents have relied on nonprofit and community organizations to provide food and other essential items. A secondary disaster may overwhelm an already strained network.

COMMUNITY PARTNERS

Government

- Local EMS
- Municipal Fire
- Municipal Law Enforcement
- Municipal Public Works
- SamTrans and Other Public Transit Partners
- School Districts
- SMC Coroner
- SMC Health
- SMC Human Services Agency
- SMC Office of Emergency Services
- SMC Office of Sustainability
- SMC Public Works (wastewater treatment, sanitation, etc.)
- SMC Ready
- SMC Sheriff's Office
- State Fire Agencies (CAL FIRE)
- State Law Enforcement

NGOs

- 2-1-1
- American Red Cross
- Community Emergency Response Teams (CERT)
- Faith-based Organizations
- Second Harvest
- Service Clubs
- WeHope

Private Sector

- Hotels and Hotel Associations
- Universities
- Utility and Communications Providers (Peninsula Clean Energy, PGE, Calwater, Recology, Rethink Waste, etc.)

OBJECTIVE 7.1 SUPPORT CONTINUITY OF ESSENTIAL SAFETY NET HEALTHCARE, PUBLIC SAFETY, TRANSPORTATION, AND UTILITY SERVICES, INCLUDING SEWER, WATER, COMMUNICATIONS (PHONE AND INTERNET), AND POWER
Strategy 7.1.1 Review and update local emergency operations plans (EOPs) and plans specific to mass casualty and mass fatality events, disaster housing and mass care, evacuation, and power outage, to ensure adaptability to COVID-19.
Strategy 7.1.2 Collaborate with faith-based and nongovernment partners to build a robust inventory of resources and assistance available for a secondary disaster given those needed for the COVID-19 response and recovery efforts, including communications, equipment, storage space, shelter, expertise, etc.
Strategy 7.1.3 Develop strategies to ensure County and City cooling centers that are set up in public spaces (e.g., civic center, library, rec centers) follow appropriate social distancing and sanitation measures.
Strategy 7.1.4 Manage staffing levels of essential City and County workers such as EMS, fire, law enforcement, public works, sanitation, and wastewater to ensure continuity of essential services.
Strategy 7.1.5 Establish and implement consistent policies for provision and use of PPE by County and City employees and establish benchmarks for having quantities of PPE and other supplies on hand.

Strategy 7.1.6 Review existing County GIS data and data collected by other agencies such as SamTrans to identify isolated and vulnerable populations that may not have Internet access and develop a targeted multi-lingual radio, phone, and mailing campaign to share emergency information; partner with trusted community and faith-based organizations to ensure penetration into underserved communities.

Strategy 7.1.7 Convene amateur and ham radio operators and CERT program participants to review emergency plans and decide how they can support emergency communications.

Strategy 7.1.8 Consider conducting an inventory of human resources within San Mateo County and surrounding counties to understand the geographic distribution of essential workers and identify potential threats and barriers to meet staffing needs due to a secondary disaster.

Strategy 7.1.9 Review disaster service-worker policy and training for County employees to ensure that all employees are equipped to pivot roles and responsibilities to assist essential activities in the event of a secondary disaster.

Strategy 7.1.10 Review the progress of the SMC Alert system across the County to gain a better sense of gaps where targeted emergency messaging and promotion of opting into the service can be directed.

Strategy 7.1.11 Work with Internet service providers to monitor Internet and cable service outages.

OBJECTIVE 7.2 PROVIDE TEMPORARY HOUSING AND SHELTERING IN THE EVENT OF A SECONDARY DISASTER THAT DISPLACES RESIDENTS FROM THEIR HOMES

Strategy 7.2.1 Assess pre-designated emergency shelters to determine whether social distancing can be practiced appropriately and find alternate locations, if necessary. For alternative sites, adjust plans for emergency transportation to shelters, particularly for vulnerable populations.

Strategy 7.2.2 Assess capacity to do post-disaster inspections of potential shelter sites (e.g., hotels, community centers, etc.) and increase the number of trained inspectors across the County and in each City to ensure that buildings can be repurposed and occupied safely and quickly.

Strategy 7.2.3 Coordinate among City and County public information and outreach departments to update public information related to "go kits" and emergency sheltering plans and provide contact information for hotels that are able to absorb displaced residents.

Strategy 7.2.4 Coordinate with the American Red Cross and other relief shelter partners to ensure that an adequate cache of cleaning and PPE supplies is on hand for congregate shelter locations.

Strategy 7.2.5 Coordinate with the local Red Cross chapter and other shelter providers, County Human Services, and County Health to ensure appropriate modifications are made in congregate sheltering setup, management, and staffing procedures resulting from COVID-19 management practices such as social distancing.

Strategy 7.2.6 Collaborate with local hotels, hotel associations, the Chamber of Commerce, and visitors' bureaus to manage a list of hotels willing to support disaster housing efforts; establish communication channels between the County and local and regional hotel chains to quickly identify real-time information on available rooms for displaced residents should they be needed.

OBJECTIVE 7.3 PROTECT THE INTEGRITY OF THE SUPPLY CHAIN FOR FOOD AND OTHER COMMODITIES DURING A SECONDARY DISASTER

Strategy 7.3.1 Organize and coordinate among local government, nonprofit and faith-based organizations, and local chapters of the Red Cross and Salvation Army to efficiently allocate volunteer and donated resources to distribute food and water to those in need, particularly vulnerable populations and low-income areas.

Strategy 7.3.2 Ensure County websites and hotlines maintain updated information and referrals for available nutrition and feeding programs for seniors, children, and adults.

Strategy 7.3.3 Engage trusted nonprofit organizations providing emergency food distribution in their communities to identify available distribution channels where additional resources can be sent directly to those with the greatest need.

Strategy 7.3.4 Communicate with local grocery stores and big box chains to identify any anticipated issues that may cause disruptions in supply chains.

Strategy 7.3.5 Assess staging areas for distribution of groceries and essential items that are currently identified in EOPs and identify additional sites if some are being used for COVID-19 response activities such as drive-through testing sites.

ATTACHMENT A: FEDERAL FUNDING SOURCES

Integral to implementation of the Communitywide COVID-19 Long-term Strategic Plan is identifying potential funding sources, including federal and state financial support, to bolster activities. Some of the costs incurred implementing the Communitywide COVID-19 Long-term Strategic Plan may be eligible for Federal Emergency Management Agency (FEMA) reimbursement or funded by Community Development Block Grant (CDBG) funds.

With the variety of federal funding sources, the County will need to control for duplicate requests for reimbursements for public health-related activities. The Centers for Disease Control and Prevention (CDC) also obligates funding for Public Health through such programs as the Preventative Health and Health Services Block Grant (PHHS) and a recent COVID-19–related program enacted by Congress, the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (CARES Act). The CARES Act makes payments to state and local governments to cover costs that are necessary expenditures incurred due to the public health emergency with respect to COVID–19; were not accounted for in the budget most recently approved as of March 27, 2020, for the state or government; and were incurred during the period that begins on March 1, 2020, and ends on December 30, 2020.

Eligible expenditures are outlined here, but examples include expenses for food delivery to residents (senior citizens or other vulnerable populations), distance learning, telework capabilities, paid sick and family leave, sanitation of jails, and care for homeless populations. Additional funds may be forthcoming from the state and federal government. All funds should be coordinated early to avoid duplication and maximize usage and amount received. It is imperative that funding recipients carefully manage the submission of reimbursements for public health measures to avoid any duplication of effort or unnecessary overlap.

FEMA PUBLIC ASSISTANCE

The most immediate stream of funding is available through FEMA's Public Assistance (PA) program. The County may have expended its own resources on critical needs such as PPE, first-responder overtime, and a shifting of duties for County staff, leaving other important but not necessarily critical tasks unattended and potentially negatively affecting the County's long-term recovery from COVID-19.

On March 13, 2020, the President declared the ongoing COVID-19 pandemic of sufficient severity and magnitude to warrant an emergency declaration for all states, tribes, territories, and the District of Columbia pursuant to section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the "Stafford Act"). Doing so allows San Mateo County to access critical funding from FEMA's PA program under Category B, Emergency Protective Measures.[1] The following COVID-19–related expenses may be reimbursable under FEMA PA Category B:

- Transporting and pre-positioning equipment and other resources for response
- Emergency Operation Center (EOC)–related costs
- Supplies and commodities
- Medical care and emergency medical transport
- Evacuation and sheltering

[1] Federal Emergency Management Agency. 2020. "Coronavirus (COVID-19) pandemic: Eligible emergency protective measures." Accessed online April 25, 2020. https://www.fema.gov/news-release/2020/03/19/coronavirus-covid-19-pandemic-eligible-emergency-protective-measures

- Childcare
- Safety inspections
- Security, such as barricades, fencing, or law enforcement
- Use or lease of temporary generators for facilities that provide essential community services
- Dissemination of information to the public to provide warnings and guidance about health and safety hazards using various strategies, such as flyers, public service announcements, or newspaper campaigns
- Storage and interment of unidentified human remains
- Mass mortuary services
- Non-deferrable medical treatment of infected persons in a shelter or temporary medical facility
- Related medical facility services and supplies
- Temporary medical facilities and/or enhanced medical and/or hospital capacity (for treatment when existing facilities are reasonably forecasted to become overloaded in the near term and cannot accommodate the patient load or to quarantine potentially infected persons)
- Use of specialized medical equipment
- Medical waste disposal
- Medical sheltering (e.g., when existing facilities are reasonably forecasted to become overloaded in the near future and cannot accommodate needs)

All sheltering must be conducted in accordance with standards and/or guidance approved by the U.S. Department of Health and Human Services (HHS)/CDC and must be implemented in a manner that incorporates social distancing measures.

Non-congregate medical sheltering is subject to prior approval by FEMA and is limited to that which is reasonable and necessary to address the public health needs of the event, is pursuant to the direction of appropriate public health officials and does not extend beyond the duration of the Public Health Emergency.

- Household pet sheltering and containment actions related to household pets in accordance with CDC guidelines
- Purchase and distribution of food, water, ice, medicine, and other consumable supplies, including PPE and hazardous material suits

The President's emergency declaration includes a 75-percent federal cost share. It is unclear at this time whether a full 100-percent cost share will be approved and provided to all declared states, territories, and tribes; therefore, it will be important in this fast-moving event that all in-kind contributions be properly documented and categorized to meet the required match.

San Mateo County already has and will likely continue to use a large number of County employees for COVID-19 planning, repositioning of supplies, supply acquisition, police services, among a number of other response activities that incur costs. San Mateo County will be able to seek reimbursement for these costs but must accurately account for time in a way that FEMA is accustomed to approving.

It is also important for County officials to exercise cross-functional planning. Forward-looking strategies to address the mitigation of future outbreaks or implement a reopening process should also be addressed through the County function that will handle federal grant dollars like FEMA PA. During COVID-19 recovery, reimbursable costs not only include expenditures the County has already executed, but also expenditures it will incur in the coming days, weeks, and months, unlike a natural disaster where an emergency period is typically short in duration.

COMMUNITY DEVELOPMENT BLOCK GRANT COVID-19 RECOVERY GRANTS

The U.S. Department of Housing and Urban Development (HUD) urges officials to use CDBG funding to support COVID-19 response efforts. The CARES Act was signed into law by President Trump on March 27, 2020, and includes $5 billion for the Community Development Fund. The CARES Act provides flexibility that makes it easier to use 2019 and 2020 CDBG grants for pandemic response, including the possibility for waivers and alternative requirements.

On April 9, 2020, HUD's Community Planning and Development's (CPD) Acting Assistant Secretary John Gibbs released a memorandum transmitting the guide "CARES Act Flexibilities for Community Development Block Grant (CDBG) Funds Used to Support Coronavirus Response." The memorandum grants a waiver for plan amendments with instructions on how a grantee may submit an amendment for allocated CDBG Coronavirus Response (CDBG-CV) funds. The expedited process allows a grantee to incorporate CDBG-CV funds within its most recent annual action plan.

Other waived requirements include updates to housing and homelessness needs assessments, housing market analysis, and strategic and consolidated action plans. In an effort to further expediate the use of CDBG-CV funds, action plans will not be restricted to a specific program year and grantees are able to develop significant amendments to their previous annual action plan. All submission requirements are outlined in the memorandum.

Activities eligible for CDBG-CV funding include the following:

- Building clinics or other facilities for testing, diagnosis, and treatment
- Purchasing, repairing, or building public works facilities
- Repurposing a closed school or commercial building as a care facility
- Using hotels or motels to expand hospital capacity and accommodate individuals who need to self-isolate
- Economic assistance to local businesses
- Supporting continuation of business to create jobs
- Manufacturing medical supplies
- Supporting increase in need for public services

Municipal governments should coordinate with the community's public health officials to determine the needs of the community. Grantees and applicants should prepare their plans as soon as possible so they can receive the funding they need to support their communities.

HUD EMERGENCY SOLUTIONS GRANTS FOR INFECTIOUS DISEASE PREPAREDNESS

Individuals experiencing homelessness are at greater risk of exposure to infectious disease, including COVID-19. Emergency Solutions Grant (ESG) Program recipients may use ESG Street Outreach and Emergency Shelter funds for essential supplies and services to reduce the spread. Eligible costs include the following:

- Emergency shelter operations, including cleaning supplies, cots and room dividers, washers and dryers, and handwashing stations
- Street outreach, including hand sanitizer, soap, masks, disposable gloves, and other PPE
- Expanded staffing

CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY (CARES) ACT

As of May 12, 2020, the CARES Act has been in force for more than a month. Below highlights how the CARES Act is being used to assist communities across the County in the first 6 weeks of its existence:

Repurposing Funds. Across the federal government, the Office of Management and Budget has authorized federal awarding agencies to facilitate repurposing grant funds to address coronavirus needs. Many agencies and programs are implementing that flexibility and issuing grant-specific guidance and processes.

Financial Stability. Central to CARES Act assistance to governments is the Coronavirus Relief Fund (Title VI), a $150-billion appropriation distributed on a formula basis as grants to states, tribes, territories, the District of Columbia, and local governments. The money is intended to help these entities address the extra, unbudgeted expenditures that they have undertaken in order to combat the pandemic.

Aside from that program, Title IV of the CARES Act establishes a $500-billion fund through which the Treasury can make loans, loan guarantees, and other investments to shore up states, municipalities, and eligible businesses such as airlines or businesses "critical to maintaining national security."

Healthcare. The Act reauthorizes and allocates funding to public health programs, including grants for rural providers (nonprofit or public) and the Hospital Preparedness Program. It allows states to use funds provided under the Older Americans Act to provide meals to individuals homebound due to social distancing. It also modifies some Medicare and Medicaid provisions to provide flexibility to operations and increase support to workers and availability of care. Finally, the Act allows for a temporary increase in the Federal Medical Assistance Percentages funds provided to states and territories.

CDC is appropriated at least $1.5 billion for grants to support preparedness and response activities by states, tribes, and certain health providers. Other HHS components have increased funds available and implemented flexibilities related to grant spending.

Unemployment Insurance. Title II.A, administered by the U.S. Department of Labor, provides a number of authorities related to unemployment insurance that can have an impact on the state's expenditures. For example, Section 2103 allows the federal government to transfer funds to states for partial reimbursement of amounts paid into the state unemployment fund by governmental (and certain not-for-profit) organizations. Section 2105 allows for full federal funding of a person's first week of unemployment claims, subject to certain conditions. Federal funding is also offered to help offset other specific unemployment programs, each with specific funding levels and criteria. Section 2106 provides flexibility in surging staff to process claims. This is an example of one of the areas where extra funds are provided for state administrative costs.

Transportation. The U.S. Department of Transportation has appropriated $36 billion to provide grants and other assistance to public-use airports and transit systems ("Transit Infrastructure Grants").

Education. The U.S. Department of Education oversees a $31-billion appropriation that, in part, provides grants to states and local education agencies to stabilize their finances. The funds support grants for local education agencies (elementary and secondary), which are routed through the state as grantee, and for institutions of higher education through a mix of grants routed through the states and grants issued directly by the Department.

Homeland Security. The U.S. Department of Homeland Security is given funds to purchase PPE and sanitization materials for distribution to the Nation. Additionally, FEMA receives funds for its Assistance to Firefighter Grants and Emergency Management Performance Grants programs.

Housing and Antipoverty. HHS is administering supplemental appropriations from the Act for programs such as low-income energy assistance, Community Services, Block Grants, and the Child Care and Development Block Grants. HUD is administering additional funds in a variety of its programs ranging from rental assistance to public housing to Community Development Block Grants. The Act prescribes a number of changes to how these specific funds are administered.

Other Supplemental Appropriations. The Act includes supplemental appropriations for dozens of other agency components or programs (Division B). Most of the line items cover the agency's own increased cost of operation, but there are some cases where the funds flow to the state or local level. The Supplemental Nutrition Assistance Program (SNAP) and Election Security Grants are examples.

It is also worth noting that Congressional Budget Office (CBO) analysis of the CARES Act highlighted one provision that imposes a mandate whose costs for state and local entities might, in CBO's view, be significant:

> "Section 3605 extends a requirement for state and local governments to provide paid family and medical leave to employees who were laid off after March 1, 2020, and later rehired. CBO expects that a small portion of the 18 million employees who have applied for unemployment benefits between early March and April 4, 2020, are eligible for the paid-leave benefit."

Federal agencies have been rapidly developing or revising processes and program rules related to CARES Act funds to support distributing moneys as expeditiously as possible. The CARES Act is the third major relief bill that Congress has passed in an effort to assist the nation's economy.

ATTACHMENT B: RESEARCH AND REFERENCES

This section includes research and example best practices that helped provide a basis for planning efforts. This research was conducted during the initial response to COVID-19 in April 2020. Many of the best practices outlined in this section have been or are actively being applied by agencies and organizations throughout San Mateo County.

1. PLANNING FOR UNDERSERVED POPULATIONS AND ADVANCING EQUITY

PRINCIPLES FOR EQUITABLE PUBLIC OUTREACH AND ENGAGEMENT

COVID-19 has not affected all populations equally, and unfortunately many decisions related to sheltering in place have deepened pre-existing racial and social inequities. Some guiding principles the County can employ to ensure inclusive community engagement and advance equity are as follows:

- Coordinate with trusted partners who understand how to reach vulnerable communities. Leading with a social equity lens helps identify institutions and organizations that can recommend tools and methods for reaching target populations.
- Set equity criteria for outreach and engagement methods. At minimum, outreach and tools must follow equity baseline thresholds, such as:

Community penetration—the level of traction and reach the outreach will have;

Accessibility—compliance with the Americans with Disabilities Act (ADA) Act and cultural and language relevancy; and

User-friendliness—ensuring messages and tools are easily understood and usable.

- Consider engaging subject-matter experts, including representatives from community groups and organizations serving vulnerable populations, in design of outreach and engagement strategies and assessment of tools to consider key equity criteria.
- Be mindful of possible barriers that vulnerable communities might experience if asked to rely on digital tools that can yield a less-diverse audience, especially tools related to non-native English-language speakers, people with disabilities and others with access and functional needs, senior citizens, people not comfortable with technology, and people without access to the Internet. Consider including traditional, analog outreach tools such as phone banks, mailings, signage, and ADA- and language-accessible tools.[2]

The *Local and Regional Government Alliance on Race and Equity (GARE) Communications Guide* is a toolkit for informal and formal communications about a jurisdiction's work toward racial equity. GARE's best practices for communications include:

- **Be explicit** about the history of racial inequity, the vision for a more equitable future, and the barriers to achieving this;
- **Be data- and story-driven** to explain the structures and systems that create racial inequity; and
- **Embrace a learning culture** to encourage a growth structure and develop short- and long-term strategies.

[2] Nelson\Nygaard Consulting Associates. 2020. "Principles for equitable public outreach & engagement during Covid-19 and Beyond." Accessed online May 18, 2020. https://nelsonnygaard.com/principles-for-equitable-public-outreach-engagement-during-covid-19-and-beyond/

The University of California, San Francisco Office of Diversity and Outreach has a plethora of resources and guidance to support diversity, equity, and inclusion during the COVID-19 crisis.

COVID-19 RELIEF PROGRAMS

GARE developed a COVID-19 Guidebook to share best practices for states and local governments to implement equitable COVID-19 recovery programs. The Guidebook recommends that local governments ensure all relief programs and initiatives:

- Provide direct monetary relief to individuals and organizations in need;
- Ensure access to basic needs (e.g., food, water, housing, healthcare, and education) regardless of citizenship or documentation status;
- Ensure resources reach vulnerable residents, including those with disabilities and access and functional needs, older adults, the home-bound, and low-income individuals; and
- Are non-punitive and rely on education and information dissemination to encourage adherence to public health directives, rather than arrests or incarceration.

Relief for Immigrants

- The City of Seattle website consolidated Immigrant Community Support resources for undocumented immigrants, including links to various relief funds from local community organizations and numbers for helplines. The Washington Immigration Solidarity Network has transitioned its immigration enforcement hotline into a COVID-19 helpline for immigrants to find rental assistance, assistance for dispensation, COVID-19 testing, support against detainment and deportation, and information on health and labor rights.
- On April 14, 2020, the State of California announced a $75-million Disaster Relief Assistance fund to provide financial support to undocumented immigrants affected by COVID-19. Philanthropic partners have committed to raising an additional $50 million. The relief supports undocumented Californians impacted by COVID-19 who are ineligible for unemployment insurance benefits and disaster relief, including the CARES Act, due to immigration status. Approximately 15,000 undocumented adults will receive a one-time cash benefit of $500 per adult with a cap of $1,000 per household.

Relief for Families Experiencing Severe Economic Loss

- The City of Seattle has created a grocery voucher program to provide 6,250 families in need with $800 vouchers to purchase food, cleaning supplies, and other household goods at any Safeway stores.[3]
- Jurisdictions including San Francisco[4] and Minneapolis[5] are suspending water shutoffs and waiving penalty and interest on delinquent utility payments. This measure ensures that all families have access to power and can practice diligent handwashing and increased sanitation measures that are key to reducing the spread of COVID-19.

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[3] Derrick, Anthony. 2020. "Mayor Jenny Durkan announces $5 million in grocery vouchers for families impacted by COVID-19." Accessed April 27, 2020. https://durkan.seattle.gov/2020/03/mayor-jenny-durkan-announces-5-million-in-grocery-vouchers-for-families-impacted-by-covid-19/

[4] Office of the Mayor. 2020. "San Francisco to suspend power and water shutoffs, waive penalties and interest for delinquent payments." Accessed April 27, 2020. https://sfmayor.org/article/san-francisco-suspend-power-and-water-shutoffs-waive-penalties-and-interest-delinquent

[5] Minneapolishmn.gov. 2020. "Impacts to Services." Accessed April 27, 2020. http://www.minneapolismn.gov/coronavirus/WCMSP-223375

- The City of Chicago has partnered with the Family Independence Initiative to create a Housing Assistance Grant Program to provide rental and mortgage relief to recently unemployed residents at or below 60 percent of the area median income ($37,000 for one person or $53,000 per family). The program will distribute $2 million from the Affordable Housing Opportunity Fund to award 2,000 individual grants in the amount of $1,000. Half of the grants will be awarded through a lottery system, with the other half distributed by community-based organizations.[6]

2. DELIVERING RESOURCES TO A SHELTER-IN-PLACE POPULATION

MENTAL HEALTH RESOURCES AND OUTREACH

The COVID-19 crisis and economic downturn have negatively affected many people's mental health and created new barriers for those already suffering from mental illness and substance use disorders. In a recent poll conducted by the Kaiser Family Foundation, 57 percent of respondents indicated that their mental health and well-being has been negatively affected by COVID-19, including trouble sleeping or eating, increased alcohol use, or worsening chronic conditions.[7]

Healthcare workers are another vulnerable population when it comes to mental health. In early February 2020, a survey of 1,257 health care workers in 34 hospitals across China found that 72 percent had experienced symptoms of distress and half had symptoms of depression and anxiety. Researchers found similar mental health outcomes in 1,379 healthcare workers in Italy, with half of the participants self-reporting post-traumatic stress disorder symptoms and 20 percent showing signs of severe depression or anxiety.[8]

Access to mental health care is limited in part due to a shortage of mental health professionals, which is likely to be exacerbated by the pandemic. While some mental health providers are increasing their use of telemedicine in light of social distancing, not all are able to do so. The recently passed Coronavirus Aid, Relief, and Economic Security Act (CARES Act) may help to address the likely increased need for mental health and substance use services. Programs like Minneapolis' Division of Race and Equity created the COVID-19 Emergency Mental Health Fund to provide for short-term relief for those who are experiencing crisis and whose ability to receive in-person help is either limited or not possible. The organization contracted with 29 organizations for between $2,500 and $7,500 of the $200,000 fund to support those who live and work in Minneapolis.

The Italian government launched a nationwide psychological support program during the country's strict lockdown. Working with regional associations and institutions, psychologists are able to provide free emergency assistance via phone or the Internet to anyone who needs it.[9]

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[6] Mayor's Press Office. 2020. "Mayor Lightfoot, the Department of Housing and Family Independence Initiative (FII) launch COVID-19 Housing Assistance Grant Program." Accessed May 19, 2020. https://www.chicago.gov/city/en/depts/mayor/press_room/press_releases/2020/march/HousingAssistanceProgram.html

[7] Chidambaram, Priya. 2020. "The implications of COVID-19 for mental health and substance use." Accessed online April 25, 2020. https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

[8] Pérez Ortega, Rodrigo. 2020. "Health care workers seek to flatten COVID-19's 'second curve'—their rising mental anguish." Accessed online April 25, 2020. https://www.sciencemag.org/news/2020/04/health-care-workers-seek-flatten-covid-19-s-second-curve-their-rising-mental-anguish

[9] "Coronavirus: Italy launches mental health service for lockdown." Accessed online April 25, 2020. https://www.dw.com/en/coronavirus-italy-launches-mental-health-service-for-lockdown/a-52960636

In Germany, the think tank Health Innovation Hub published a list of trusted and mostly free telemedicine services, including costs, reimbursement policy, functionality, and prices, that can be easily integrated into physicians' practices without technical know-how or hardware. The head of Health Innovation Hub said, "Before the COVID-19 pandemic, only a few hundred doctors were interested in telemedicine solutions for teleconsultations. In the last few days, the number has increased to several thousands."[10]

For vulnerable communities such as seniors, low-income individuals, and immigrants, access to online resources presents a challenge. Many of these groups lack personal computers and high-speed Internet service needed to access online information. Existing programs such as 2-1-1 Bay Area, television, mail, and radio may be the primary means of reaching these individuals.

The American Medical Association compiled mental health resources for healthcare workers. Local jurisdictions could also coordinate with the San Mateo County Behavioral Health and Recovery Services and its existing programs such as SMC Connected Care to identify local mental health resources. Programs associated with SMC Connected Care have established connections with individuals in vulnerable communities and could assist local jurisdictions in reaching out to individuals who may otherwise fall through the cracks or who become further isolated during the shelter-in-place order.

The State of California Health and Human Services Agency, Department of Health Care Services released guidance for local jurisdictions for providing behavioral health services via telephone and telehealth methods. The document also provides information on Medi-Cal eligibility and reimbursement details for use of these services.[11]

Hotlines can provide essential mental health support in times of crisis, and several programs are available. Local jurisdictions could consider redirecting non-essential personnel from departments that are not currently operating, such as libraries, to supplement hotline call center staff. The National Alliance on Mental Health, San Mateo County has several crisis and suicide hotline resources listed on its website.

Several private sector innovations provide access to mental health support. Services such as Talk Space offer therapy services via telephone, digital and video chat, text, and email. There are often fees associated with these services, but, in the absence of traditional support mechanisms, these services can provide a valuable option, especially to employers who are looking for ways to continue to provide for employee assistance program services and do not have access to traditional referral avenues.

FOOD AND COMMODITY DELIVERY

On April 24, 2020, California Governor Gavin Newsom announced a partnership with FEMA to provide a meal-delivery program for senior citizens across California during the COVID-19 crisis. The program will provide three meals a day prepared by local restaurants using locally produced food, to senior citizens who are stranded at home during the shelter-in-place order. This first-in-the-nation effort addresses the nutritional needs of senior citizens but also the isolation concerns specific to those residents.[12]

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[10] Olesch, Artur. 2020. "Germany benefits from digital health infrastructure during COVID-19 pandemic." Accessed online April 25, 2020. https://www.healthcareitnews.com/news/europe/germany-benefits-digital-health-infrastructure-during-covid-19-pandemic

[11] State of California Health and Human Services Agency, Department of Health Care Services. 2020. "Behavioral Health Information Notice No: 20-009." Accessed online April 23, 2020. https://www.dhcs.ca.gov/Documents/COVID-19/IN-20-009-Guidance-on-COVID-19-for-Behavioral-Health.pdf

[12] Ellison, Stephen. 2020. "Newsom announces meal delivery program for California seniors." Accessed online April 25, 2020. https://www.nbcbayarea.com/news/california/newsom-announces-meal-delivery-program-for-california-seniors/2278841/

Many cities within San Mateo County report that programs and organizations such as the Lions and Rotary Clubs and Meals on Wheels are working to provide meals to vulnerable populations and seniors who cannot leave their homes for essential items. These programs have an established connection with individuals who were using the services before the COVID-19 crisis. Supporting these existing programs with needed volunteer and financial support, where available, is an effective way to ensure that those who may not have the ability to go and purchase essential items on their own have what they need. It also can serve as a chance to check in on those who may be alone and feel isolated during the County's shelter-in-place order.

Many jurisdictions around the County use existing volunteer-matching programs to identify people willing to volunteer their time with nonprofit organizations in need of staff. Local cities could use their city websites to advertise the need for volunteers and match them up with nonprofit organizations providing services that match their skills and availability. The San Mateo County website has an existing volunteer-match program. Cities could work with the County to build a collective volunteer-match effort across the County.

The County could also coordinate the services of private sector food-delivery services such as Uber Eats to provide delivery of essential items such as food, medicines, and PPE to vulnerable populations unable to leave their homes. In addition to Uber Eats, Uber announced the launch of Uber Direct, which can provide direct delivery of non-food essential items such as medicines and pet supplies, and Uber Connect, a service that allows friends and family to order items and ship them directly to loved ones.[13]

California has been using the National Guard to assist with food distribution and logistical concerns related to food issues. This effort is meant to ensure continued support to local food pantries serviced by food banks—a more critical concern since people who never before looked to a food bank for support must now do so in the wake of the negative impacts of the COVID-19. Lower-cost items on which many people rely are not staying stocked in grocery stores, creating a food need that did not exist before COVID-19. Food-distribution networks, including soup kitchens and free-food pantries, are closing, further adding to the food-distribution challenge. Closed schools around the country are working with local food banks to establish food banks and use their campuses as food-distribution centers. A lack of volunteers is also an issue—many volunteers who would normally work with food banks are seniors who are now encouraged to remain at home.[14]

San Mateo County could collaborate with the San Mateo County Food System Alliance and Sustainable San Mateo County to bring together partners across the food production, food procurement, and food distribution chains to develop a coordinated effort to ensure that local food products are used effectively and distributed for the greatest good.

Lewis County in New York has created an innovative partnership to deliver resources to the elderly in their community. The Lewis County Department of Social Services (DSS) and the Lewis County Office for the Aging (OFA) partnered with local school districts through the Strong Schools Strong Community initiative to help senior citizens and those with chronic health conditions to stay at home. DSS and OFA assigned employees from local school districts to run errands including grocery shopping, pharmacy pickup, and

[13] Wood, Charlie. 2020. "Uber will broaden out beyond ride hailing and food delivery during the pandemic to courier packages, medicine, and pet supplies." Accessed online April 23, 2020. https://www.businessinsider.com/uber-launches-courier-coronavirus-2020-4

[14] Singh, Maanvi. 2020. "California's food banks grapple with 'tsunami of need' as pandemic grows." Accessed online April 23, 2020. https://www.theguardian.com/world/2020/apr/03/california-coronavirus-food-banks

other important errands within 3 to 5 days of a request. If an individual or family does not have money to meet needs, DSS and OFA assist in finding local resources.[15]

In Piatt County, Illinois, Piatt County Public Transportation (Piattran), Piatt County Services for Seniors, and Faith in Action have teamed to deliver groceries and pharmacy items to senior citizens. Residents are provided a phone number to place orders, volunteers do the shopping, and Piattran makes the deliveries.[16]

VOLUNTEER AND DONATION MANAGEMENT

Large disasters often motivate people to donate their time, talents, and resources to help others. Despite good intentions, large influxes of unaffiliated volunteers and unsolicited donations can complicate a recovery and sometimes cause more harm and waste than good.

Unaffiliated volunteers are individuals who are not part of an organized effort by an established volunteer network (such as the American Red Cross). While they may offer useful skills and expertise, they also need to be sufficiently trained to avoid putting themselves and others in danger. With the right training and instruction, unaffiliated volunteers can present a valuable resource to expedite community recovery operations. The Florida Division of Emergency Management determined that economic advantages alone are significant enough to justify making volunteers a part of emergency plans and regularly incorporate them during hurricane cleanup.[17] Furthermore, costs associated with volunteer management during federally declared disasters, such as the COVID-19 crisis, are potentially eligible for FEMA reimbursement, provided the proper memorandums of understanding and documentation are in place.

Local, state, and national Voluntary Organizations Active in Disaster (VOAD) partner organizations and other local NGOs are invaluable resources during any disaster for identifying, coordinating, and overseeing recovery volunteer opportunities. Local governments should partner with the local VOAD to proactively disseminate information via social media and local websites about safe, legitimate volunteer opportunities. Directing unaffiliated volunteers to specific opportunities helps give valuable tasks to people who want to help and particularly to people who want to be a part of their own community's recovery.

It is also important to track all volunteer hours closely and tie them to specific COVID-19 tasks. This provides an easy way to leverage those labor hours as in-kind contributions toward any federal grant cost matching requirement.

Volunteers can be a significant source of readily available labor, skills, and abilities and can be invaluable in reaching underserved populations. Some of the most useful volunteer roles during recovery for COVID-19 include:

- Providing foreign-language translation and interpretation for printed materials, webinars, website content, and virtual consults;

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[15] Lewis County, New York, Department of Social Services. 2020. "Key information for the public in the need of or in receipt of public benefits during the Covid-19 Pandemic." Accessed online April 25, 2020. https://www.lewiscounty.org/dss

[16] Hoffman, Steve. 2020. "Coronavirus response: In Piatt County, buses to deliver groceries to elderly." Accessed online April 25, 2020. https://www.news-gazette.com/coronavirus/coronavirus-response-in-piatt-county-buses-to-deliver-groceries-to/article_74da2c7c-8b23-5927-9528-7e472a570f76.html

[17] Volunteer Florida. 2005. Unaffiliated volunteer management: Florida's record-breaking 2004 hurricane season. Accessed online April 23, 2020. https://www.volunteerflorida.org/wp-content/uploads/2013/03/UVM_2004season.pdf

- Providing donations of food and other essentials to home-bound, self-isolating, or quarantined individuals;
- Providing online tutoring or instruction;
- Distributing information on COVID-19 services and programs through social media networks;
- Supporting local nonprofits with social media marketing, information dissemination, or grant writing;
- Writing letters of encouragement to local responders, those struggling with substance abuse, or those in nursing homes;
- Sewing face coverings or putting together hygiene kits;
- Fostering animals;
- Volunteering as part of "remote" call centers or information hotlines; and
- Organizing online and virtual activities to maintain morale and unite the community.

During the COVID-19 crisis, volunteer solicitations should be accurate and specific so that people know what to expect and whether it is the right opportunity for them. For example:

- What is the actual task? A food drive may be looking for people to contribute food, hand out food, or clean up.
- What age group is appropriate? Adults can work on a cleanup site, but they should not bring 3-year-old children.
- Are there any physical requirements? Those with compromised immune systems should not be put at risk of person-to-person contact with others.

Organizations that offer recovery volunteer activities should have processes in place to provide detailed job descriptions, have an intake and vetting system, and provide appropriate training.

COVID-19 is having devastating effects on the local economy, and many residents want to donate goods to neighbors in need. But it is important to manage commodity donations so they do not become more of a burden than benefit. For instance, many struggling families are lining up at food banks, and some may think it would be helpful to donate canned goods from their pantry to the food bank. However, food banks have the ability to purchase, transport, and distribute food far more efficiently than the average consumer. It is important for local governments to consistently provide messages to the public that financial contributions to known community organizations is preferred over donated items. During the onset of the COVID-19 crisis, San Mateo County quickly established San Mateo County Strong, in partnership with the Silicon Valley Community Foundation, as the central portal for financial donations. Leveraging these types of partnerships is the most efficient way for residents to know where to go in an effective and verified way to keep their dollars in the community.

Some jurisdictions have also attempted an online registry to manage physical donations. Following Hurricane Sandy, the Occupy Sandy group was quickly overrun with donated clothes and other items that were not immediately needed. The group did not want to discourage donating, so it created an online registry (similar to a wedding registry) to list specific items to purchase. This way, donors could send what was needed.[18] People often feel that donating cash is not doing enough or that it may not reach those affected. With a registry, donors know the items are needed and have a legitimate organization that is prepared to receive and distribute them.

[18] Fessler, P. 2013. "Thanks, but no thanks: When post-disaster donations overwhelm." NPR. Accessed online April 23, 2020. https://www.npr.org/2013/01/09/168946170/thanks-but-no-thanks-when-post-disaster-donations-overwhelm

INCLUSIVE DISASTER RECOVERY

In the past 15 years, many local jurisdictions, states, and FEMA have prioritized emergency planning for people with disabilities and others with access and functional needs. While this inclusive planning has become a standard consideration for response planning, it remains a difficult challenge for many communities during the recovery phase.

People with disabilities and others with access and functional needs often have a difficult time recovering from disasters, which may be the case after COVID-19, particularly if their condition is exacerbated by poverty, unemployment, and limited access to healthcare. While in self-isolation or quarantine, people with disabilities may be temporarily or permanently separated from their social support systems—such as neighbors, caretakers, or friends—who understand their needs and were available to help on a routine basis. This can create an additional barrier to recovery.

Following a disaster, case managers serve a key role in assisting survivors—and are particularly important for people with disabilities. Disaster case managers connect survivors to available resources, provide help with disaster assistance registration or appeals, and assist in developing a personalized disaster recovery plan. They work with the individual or family to assess their needs, create a plan for recovery, provide resources and information, and monitor progress.

Case managers may be provided through the Disaster Case Management Program (DCMP), a federally funded program administered by FEMA and the U.S. Department of Health and Human Services Administration for Children and Families (ACF). Following a presidentially declared disaster that includes Individual Assistance, the Governor can request DCMP to direct services by deployed ACF disaster-management teams that provide outreach and services for 30 to 180 days. The Governor can also request a federal grant for the state to administer and implement a DCMP through community organizations, such as local or national VOAD members.

In addition to common recovery needs such as financial assistance, people with disabilities may also require disability support services such as personal assistants, special education services, or medical services. It is critical to ensure that community members who need these additional services are connected with disaster case managers who understand their disability support needs.

One of the most challenging aspects of supporting vulnerable individuals during the COVID-19 crisis is identifying which residents may need extra support. New Jersey's Register Ready is a free, secure, and voluntary database designed to help emergency managers and first responders plan for and support people with disabilities and access and functional needs who may need assistance in the event of a disaster. Individuals, or others on their behalf, can register if they have a physical, developmental, cognitive, or behavioral impairment, language barrier, or transportation challenge that may make it difficult to safely shelter in place or evacuate in a disaster. The program compiles the information in accordance with applicable laws to protect privacy and personal data. Emergency management coordinators, public health officials, and first responders have access to Register Ready and use it to plan, send public messaging, assist with evacuation, and support sheltering and post-disaster recovery. New Jersey has seen a substantial increase of registrants since the onset of the COVID-19 pandemic.

CONGREGATE LIVING

Individuals in congregate housing live in close contact with many people, dramatically increasing the risk of COVID-19 transmission. Unfortunately, some of the community's most vulnerable populations live in congregate housing, such as seniors, people with disabilities and access and functional needs, and low-income and homeless populations. Below are best practices for reducing the risk of transmission of COVID-19 in congregate living situations.

Michael Mina, assistant professor of epidemiology at the Harvard T.H. Chan School of Public Health and its Center for Communicable Disease Dynamics, states that the best solution for limiting the spread of COVID-19 within an environment such as a nursing home is for residents to move to alternative housing. Unfortunately, for many nursing-home residents, moving is not an option. Instead, it is important for administrators to provide for stepped-up surveillance, such as testing employees every few days to keep the virus from entering facilities and identifying any potential outbreak sources before they spread.[19] The States of Virginia, New York, and Washington have initiated programs to increase testing at nursing home facilities. The State of Florida has initiated National Guard strike teams to increase testing in nursing homes, long-term care facilities, and assisted living facilities throughout the state.[20] These teams conduct periodic testing of employees and residents to identify potential asymptomatic carriers and follow up on all positive cases and contacts.

The White House and the Center for Medicare and Medicaid Services (CMS) has published new requirements for nursing home reporting to ensure greater transparency and identification of potential issues within nursing homes. A summary of the new requirements is below:[21]

- CMS is reinforcing an existing requirement that nursing homes must report communicable diseases, healthcare-associated infections, and potential outbreaks to state and local health departments.
- In rulemaking that will follow, CMS is requiring facilities to report this data to the Centers for Disease Control and Prevention (CDC) in a standardized format and frequency defined by CMS and CDC. Failure to report cases of residents or staff who have confirmed COVID-19 and persons under investigation could result in an enforcement action.
- CMS will also be previewing a new requirement for facilities to notify residents and their representatives to keep them up to date on conditions inside the facility, such as when new cases of COVID-19 occur.

The pandemic creates particular challenges for seniors in public housing, especially for those who depend on regular services, such as medical check-ups and assistance from aides. As service providers take measures to protect clients and staff, older adults may lose access to much-needed services, such as regular meal delivery and health consultations. Additionally, individuals living in public housing may lack the financial resources to purchase recommended safety supplies, such as cleaning supplies, face coverings, and hand sanitizer. A borough in New York is working to provide PPE including cloths masks and hand sanitizer to public housing tenants and is working with the local Department of Aging and the Housing Authority to develop more comprehensive plans to maintain a safe environment for these residents.[22] Working through the San Mateo County Department of Housing to identify these individuals and provide PPE resources to them could help limit the potential for outbreaks in these communities.

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[19] Powell, A. 2020. "Epidemiologist says COVID-19 may be more infectious than thought." Accessed online April 23, 2020. https://news.harvard.edu/gazette/story/2020/04/a-way-to-manage-surge-in-nursing-home-covid-19-cases/

[20] Kelly, Alexandra. 2020. "Florida governor orders National Guard to test for coronavirus in nursing homes." Accessed online April 26, 2020. https://thehill.com/changing-america/well-being/prevention-cures/492987-florida-governor-orders-national-guard-to-test

[21] Centers for Medicare and Medicaid Services. 2020. "Upcoming requirements for notification of confirmed COVID-19 (or COVID-19 persons under investigation) among residents and staff in nursing homes." Accessed online April 23, 2020. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/upcoming-requirements-notification-confirmed-covid-19-or-covid-19-persons-under-investigation-among

[22] "Coronavirus news: Borough President Eric Adams hands out PPE to NYCHA residents after 12 deaths." April 15, 2020. Accessed online April 23, 2020. https://abc7ny.com/nycha-deaths-ppe-coronavirus-nyc-update/6105168/

CRIMINAL AND LEGAL DETENTION CENTERS

Criminal and legal detention systems in the United States have created spaces that put people at extremely high risk, and there has been a call to action for local governments to respond.

The Vera Institute of Justice in partnership with Community Oriented Correctional Health Services (COCHS) created a guidance document that suggests preventative and response measures for those in U.S. corrections, detention, and supervision systems. The Justice Collaborative provides examples of policy measures that local jurisdictions across the country have taken to mitigate risk of COVID-19 in their facilities. The Prison Policy Initiative published five key points to help to reduce the spread of COVID-19 in jail and prison populations.[23] Some of these key points are summarized below.

- Reduce the number of people in jails and prisons by releasing inmates nearing their release date and releasing people held on low-bail amounts, the medically fragile, and people being held for charges that would not result in imprisonment today.
- Eliminate unnecessary face-to-face contact for justice-involved people.
- Judges could postpone as many court sessions as possible.
- Reduce the number of people on the probation and parole rolls.
- Minimize in-person requirements. Parole and probation officers should limit face-to-face meetings (especially in crowded offices), suspend on-site drug testing, and limit home visits.
- Courts should cancel pretrial meetings, court-ordered classes, collection of court debt, and all collateral consequences for failure to pay fines and fees.
- Courts, probation offices, and parole offices should eliminate supervision fees, including those that are paid to third-party monitoring services.
- Remove barriers to outside communications.

Provide unlimited, free phone calls so that families can maintain contact throughout the pandemic when visitation is suspended. Allowing people to assure themselves that their families are safe will greatly reduce stress and anxiety, which, due to the pandemic, are sky-high inside prisons and jails.

Facilities that do not have video-calling systems already in place could temporarily refit now-empty visiting rooms to support free video-calling options with publicly available services such as Zoom and Skype.

[23] Wagner, Peter, and Emily Wildra. 2020. "Five ways the criminal justice system could slow the pandemic." Accessed online April 23, 2020. https://www.prisonpolicy.org/blog/2020/03/27/slowpandemic/

3. TRIGGERS FOR LIFTING SHELTER-IN-PLACE ORDERS

REOPENING GUIDANCE

The American Enterprise Institute published the *National Coronavirus Response: A Roadmap to Reopening* at the end of March 2020. The document outlines a four-phase public health strategy with steps that can be taken to gradually reopen businesses as transmission is under control. The strategy focuses on transitioning to tools and approaches for targeting those infected rather than employing mitigation tactics that target entire populations. It also suggests triggers for identifying when to make transitions and lifting restrictions to reopen communities. The four phases outlined are as follows.

- **Phase 1: Slow the Spread**. This is a condition of sheltering in place where schools and businesses are closed and people are advised to stay home. This is necessary until transmission rates can be measured and are slowing and healthcare infrastructure can be scaled up to safely manage future outbreaks.

Trigger: The trigger for issuing a stay-at-home advisory in a state is when case counts are doubling every 3 to 5 days or when state and local officials recommend it based on the local context (for example, growth on track to overwhelm the health system's capability).

Steps required in Phase I: Maintain physical distancing, increase diagnostic testing capacity and data infrastructure for rapidly sharing results, ensure a functioning healthcare system, increase supply of PPE, implement comprehensive COVID-19 surveillance systems, massively scale contact tracing and isolation and quarantine, offer voluntary local isolation facilities, and encourage the public to wear masks.

Moving to Phase II: Triggers to move to Phase II include a sustained reduction in cases for at least 14 days, hospitals working within capacity and without resorting to crisis standards of care, and evidence that all symptomatic individuals are able to be tested and confirmed cases can be monitored and tracked.

- **Phase II: State-by-state Reopening**. During this phase, states are able to safely diagnose, treat, and isolate COVID-19 cases and their contacts. Schools and businesses may reopen with physical distancing measures and limitations on gatherings in place.

Trigger for returning to Phase I: A substantial number of cases cannot be traced back to known cases, there is a sustained rise in new cases for 5 days, or hospitals in the state are no longer able to safely treat all patients requiring hospitalization.

Steps required in Phase II: Isolate each confirmed case and trace close contacts, continue physical distancing precautions, provide special care for vulnerable populations, accelerate development of therapeutics, and identify those who are immune.

Triggers for moving to Phase III: A vaccine has been developed, has been tested for safety and efficacy, and has received FDA emergency-use authorization or other therapeutic options can be used for prevention or treatment.

- **Phase III: Establish Immune Protection and Lift Physical Distancing**. In this phase, safe and effective tools for mitigating the risks of COVID-19 are available, including broad surveillance, therapeutics, or a vaccine.

Steps required in Phase III: Vaccine or therapeutic production, vaccine or therapeutic prioritization (if supplies are limited), mass vaccination or therapeutic distribution (when supply is abundant), global vaccine scale-up and vaccination, and serological surveys to determine population immunity.

- **Phase IV: Rebuild Readiness for the Next Pandemic**. In this final phase, preparedness efforts and planning will be conducted that focus on furthering research and development, reinforcing public health and healthcare infrastructure, and expanding the workforce.

Steps required in Phase IV: Develop vaccines for novel viruses in months, not years; modernize and fortify the health care system; establish a national infectious disease forecasting center; and provide governance.

TESTING AND TRACING CAPABILITIES

The Margolis Center for Health Policy at Duke University's publication *A National COVID-19 Surveillance System* provides a roadmap for achieving containment by building the following surveillance and response capabilities.

1. **Test and Trace Infrastructure: Capacity for Widespread Diagnostic Testing and Data Sharing to Enable Rapid Case-Based Interventions.** This deals with the ability to conduct rapid diagnostic testing for anyone who has COVID-19 symptoms and those who have been exposed. Rapid testing is also necessary for people who have a higher risk of contracting or transmitting the virus, such as healthcare workers and those who work or live in congregate settings. This capability requires a strong sentinel surveillance system that samples the population for infection to allow for early identification of smaller outbreaks, especially in vulnerable groups. Adopting electronic standards and reporting via existing automated electronic reporting infrastructures allow for test results to be reported quickly from healthcare providers, labs, and other testing sources.
2. **Syndromic Surveillance: Integration of Test and Trace into an Enhanced National Syndromic Surveillance System.** This builds on existing public health syndromic surveillance capabilities to identify spikes and falls in symptoms to allow for prompt and transparent reporting of outbreaks and local testing and response capabilities. As comprehensive testing and tracing are implemented, existing National Syndromic Surveillance Program data-collection and -analysis infrastructure should be enhanced to include information that can provide early signals of community outbreaks, indicating the need for more aggressive suppression and potential declines in emergency or urgent care visits and hospital admissions. This is especially important for jurisdictions that do not have widespread, timely testing of all potential cases. A syndromic surveillance system supports monitoring of people with mild symptoms via symptom surveys. Syndromic surveillance helps prioritize where widespread testing capacity is needed and correlates test results with impacts on the healthcare system.
3. **Serologic Testing: Capacity to Conduct Widespread Serologic Testing to Identify Reliable Markers of Immunity.** This develops regional measures of community exposure, immunity, surveillance, and containment. Serological testing allows health officials to determine who has already had the disease, as evidenced by antibodies. This information allows for a deeper understanding of various implications, such as the fatality rate and background of potential immunity in various areas and populations. Reliable serologic evidence may indicate who can work in settings at high risk for transmission, such as certain healthcare workers. However, it is important to note that there are uncertainties about the duration and completeness of immunity protection from COVID-19. At this stage and through the recovery stage of the epidemic, serologic testing is a complement but not a substitute for widespread diagnostic testing.
4. **Rapid Response: Capacity for Isolation, Contact Tracing, and Quarantine.** This deals with the isolation and treatment of new cases and rapid tracing, testing, and quarantining of contacts. Local public health workforces will need to be able to generate, manage, and respond to data from all three surveillance systems listed above. This is particularly urgent for the capacity to conduct aggressive case identification and contact tracing.

CONTACT TRACING

The contact-tracing process involves conducting interviews with each individual who has tested positive for COVID-19 and tracing his or her previous activities to alert other individuals of possible exposure and provide information on mitigation measures or testing. Contact tracers also support the patient during quarantine by monitoring progress and helping with any emerging issues.

The Association of State and Territorial Health Officials published *A Coordinated, National Approach to Scaling Public Health Capacity for Contact Tracing and Disease Investigation*, which presents a detailed plan for how a coordinated contact-tracing program can be developed and implemented. The plan suggests a three-tiered approach to build necessary contact-tracing capabilities that includes "lay" people or para-professionals; a professional disease investigator specialist; and a healthcare provider or clinician, epidemiologist, or other specialist positions to support Tiers 1 and 2.

Tier 1 could include the following professions:

- Government employees (Disaster Service Workers currently considered non-essential and not currently tasked with duties such as librarians, administrative staff, and school personnel)
- Community health workers and promotoras from the community
- Staff from local community health centers, healthcare coordinators, medical assistants, and para-professional home visitors
- Staff from local nonprofit organizations, faith communities, and community-development organizations
- Students and faculty from local schools, colleges and community colleges, and universities
- Students in medical care programs
- Staff from local life-science organizations
- Volunteer groups and other local NGOs
- CERT and other emergency response volunteer groups

Tier 2 is a local disease investigation specialist(s) who serves as a supervisor and trainer to contact-tracing staff. Tier 3 includes subject-matter experts such as epidemiology and/or surveillance professionals, clinical specialists, epidemic intelligence services officers, and CDC team members who can evaluate and interpret the data.[24]

Local and state authorities are working to stand up robust contact-tracing programs. The State of Massachusetts has developed the Community Tracing Collaborative (CTC) with the Partners In Health (PIH) organization, which provides staff and technical expertise. The state has contracted services for contact-tracing staff and a platform in which to house and manage the data. Local public health college students are trained and used to supplement contact-tracing activities. PIH coordinates data collected with the Massachusetts Department of Public Health and the Executive Office of Health and Human Services. In total, the CTC will deploy close to 1,000 contact tracers throughout the state.[25] The San Francisco Department of Public Health's contact-tracing program includes public health workers supplemented by academic researchers and medical students from the University of California, San

[24] Association of State and Territorial Health Officials. 2020. *A coordinated, national approach to scaling public health capacity for contact tracing and disease investigation*. Accessed online April 25, 2020. https://www.astho.org/COVID-19/A-National-Approach-for-Contact-Tracing/

[25] Commonwealth of Massachusetts. 2020. "Baker-Polito Administration announces COVID-19 community tracing collaborative to further mitigate the spread of virus." Accessed online April 24, 2020. https://www.mass.gov/news/baker-polito-administration-announces-covid-19-community-tracing-collaborative-to-further

Francisco, other local universities, and city and county disaster service workers currently without duties. This program aims to have 150 contact-tracing personnel.[26]

CONTACT-TRACING TECHNOLOGIES

Contact tracing a single patient can take days. In Wuhan, China, more than 9,000 epidemiologists performed this task, working in teams of five, according to the World Health Organization (WHO). Latest figures show there are about 83,000 cases of COVID-19 in China. In the United States, there are currently tens of thousands of new known cases every day; a former CDC director has said the country would need "an army of 300,000 people" for effective contact tracing.[27]

South Korea has implemented various tracing measures to mitigate the further spread of COVID-19. One measure focuses on travelers as they land at the airport. When passengers deplane at Incheon International Airport near Seoul, they pass through mandatory temperature checks and are asked to download a self-diagnosis app developed by the South Korean Ministry of Health.[28] Instructions on the app direct, "When entering Korea, People with A visas (Diplomat (A-1), Government Official (A-2), and Agreement (A-3)) or Self-Isolation Exemption Certificate issued by the Embassy of the Republic of Korea should install the Self-Diagnosis Mobile App and record their daily health status on the app for 14 days after arrival in Korea."[29] If a patient tests positive, a team retraces his or her movements based on initial interviews and then reviews relevant closed-circuit television footage to locate others who might have been exposed. If the footage shows someone who appears to be at potential risk for transmission but his or her identify is not known—for example, a diner in a restaurant—the team will request that the credit-card company assist with identification. That contact is then put under monitored self-isolation for 2 weeks using an app that uses GPS to determine whether the individual stays within the quarantine.[30]

Many western countries consider GPS location data too intrusive and have instead preferred Bluetooth, which allows opted-in phones to regularly emit anonymous beacons. Other phones in the vicinity receive and store those unique beacons—which frequently change—and emit their own. This creates a record of two phones in proximity to each other but only known by the two phones. If one person later tests positive for COVID-19, a health official could ask the patient to send his or her records to a server that broadcasts alerts to phones whose records match that he or she recently encountered a person with the virus. This alert may encourage the recipient to self-isolate or get tested.[31] Germany, the United Kingdom, and France are looking into similar technology to help automate testing notification and contact-tracing measures.[32]

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[26] Temple, James. 2020. "How San Francisco plans to trace every coronavirus case and contact." Accessed online April 24, 2020.https://www.technologyreview.com/2020/04/08/998758/how-san-francisco-plans-to-trace-every-coronavirus-case-and-contact/

[27] Ip, Chris. 2020. "The importance of Apple and Google's rare collaboration on contact tracing." Accessed online April 24, 2020. https://www.engadget.com/apple-google-contact-tracing-explainer-170056298.html

[28] Cha, Victor. 2020. "South Korea offers a lesson in best practices." Accessed online April 24, 2020. https://www.foreignaffairs.com/articles/united-states/2020-04-10/south-korea-offers-lesson-best-practices

[29] Google Play. 2020. "Self-diagnosis—Ministry of Health and Welfare." Accessed online April 24, 2020. https://play.google.com/store/apps/details?id=com.mohw.corona&hl=en_US

[30] Kim, Max S. 2020. "Seoul's radical experiment in digital contact tracing." Accessed online April 24, 2020. https://www.newyorker.com/news/news-desk/seouls-radical-experiment-in-digital-contact-tracing

[31] Ip, Chris. 2020. "The importance of Apple and Google's rare collaboration on contact tracing." Accessed online April 24, 2020. https://www.engadget.com/apple-google-contact-tracing-explainer-170056298.html

[32] Lomas, Natasha. 2020. "Germany's COVID-19 contacts tracing app to link to labs for test result notification." Accessed online April 24, 2020. https://techcrunch.com/2020/04/23/germanys-covid-19-contacts-tracing-app-to-link-to-labs-for-test-result-notification/

Apple and Google have announced that they are partnering to build contact-tracing technology into their iOS and Android operating systems. It would allow iPhones and Android phones to wirelessly exchange anonymous information via apps run by public health authorities. If a patient tests positive for COVID-19 and adds that data to his or her public health app, individuals who recently came into close proximity with the patient will be notified. The app will allow for health agencies to set the time range, for up to 14 days. In the second phase of the initiative, Apple and Google will add the technology directly into their operating systems so the contact-tracing software works without having to download an app. Users must opt in, but this approach means many more people can be included.[33] As of mid-May, Apple and Google had not committed to providing location data to public health officials, which means their app cannot substitute for contact tracing.

The opt-in model has proven difficult thus far. In March, Singapore launched its app, TraceTogether, along with a public campaign urging people to download the app. By April, only one in six people in Singapore had downloaded and opted-in.[34]

CONTACT RISK GUIDANCE

Multiple federal agencies (including the CDC and FDA) and national associations have released guidance for identifying mitigation strategies and understanding the contact risks in businesses, schools, public transportation, and outdoor areas. Through analysis of available guidance, subject-matter experts applied a rudimentary relative risk strategy (risk = probability x consequence)[35] to develop a contact risk matrix for more than 20 community locations (see Figure 3).

Contact intensity is used as the probability factor, and number of contacts is considered as the consequence factor. Both contact intensity and number of contacts are assigned a high, medium, or low rating. For visual purposes, the high, medium, and low ratings are shown as dots for contact intensity and people symbols for number of contacts with one, two, or three dots/symbols reflecting low, medium, or high, respectively. Mitigation strategies—including PPE, increased sanitation, and physical structure modifications—were then considered for risk reduction applicability to each area type. For every area, the three mitigation strategies are assigned a high (green), medium (yellow), or low (red) feasibility ranking. Feasibility rankings take into consideration the costs, complexity, and compliance involved in implementing the strategy. Finally, the relative risk, or "a measure of risk that represents the ratio of risks when compared to each other"[36] was compared with the risk reduction factors to assign a low, medium, or high "modification potential," for each location. This modification potential represents the likelihood that mitigation strategies can be effective in significantly reducing the overall risk in that area type. Figure 3 depicts the results of this analysis, which provides decision-makers with general considerations for determining stay at home and other social distancing orders related to COVID-19.

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[33] Gurman, Mark. 2020. "Apple, Google bring Covid-19 contact-tracing to 3 billion people." Accessed online April 24, 2020. https://www.bloomberg.com/news/articles/2020-04-10/apple-google-bring-covid-19-contact-tracing-to-3-billion-people

[34] Ng, Alfred. 2020. "Tech isn't solution to COVID-19, says Singapore director of contact tracing app." Accessed April 26, 2020. https://www.cnet.com/news/director-behind-singapores-contact-tracing-app-says-tech-isnt-the-solution-to-covid-19/

[35] National Research Council. 2003. "5. Risk assessment: Evaluating risks to human health and safety." In *Occupational health and safety in the care and use of nonhuman primates*. Accessed April 26, 2020. http://www.ncbi.nlm.nih.gov/books/NBK43454/

[36] U.S. Department of Homeland Security, Risk Steering Committee. 2010. *DHS risk lexicon*. Accessed April 26, 2020. http://www.dhs.gov/xlibrary/assets/dhs-risk-lexicon-2010.pdf

Type	Contact Intensity	Number of Contacts	Mitigation Strategies: PPE	Mitigation Strategies: Sanitation	Mitigation Strategies: Physical Structure	Modification Potential
Restaurant	●●○	👤👤	🟡	🟢	🟡	Medium
Bars	●●●	👤👤👤	🟡	🟢	🟡	Medium
Shopping Malls	●●○	👤👤	🟢	🔴	🟢	Medium
Theaters, Museums, Indoor Leisure Places	●●●	👤👤👤	🟢	🟡	🟡	Medium
Retailers	●○○	👤👤	🟢	🟢	🟡	High
Gardeners	●○○	👤	🟢	🟢	✕	High
Gyms/Fitness Studios	●●○	👤👤	🟡	🔴	🟡	Low
Outdoor Large Venues	●●●	👤👤👤	🟡	🔴	🟡	Low
Indoor Large Venues	●●●	👤👤👤	🟡	🔴	🟡	Low
Care Facilities (Daycares, Preschools)	●●●	👤👤👤	🟡	🔴	🔴	Low
Schools (Elementary, Middle, High)	●●●	👤👤👤	🟡	🟡	🟡	Medium
Institutions of Higher Education	●●●	👤👤	🟢	🟡	🟡	Medium
Resident Homes/Dormitories	●●●	👤👤	🟡	🔴	🟡	Low
Parks, Walking Trails, Dog Parks	●○○	👤	🟢	🟢	🟢	High
Pools	●●○	👤👤👤	🟡	🔴	🟡	Low
Beaches, Piers	●○○	👤👤	🟡	🟢	🟡	Medium
Playgrounds, State Parks, Outdoor Spaces	●●○	👤👤	🟡	🔴	🟡	Low
Buses	●●●	👤👤👤	🟢	🟡	🟡	Medium
Metros/rail	●●●	👤👤👤	🟢	🟡	🟡	Medium
Airplanes	●●●	👤👤👤	🟡	🟡	🟡	Low
Taxi/Rideshare	●●●	👤	🟢	🟢	🟡	High

Figure 3: Contact Risk Matrix

4. ECONOMIC RECOVERY AND FINANCIAL IMPACT PLANNING

SOCIAL DISTANCE AND SANITATION GUIDANCE FOR BUSINESSES

Harvey V. Fineberg, former Dean of the Harvard School of Public Health, Provost of Harvard University, and President of the Institute of Medicine (now National Academy of Medicine), indicated that "any school, business, public venue or workplace intending to re-open should ask what it can do to arrange its internal environment and procedures to reduce the risk of transmission of respiratory viruses." He goes on to say that a "myriad of approaches, systematized by the Occupational Safety and Health Administration (OSHA) and specific to each business sector, could contribute to suppressing the risk of spread. Resumption of economic activity does not mean doing things the same way as before the time of coronavirus."[37] Whether a company is an essential business or is planning for an eventual reopening, a number of challenges must be addressed to provide a safe workplace environment while mitigating risk and restoring operations.[38]

The authors of the Edmond J. Safra Center for Ethics at Harvard University's publication *Roadmap to Pandemic Resilience* stress the necessity of "ensuring that workers have a voice in pandemic resilience. A tripartite response—labor, management, and government—to workforce issues ensures that stakeholder interests are taken into account. Worker voice is essential also because workers have expert knowledge about how to make their jobs safe and when safety-related rules are not being followed. Workers' representatives should have an institutionalized role in program design and implementation and in monitoring of compliance."

Employers have a general duty under OSHA and state laws to provide a safe workplace. Employers should consult federal, state, and local agency guidance regarding workplace safety measures to be taken during the pandemic, including guidance from OSHA and CDC. *Roadmap to Pandemic Resilience* stresses the importance of addressing risks to workers due to comorbid conditions and age and determining protocols for offering job protection and/or unemployment insurance when people cannot safely re-enter the workplace. *Roadmap to Pandemic Resilience* also mentions the potential need to set up alternate accommodations for employees who are working in a sector that is at high risk of exposure so they do not risk bringing the virus back to their families at home.[39]

Businesses might consider or be required to implement health screening checklists for their employees. Such checklists can screen for fever (manual or self-reported), respiratory symptoms, and contact with COVID-19 patients. Employees should contact their employer and leave work immediately if they start to experience any fever, respiratory, or other symptoms. Employees should be advised of paid and unpaid family and sick leave options and any hazard pay options and be provided with PPE such as surgical or N95 masks as appropriate. Employees should wash their hands with soap and water or alcohol-based sanitizer before they start work and frequently throughout the day.

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[37] Fineberg, Harvey V. 2020. "When to re-open the economy: A five-point blueprint to get the economy moving in the time of coronavirus." Accessed online April 23, 2020. https://medium.com/@harveyvfineberg/when-to-re-open-the-economy-cda6949c9821

[38] Covington & Burling LLP. 2020. "Opening the doors: Return-to-workplace considerations during COVID-19—Part Three: General workplace safety precautions." Accessed online April 23, 2020. https://www.cov.com/-/media/files/corporate/publications/2020/04/opening-the-doors-return-to-workplace-considerations-during-covid-19-part-three-general-workplace-safety-precautions.pdf

[39] Edmond J. Safra Center for Ethics at Harvard University. 2020. *Roadmap to pandemic resilience: Massive scale testing, tracing, and supported isolation…* Accessed online April 23, 2020. https://ethics.harvard.edu/files/center-for-ethics/files/roadmaptopandemicresilience_updated_4.20.20_0.pdf

International law firm Covington & Burling, LLP suggests the following considerations for social distancing, which will likely vary based on the type of workplace and federal, state, and local guidance and requirements:

- Closing break rooms or staggering lunch and break times;
- Removing chairs from conference rooms;
- Leaving a buffer between scheduled meetings in conference or meeting rooms to avoid overlap between groups and allow time for cleanings;
- Marking 6 feet of space on the floors of any shared spaces;
- Encouraging employees to stay in their own offices as much as possible;
- Adopting videoconference guidelines to discourage employees from meeting in person;
- Restructuring open floor layouts to ensure that employees can sit at least 6 feet away from each other;
- Installing barriers, such as plexiglass, between workspaces, in reception areas, or between customers and employees that can be easily cleaned and are high enough to prevent contact;
- Delivering products through curbside pickup or delivery; and
- Posting social distancing reminders throughout the workplace, including compliance with any state or local posting requirements.

Employees should practice social distancing by avoiding sitting and/or standing within 6 feet of other people, shaking hands, and sharing food or drinks. All employees must be trained on environmental cleaning and disinfection, hand hygiene, and respiratory etiquette. Upon entering the workplace, employees must wash or sanitize hands.[40] Disinfection procedures should cover all public and employee areas, including kitchens, lounges, bathrooms, locker rooms, hallways, tabletops, and chairs, and all facility operations centers, including phones, computers, keyboards, office equipment, tablets, handrails, door handles, elevator buttons, toilet flush handles, faucet handles, and water fountains. Hand sanitizer that is effective against COVID-19 and soap and water must be available for all employees and customers.

The number of customers in a location must be limited to allow for 6 feet of distancing between all persons at all time. Signs should be placed at the doors reminding people to stay 6 feet apart. Tape and other markings should be placed on the floor 6 feet apart where lines form and outside the location's entrance, with signs directing customers to use the markings to retain proper distancing. Instruct all employees to maintain at least 6 feet of distance from customers and from each other, except for brief contact when necessary to accept payment, deliver goods or services, or as otherwise necessary. If possible, provide contactless payment systems at all jurisdictional offices that accept payment from customers. Put hand sanitizer at counters and other locations where customers have direct interactions. Require employees to disinfect all payment portals, pens, and styluses after each use and disinfect all high-contact surfaces frequently.[41]

The County of San Mateo has created four signs that essential businesses may download and print to provide guidance to customers who are now required to wear face coverings to help combat the spread of COVID-19.

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[40] Texas Department of State Health Services. "COVID-19 guidance for employers, employees, and customers of reopened retail services." Accessed online April 23, 2020.
http://media.graytvinc.com/documents/ReOpenedRetailGuidance.pdf

[41] San Mateo County Health, Public Health, Policy & Planning. 2020. "Order No. c19-5b (Revised) of the Health Officer of the County of San Mateo…" Accessed online April 23, 2020.
https://www.smchealth.org/sites/main/files/file-attachments/033120_english.pdf?1585788430

On May 15, 2020, the San Mateo County Public Health Officer signed a new order allowing some businesses to open under specific conditions. Retail stores and retail supply chain businesses may open for curbside pickup and delivery only. Products must be ordered in advance and remotely either by phone, Internet, or other technology. The stores must have direct access to an immediately adjacent sidewalk, street, or alley area for pickup by customers using any mode of travel, without blocking pedestrian access or causing pedestrian or vehicle congestion. Retail stores in enclosed indoor shopping centers that do not have direct access to adjacent sidewalks, streets, or alley area may not reopen at this time. Businesses that manufacture goods sold at retail stores that are allowed to open may operate but only to the extent that they manufacture goods for these retail stores. Businesses that provide warehousing and logistical support to these retail stores may operate but only to the extent they support these retail stores. Additionally, limited services that do not require close customer contact (such as pet grooming, dog walking, car washes, appliance repair, residential and janitorial cleaning, and plumbing) may reopen as long as the service provider and customer maintain at least 6 feet distance and wear a face covering at all times. Personnel must disinfect any surfaces in customers' homes or customers' items that they touch before and after the service. Outdoor museums are permitted to operate as long as personnel and customers wear a face covering. Offices may reopen only to the extent that persons working in offices cannot perform their job duties from home, there is minimal contact with members of the public, no indoor person-to-person commercial activity occurs, and they adhere to Social Distancing Requirements and the Face Covering Order.

All of the above newly reopened "additional businesses" must do the following:

- Prepare, post, implement, and distribute to their personnel a social distancing protocol for each of their facilities in the County frequented by personnel or members of the public. If it is a service business that operates at customer homes, it must send an electronic version of the social distancing protocol to the customer at least 1 day in advance of the service being provided.
- Prepare, post, implement, and distribute to their personnel a written health and safety plan as required by the State of California outlined in its guidance that addresses all applicable best practices set forth in relevant Health Officer directives, including how it will comply with all applicable statewide guidance issued by the State of California, which is incorporated by reference and should be treated as if issued by the Health Officer. If it is a service business that operates at customer homes, it must send an electronic version of the plan to the customer at least 1 day in advance of the service being provided.[42]

The State of California has also issued guidance to help workplaces reopen safely.

SMALL BUSINESS OUTREACH

Connection and outreach to businesses of all sizes and types are essential during the ongoing crisis. Engaging faith communities and fostering an intentional, collaborative approach and partnership for outreach, education, back-to-work training, and support services are key.

Some small businesses, such as home-based daycare centers and mom-and-pop restaurants, may not be well connected to the Chamber of Commerce or a local business association. Consideration should also be given to business owners who might be first-generation immigrants or who might employ residents with differing levels of documentation. Outreach might be more successful when funneled through other sources such as the Chinese Business Association and faith-based organizations and churches.

[42] San Mateo County Health, Public Health, Policy & Planning. 2020. "Order No. c19-5b (Revised) of the Health Officer of the County of San Mateo…" Accessed online April 22, 2020. https://www.smchealth.org/sites/main/files/file-attachments/033120_english.pdf?1585788430

Jurisdictions should engage organizations with a proven track record for outreach, including the Peninsula Conflict Resolution Center (PCRC), FirstThrive, and the Big Lift.

The City of Redwood has tasked library staff with calling every small business in the city to provide them with resources and assistance programs available. The City of San Mateo has deployed City staff to do its own version of a call center. Other considerations could be providing train-the-trainer sessions via webinar to increase the number of staff calling businesses. Messaging, including information translated into different languages, can be added to various websites and pushed out via social media by any organization that has a direct link to business owners. Jurisdictions are also working with the Visitors Bureaus to reach out to those in the tourism industry via messaging and surveys.

SAMCEDA is an excellent resource for businesses, posting resources and links that are frequently updated. SAMCEDA has a regularly updated business continuity action plan[43] and links to area chambers of commerce.[44]

Some companies and organizations have found innovative strategies to reach out to and assist businesses during this crisis. San Mateo-based e-commerce company Rakuten Americas has launched Rakuten Ready to provide personalized websites for restaurants, enabling businesses to fulfill online pickup orders while avoiding the expense of accessing traditional, popular food delivery platforms.

In Germany, steps have been taken to reopen some small businesses if they are under 800 square meters, and car dealerships, bike shops, and bookstores regardless of their size. All businesses that reopen are required to follow strict hygiene and social distancing regulations. Everyone is encouraged to wear face coverings in public. In Spain, construction and manufacturing were the first sectors of the economy to reopen, with the government handing out face coverings at public transit stations.

[43] San Mateo County Economic Development Association. 2020. "Business Continuity Action Plan." Accessed online April 23, 2020. https://www.samceda.org/Business-Continuity

[44] San Mateo County Economic Development Association. 2020. "Chambers of commerce and partner organizations (COVID-19 resources)." Accessed online April 23, 2020. https://www.samceda.org/COVID-19-Resource-Links-Chambers-Partners

5. EDUCATION AND CHILDCARE SERVICES

POTENTIAL STRATEGIES FOR SCHOOLS AND CHILDCARE

Although California has moved schools to remote and distance learning for the remainder of the 2019–2020 academic year, questions abound regarding what the 2020–2021 school year will entail.

The nonprofit group Opportunity Labs has provided a detailed roadmap for "essential actions to help district and school leaders plan and implement a safe, efficient, and equitable return to school."[45] This roadmap provides actions that can be performed first before reopening schools and when schools are open. Planning for potential reopening of physical schools creates a complex myriad of necessary considerations.

To reduce class sizes and allow for distancing between students and teachers, schools might consider options such as reconfiguring floor plans to allow for spacing of desks and distance between each student and teachers, extending the school day, using weekends and/or breaks for schooling, and potentially extending the school year into the summer. A hybrid of remote and in-person learning may be needed to reduce numbers of students in a building at one time. Challenges related to these options include funding, staffing, and transportation.

In some countries, students have gone back to school, but parents are not allowed inside, the floor is marked to show 2 meters (6.5 feet) of space, teachers are not permitted to gather in the staff room, and students sit at desks spaced 2 meters from classmates. Other considerations include how to reduce congregation and mingling of students, including during lunch in the cafeteria, at recess, during physical education, and in the hallways between class changes. Teachers have moved instruction outdoors as much as possible. Schools have been divided into small, independent silos with classes split into two or three subgroups of no more than 10 students, each of which has its own room and designated teacher. Students only play with those in their subgroup, and a maximum of three teachers are allowed to interact with them. Schools use every available space in the school to accommodate these smaller class sizes, including spaces previously designated for sports and leisure.[46]

More stringent hygiene will likely be required. Students may wash hands upon entering the building and every hour thereafter.[47] Staff might be tasked with cleaning every door handle with disinfectant at least twice during school hours.

PPE must also be considered. Use of PPE brings up concerns regarding what age groups are appropriate for wearing face coverings; sensory and other sensitivities and disabilities that might inhibit wearing face coverings; and proper fitting, cleaning, and handling of face coverings. If face coverings are required, the school district must decide if it will provide, replace, and dispose of them or if students and staff will be asked to provide their own.

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[45] Return to School Roadmap. Accessed online April 23, 2020. https://returntoschoolroadmap.org/

[46] Dandanell, Naja, and Bojan Pancevski. 2020. "Where schools reopen, distancing and disinfectant are the new coronavirus routine." Accessed online April 23, 2020. https://www.wsj.com/articles/where-schools-reopen-distancing-and-disinfectant-are-the-new-coronavirus-routine-11586971911

[47] Kingsley, Patrick. 2020. "In Denmark, the rarest of sights: Classrooms full of students." Accessed online April 23, 2020. https://www.nytimes.com/2020/04/17/world/europe/denmark-schools-coronavirus.html

Depending on the length of the closures and various other factors, consideration may need to be given to how to bring students up to grade level. Options include combining grade levels as needed. Other considerations include whether health and/or temperature screenings would occur routinely.[48]

If distance learning must continue in some capacity, it is important to consider barriers such as the following:

- Home environments
- Access to high-speed Internet
- Housing and food insecurity
- Learning challenges, mental health concerns, individualized education programs, and disabilities requiring more specialized instruction and school-based care
- The necessity of some parents and guardians to work outside the home

It is important that remote learning encompasses more than strictly Internet-based learning, particularly for those students who might have barriers to such learning. The mental health needs of students and education providers should be prioritized. Peer support counseling structures could leverage existing community networks to provide support, such as First5's services being provided through the County Office of Education. The San Mateo School Wellness Alliance, a partnership between the County Office of Education and Get Healthy San Mateo County, provides a forum for San Mateo County School District staff, students, families, and advocates to collaborate on school wellness issues and exchange ideas, resources, best practices, and tools to support healthy schools and student health. This could be a resource for mental health and other support for families, students, and providers as they work to navigate the COVID-19 crisis.

Childcare remains an important aspect of life for families during the COVID-19 pandemic, and consideration should be given to the need for affordable, safe, reliable childcare for parents and guardians who return to or continue to work. County officials should continue to work with partners such as First5 and 4Cs to match those who need childcare with open spaces for children. Hardships faced by home childcare providers should be considered as well, and attempts should be made to connect them with resources that can help. Other considerations specific to childcare include the following:

- The need for PPE for providers and children at childcare sites
- Whether daycares and home childcare providers will be able to continue to operate without steady enrollment
- Caring for children of those who are at higher risk of exposure and what that means for the childcare provider and the other children in the setting
- Privacy concerns related to sharing health information with other parents

Childcare providers need ongoing guidance, assistance, and resources related to these complex issues. The faith-based community is typically a primary provider of childcare, for example as providing preschool services in the community. County officials should reach out to the faith-based community and investigate ways they can partner to meet this critical need.

[48] Krouse, Peter. 2020. "What might your child's school look like when it reopens?" Accessed online April 23, 2020. https://www.cleveland.com/news/2020/04/what-might-your-childs-school-look-like-when-it-reopens.html

SCHOOL TRANSPORTATION

A variety of concerns relate to transportation to school. In San Mateo County, school buses are primarily used for students with special needs. Other students rely on SamTrans buses to transport them to school. When schools reopen, if they operate on schedules that are outside traditional hours, students might have difficulty getting to and from school depending on the SamTrans bus schedules, which are set far in advance. School officials and SamTrans representatives should pre-plan for potential route concerns and student school transportation needs.

Bus routes may be affected due to COVID-19 case outbreaks, driver illness or shortages, or other factors. Prior to the COVID-19 outbreak, a bus driver shortage existed; however, it is possible that additional drivers might be available for hire due to the economic downturn. School transportation officials could assess whether route adjustments can or should be made based on alternate school hours and if additional students could be bused based on need, resources, and funding.

Additionally, crowded buses increase the probability of spreading infectious diseases through close human-to-human contact. Consideration should be given to social distancing strategies on the bus, such as only allowing one student per seat and encouraging spacing while boarding and deboarding. Stringent disinfecting and cleaning procedures would likely be required, and school officials would need to evaluate whether drivers, bus aides, and/or students should wear face coverings or masks and other PPE, taking into consideration sensory and other needs that could be a barrier to wearing face coverings, and the safety of students, drivers, and bus aides.

The National Association for Pupil Transportation (NAPT) suggests that school transportation professionals work with school leadership to issue a statement to parents about cleanliness on school buses. With schools being closed throughout most of the nation, this becomes important given the use of school buses to transport and deliver food and meals to children in need. Furthermore, NAPT suggests gathering information related to the frequency that buses are cleaned and disinfected and the types of products used (e.g., greener or safer products) and potential additional mitigation steps such as hand-sanitizer stations on buses and PPE for drivers and attendants. NAPT provides basic guidance about precautions, as suggested by the National Association of School Nurses and the CDC, including hand washing, hand sanitizer, avoiding touching the face, covering coughs and sneezes, and cleaning and disinfecting high-touch surfaces.[49]

NAPT also states that, throughout the United States, school buses are being used in innovative ways to help students during the COVID-19 crisis. Buses are integral partners in programs that provide meals to children who otherwise would have received meals in their schools, bring lesson plans and materials to children who are unable to use the Internet, bring computers to children, and station buses in rural areas to serve as Wi-Fi hotspots for students who cannot access the Internet.

[49] National Association for Pupil Transportation. "COVID-19." Accessed online April 23, 2020. https://www.napt.org/content.asp?contentid=275

6. PREPARING FOR FUTURE OUTBREAKS

BEST PRACTICES FOR SANITATION AND DISTANCING

Employees are currently working in two distinct operating conditions: remote and onsite. Furthermore, these groups can be divided into workers performing functions that are required for continuing essential business operations during a disruption and those who perform functions that can be delayed or suspended during a disruption without significantly impeding operations. Many governments and businesses identify essential and nonessential functions through continuity of government or continuity of operations planning processes.

To limit the transmission of COVID-19, local governments and businesses are encouraged to have all essential and nonessential workers who are able to carry out their job functions remotely continue to do so. Onsite employees at facilities or in the field should be adequately protected, trained, and supported. They should be given required supplies, equipment, and training to practice safe social distancing and hygiene to protect themselves and others from the transmission of COVID-19. Depending on the job function, this may include surgical or N95 masks, face coverings, gloves, hand-washing stations, disinfectants, and hand sanitizer. As shelter-in-place orders are lifted, remote employees returning to government facilities should practice strict distancing protocols. Below are suggested measures for offices and service centers.

For offices, COVID-19 protective measures include the following:

- Conduct operations remotely where possible, allowing employees to work from home.
- Use individual offices rather than open work rooms.
- Reconfigure work spaces to maximize distance between desks; use cubicle walls or plexiglass for separation.
- Communicate distancing protocols at each facility.
- Train employees on environmental cleaning and disinfection, hand hygiene, and respiratory etiquette.
- Screen employees upon arrival for new or worsening cough, shortness of breath, sore throat, loss of taste or smell, feeling feverish or a measured temperature greater than or equal to 100°F, or known close contact with a person who is lab-confirmed to have COVID-19. Any employee who meets any of these criteria should be sent home immediately.
- Upon entering the location, employees must wash or sanitize their hands.[50]
- Break rooms, bathrooms, and other common areas must be disinfected frequently.
- Disinfectant must be available for all employees.

For facilities where employees interact with the public, COVID-19 protective measures include the following:

- Provide hand sanitizer that is effective against COVID-19 and soap and water for all employees and customers.
- Limit the number of customers in a location to allow for 6 feet of distancing between all persons at all times.
- Install a partition at counters to separate employees from customers.

[50] Texas Department of State Health Services. 2020. "COVID-19 guidance for employers, employees, and customers of reopened retail services." Accessed online April 22, 2020. http://media.graytvinc.com/documents/ReOpenedRetailGuidance.pdf

- Place signs reminding people to stay 6 feet apart should be placed at the doors.
- Place tape and other markings on the floor at 6-foot intervals where lines form and outside the location's entrance and include signs directing customers to use the markings to retain proper distancing.
- Instruct all employees to maintain at least 6 feet of distance from customers and from each other, except for brief contact when necessary to accept payment, deliver goods or services, or as otherwise necessary.
- If possible, provide contactless payment systems that accept payment from customers. Put hand sanitizer at counters and other locations where customers have direct interactions.
- Require employees to disinfect all payment portals, pens, and styluses after each use and disinfect all high-contact surfaces frequently.[51]

SamTrans and Caltrain are currently taking the following best practice measures for workforce and riders on public transit:

Symptom and Temperature Screening—SamTrans

- At the beginning of each shift, all personnel are screened before entering SamTrans's Operations (North and South Base) facilities. Based on CDC recommendations, employees are not allowed admittance with one of either cough or shortness of breath or two of either fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. A temperature reading is taken and measured for a 100.4°F threshold.
- If the screening threshold is not met, an employee is not allowed to return to work until one of the following conditions are met: the employee is fever-free without the aid of fever-suppressing medication for at least 3 days and at least 7 days have passed since the onset of symptoms; or the employee provides documentation from a medical provider confirming that the employee can return to work.

Symptom and Temperature Screening—Caltrain

- Every employee must complete an informational checklist prior to arriving at work and have this form on his or her person and available for inspection while on property. For a "yes" response to any symptom or temperature greater than or equal to 100.0°F or if the employee notes that he or she is experiencing either cough or shortness of breath or two of either fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell, the employee is not allowed entry. If the screening threshold is not met, an employee is not allowed to return to work until one of the following conditions are met: the employee is fever-free without the aid of fever-suppressing medication for at least 3 days and at least 7 days have passed since the onset of symptoms; or the employee provides documentation from a medical provider confirming that the employee can return to work . Stricter restrictions are imposed if there is a reasonable belief of exposure to COVID-19.

SamTrans COVID-19 Medical Screening through Project Baseline

- Through Project Baseline and arranged in coordination with the County, all employees are eligible to receive testing for COVID-19. SamTrans employees are given the same testing privileges as first responders.

[51] San Mateo County Health, Public Health, Policy & Planning. 2020. "Order No. c19-5b (Revised) of the Health Officer of the County of San Mateo…" Accessed online April 22, 2020. https://www.smchealth.org/sites/main/files/file-attachments/033120_english.pdf?1585788430

Exposure Procedures

- In the event of an employee exposure, procedures have been developed for all employees and contractors to ensure the safety of other employees and the general public. The employee is immediately separated from others and instructed not to return to work until at least 3 days have passed since recovery, which is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms. If the employee does not become symptomatic, he or she cannot return until 7 days from the date of a positive test or after showing evidence of a negative test.
- Cleaning procedures are then implemented as follows: Where possible, areas used by ill persons are closed off. Cleaners must wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows should be opened to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection. It is recommended that disposable gloves as recommended by the manufacturer of the detergent or disinfectant be used while cleaning. Gloves should be disposed if they become damaged or soiled and when cleaning is completed. Surfaces should be cleaned first with detergent and water (where possible) and then disinfected with a disinfectant in accordance with the manufacturer's instructions. Only disinfectants registered by the Environmental Protection Agency for use against COVID-19 viruses should be used. Apply the disinfectant as instructed on the manufacturer's label, adhering to any safety precautions or other recommendations as directed. Any and all surfaces the employee may have reasonably come into contact with should be disinfected.

Cleaning Procedures—Caltrain

- Routine and enhanced cleaning are employed throughout all trains with special attention to armrests; seatbacks (plastic and/or metal components); adjacent walls and windows; lavatory(ies) used by the sick traveler, including door handles, locking devices, toilet seats, faucets, washbasins, adjacent walls, and counters; luggage compartments; door handles and countertops; and grab handles, rails, straps, and similar fixtures used by passengers in transit.
- Only disinfectants registered by the EPA for use against COVID-19 viruses are used, and sufficient contact time is allowed after application of the disinfectant on the surface before wiping. All buses are mopped nightly using both On-the-Go Xcelente 24 and Betco pH7Q Dual. The entire driver's area is cleaned and sanitized daily using Clorox Commercial Solutions Disinfecting spray and Lysol Brand I.C. Foaming Disinfectant Cleaner. All frequently touched surfaces are cleaned and sanitized 3 times per week using Clorox Commercial Solutions Disinfecting spray, which is also applied to fabric and vinyl seat cushion areas (backs and bottoms) weekly.
- Additional specialized equipment has recently been procured and employed to increase efficiency and effectiveness of cleaning.

PPE

- Face masks have been distributed and are required by all operations personnel to wear on trains and buses. Gloves, hand sanitizer, and hand-washing stations are accessible to all employees where needed. Passenger messaging requiring the use of face masks as mandated by local health authorities is present on all buses and trains.

Physical Distancing

- To maintain social distancing, SamTrans established passenger loads based upon bus length, as follows: 60-foot articulated buses limited to 10 passengers, 40-foot buses limited to six passengers, 35-foot buses limited to five passengers, and 29-foot buses limited to four

passengers. Consideration is given for passengers who are for family or household members. These passenger numbers may be adjusted as requirements for physical distancing loosen or physical barriers for operators are installed. In addition, SamTrans is deploying standby buses to pick up passengers when a bus is at capacity.

COMMUNITY OUTREACH CAMPAIGNS AND MESSAGING

As San Mateo continues its shelter-in-place orders and plans for phased reopening of county businesses and government, providing ample community outreach and information remains critical for managing communities' expectations. This works to build trust in local governmental officials and increase compliance with measures necessary to limit the further spread of the virus, keep effects of a possible second wave as low as possible, and avoid additional stress and panic. As San Mateo County develops and implements a phased reopening approach, it is important to be clear about under what circumstances the economy can start to reopen, what measures will have to be in place, and what will happen if COVID-19 cases start to rise again. Clearly communicating remaining risks and steps individuals should take to mitigate those risks as much as possible will be critical.[52]

The State of California website has compiled a COVID-19 toolkit that provides recent, relevant, and reliable information for communities on how critical it is for citizens to stay home, how to stay healthy, and where to get help. Additionally, the California Endowment has compiled a list of multiple media resources, including downloadable materials in multiple languages, informational videos, radio public service announcements, fact sheets, and educational posters. These resources can be shared with local agencies, businesses, and organizations who are free to post them at the entrances to their facilities as alerts to visitors and customers and inside buildings to inform customers and employees.

Many of these resources can easily be shared for use on both San Mateo County's website and on the websites of each city in the county. Examples of information to be shared are listed below:

- Continued reminders for shelter-in-place restrictions and any newly implemented mitigation measures, such as requiring face coverings
- Cleaning and safety information (i.e., wearing face coverings, washing hands, increased cleaning of surfaces)
- Reminders of COVID-19 symptoms and what to do if you experience any symptoms
- Mental health and food resources
- Information on testing sites, who should get tested, and how
- Reminders that supply chains remain intact and panic buying is not necessary
- Reminders for residents that, even after the economy begins to reopen, virus-spread mitigation measures will continue (e.g., social distancing, face coverings, cleanings, etc.) and could be retracted if data suggests cases are increasing
- Reminders of the following key factors the state is using to evaluate shelter-in-place orders and potential amendments:[53]

[52] Andone, Dakin. 2020. "While officials talk about reopening the country, experts warn it's important to manage expectations." Accessed online April 23, 2020. https://www.cnn.com/2020/04/19/us/reopening-country-discussion-risks-benefits/index.html

[53] Office of Governor. 2020. "Governor Newsom outlines six critical indicators the state will consider before modifying the stay-at-home order and other COVID-19 interventions." Accessed online April 23, 2020. https://www.gov.ca.gov/2020/04/14/governor-newsom-outlines-six-critical-indicators-the-state-will-consider-before-modifying-the-stay-at-home-order-and-other-covid-19-interventions/

    - The ability to monitor and protect communities through testing, contact tracing, isolating, and supporting those who are COVID-19 positive or exposed to COVID-19
    - The ability to prevent infection in people who are at risk for more severe COVID-19
    - The ability of hospital and health systems to handle surges
    - The ability to develop therapeutics to meet demand
    - The ability for businesses, schools, and childcare facilities to support social distancing
    - The ability to determine when to reinstitute certain measures, such as the stay-at-home orders, if necessary
- Provide information on public city and county services that offer alternative delivery and outreach methods

7. PREPARING FOR A SECONDARY DISASTER

HOTELS AS DISASTER HOUSING

Hotels have often served as temporary housing for families and individuals displaced from their homes after floods, fires, and hurricanes. During the COVID-19 crisis, many hotels have provided rooms for healthcare workers to be close to their workplaces, rooms for isolation and quarantine of those suspected of having COVID-19, and temporary housing for the homeless. The Four Seasons Hotel in New York City was the first to offer free stays to doctors, nurses, and medical personnel working to respond to COVID-19.[54] Since then, hotels across the country—including in Chicago,[55] San Diego,[56] Ohio,[57] and Los Angeles—have provided rooms at reduced rates or free of charge to local responders and residents. San Francisco officials sent requests to local hotels for help housing homeless residents, healthcare workers, and first responders with nowhere to isolate during the pandemic, and, as of March 24, 2020, they received responses from more than 30 hotels offering up to about 8,500 empty rooms.[58]

Hotels make a suitable temporary shelter during COVID-19 because they offer private rooms that reduce interaction with other guests. Facilities are available for feeding, recreation, and laundry, and common spaces can be used for multiple functions. Hotels may be preferable to college dormitories because they already have supplies such as bedding and towels, toiletries, televisions, and phone systems and may have housekeeping workforce available.

If disaster housing is needed for essential workers, Counties and Cities can identify available housing through Hotels for Hope, an initiative by the American Hotel and Lodging Association (AHLA) that has identified more than 17,000 hotels nationwide (as of April 22, 2020) located near hospitals willing to temporarily house and support health workers and first responders.[59] To help match and streamline the process, the AHLA is working to create a database at the federal level with the U.S. Department of Health and Human Services and at the local level with industry partner state associations. Local, state, and federal government officials will be able to search willing properties based on geographic location.

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[54] Perkins, Ed. 2020. "How hotels and airlines are helping during the pandemic." Accessed online April 23, 2020. https://www.smartertravel.com/hotels-airlines-helping-during-covid/

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The WHO has published interim guidance for hotels outlining steps to be taken to provide as safe an environment as possible for guests, whether they are essential workers, travelers, or residents displaced by a secondary disaster. Some key recommendations include:[60]

- Develop an action plan that includes hotel policies on cleaning schedules, PPE for staff, and guests;
- Develop procedures for when a guest or employee displays symptoms;
- Ensure all staff are trained in cleaning, PPE, and isolation procedures;
- Determine procurement needs for stockpiles of adequate PPE and cleaning supplies (e.g., masks and face coverings, gloves, disinfectant wipes, hand sanitizers, etc.). Make these items available in each room and/or available to guests at the front desk;
- Avoid staffing positions that have high levels of interaction with personnel who may be at a heightened risk for COVID-19, including those with existing underlying conditions, the elderly, and those with compromised immune systems;
- Provide transparent communication with staff and guests regarding mitigation measures undertaken to reduce risk of transmission;
- Have local public health authorities' contact information readily available;
- Ensure guests do not directly handle food and drinks, such as at buffets, self-serve beverage machines, and other food and beverage services areas; and
- Limit the number of people who can congregate in common areas at one time.

Hotels are already taking measures to reduce the number of touch points—such as linens, coffee makers, and cups and in restaurants and common areas—between hotel staff and guests. These measures include:[61]

- Encouraging guests to check in and out using digital keys on guests' smartphone;
- Allowing only one guest on the elevator at a time;
- Closing hotel bars and restaurants;
- Discontinuing complimentary coffee and water in the lobby;
- Limiting food options to those that are pre-boxed;
- Removing buffets and communal tables;
- Removing excess pillows, linens, and hangers;
- Removing minibars, coffee makers, and cups;
- Reducing or eliminating in-room housekeeping during a guest's stay and instead asking guests to put trash and linens outside the door for pickup;
- Leaving rooms vacant for a full 24 hours after a guest checks out;
- Outfitting cleaning crews with PPE; and
- Limiting gym occupancy and cleaning of equipment after each use.

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CONGREGATE RELIEF SHELTERS DURING THE COVID-19 CRISIS

Sheltering plans will need to be significantly adapted to current conditions under COVID-19. Counties and cities must serve residents forced to evacuate their homes due to a natural disaster and take measures to ensure a safe and sanitary shelter. Traditional relief shelters in school gymnasiums holding 300–500 individuals are not recommended while jurisdictions remain under various COVID-19 protections such as social distancing, use of PPE, and increased sanitization procedures. Congregate sheltering plans will need to be revised to incorporate appropriate social distancing guidelines, increased cleaning and sanitization of public spaces, and PPE not only for shelter staff but also for shelter residents.

Emergency Sheltering

If evacuations become necessary due to a natural disaster, hotel and motel rooms and college dormitories can become viable options for sheltering, and FEMA has amended the emergency reimbursement requirements to include these forms of shelter. If individual hotel rooms or college dorms are not an option, the American Red Cross suggests that jurisdictions should open multiple smaller congregate shelter locations to keep the shelter population to less than 50 people. The American Red Cross has published guidelines for congregate shelters to reduce the threat of transmission of COVID-19 due to having a high number of people occupying the same general space. This website also includes information on using temporary non-congregate shelter options such as hotels and college dormitories, information on homeless shelters, and a section of FEMA frequently asked questions regarding use of nontraditional shelter options during natural disasters.

A summary of the amended guidelines for COVID-19 mitigation measures is as follows:

- Establish a screening area. The Red Cross is in the process of developing screening guidelines that will likely include screening both shelter staff and evacuees for possible COVID-19 symptoms before they enter the shelter, taking temperatures on a routine basis, and providing facial covering and disposable gloves to all shelter staff and residents.
- Set up the dormitory area in consultation with the public health department. Each cot should have a minimum of 110 square feet of space around it, at least 6 feet of separation, and be arranged in a head-to-toe configuration.
- Ensure the screening area and the isolation care area are physically separate from the dormitory area.
- Set up a welcome or registration desk ("access choke point") and ensure that people waiting to register are able to maintain a distance of at least 6 feet from the next person.
- Allow family members who live together to move their cots closer together.
- Begin screening all clients, workers, and visitors before entering dormitory.
- Begin daily screening logs for clients, staff, partners, and visitors.
- Ensure the isolation care area is staffed 24/7 once clients are assigned there.
- Ensure that all surfaces and public areas are properly cleaned and sanitized based on recommendations of the local public health department.

Congregate homeless shelters are especially vulnerable to COVID-19 outbreaks given the crowded spaces, lack of health care among homeless populations, and subsequent underlying health conditions that can exacerbate the effects of COVID-19. Los Angeles County has some of the largest and most populated homeless shelters in the country and has developed guidance for these facilities for maintaining a safe shelter environment by implementing screening, cleaning, and social distancing measures to slow the potential transmission within the shelter environment. Additionally, the U.S. Interagency Council on

Homelessness published guidance for keeping staff and shelter guests of congregate homeless shelter as safe as possible. Guidelines are outlined below.[62]

- Use signage to emphasize hand-washing and social distancing practices.
- Makes sure that the facility is well-stocked with soap, disposable towels, and hand sanitizers.
- Promote distancing, with no handshakes, no hugs, and no close-up conversations.
- Require guests and staff to stay at least 6 feet away from each other, including as they register for shelter stays.
- Amend common areas to encourage distancing by avoiding having more than 10 seats in an enclosed space and placing seats at least 6 feet apart and facing away from one another.
- Place shelter beds at least 6 feet apart and position them head to toe, with heads positioned as far apart as possible.
- Do not offer large group meals. Stagger meals so groups can be kept small.
- If weather permits, serve meals in outdoor areas that allow for social distancing.
- Limit shelter access to visitors and non-essential staff.
- Limit transportation of guests to essential trips only.
- Cancel any group activities that may be offered at the shelter.
- Amend services to limit face to face interactions as much as possible.
- Provide health screenings for all guests upon registration and continue once a day for the entirety of the stay. This may include noting if a guest feels feverish, is experiencing alternating sweats and chills, has a new cough, or has difficulty breathing. Take guests' temperatures with a scanning or disposable thermometer (if available) at registration and daily thereafter. A temperature of 100.4°F or higher is considered a fever for screening purposes.
- Presume that any guest exhibiting symptoms of respiratory illness has COVID-19. These individuals should be removed from common areas and the general population of the shelter. As part of screening, ask guests if they have had close contact with a symptomatic person. Close contact is defined as contact within 6 feet of a symptomatic person (whether or not COVID-19 has been confirmed by test) for 10 minutes or more. Anyone who had contact with body fluids and/or secretions of a symptomatic person (i.e., they have been coughed or sneezed upon or have shared utensils or saliva) or provided direct clinical care to a symptomatic person without wearing a surgical mask or gloves also needs to be in quarantine. The contact may have occurred while the infected person was symptomatic or up to 48 hours before the infected person showed symptoms. Any guest who meets criteria for close contact is required to self-quarantine for 14 days.

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