



County of Los Angeles CHIEF EXECUTIVE OFFICE

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FESIA A. DAVENPORT
Chief Executive Officer

July 21, 2021

To: Supervisor Hilda L. Solis, Chair
Supervisor Holly J. Mitchell
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Fesia A. Davenport
Chief Executive Officer

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REPORT BACK ON A JUST AND EQUITABLE RESPONSE TO DISPARITIES ILLUMINATED BY THE COVID-19 PANDEMIC (ITEM NO. 9, SUPPLEMENTAL AGENDA OF JUNE 9, 2020)

On June 9, 2020, the Board of Supervisors (Board) directed the Chief Executive Office (CEO), in collaboration with the Advancement Project California's Cross-Sector Group (APCCSG), the Department of Health Services (DHS), the Department of Mental Health (DMH), and the Department of Public Health (DPH), to review the recommendations in *How Race, Class, and Place Fuel a Pandemic* and in the *DPH Strategies for Addressing COVID-19 Disparities in Health Outcomes Among Highly Impacted Populations* and report back monthly on work with relevant stakeholders and County of Los Angeles (County) departments to:

1. Develop and implement culturally, linguistically, and literacy appropriate public education campaigns by contracting with outside entities with deep connections within highly impacted communities, including Black, Latinx, Asian, Native Hawaiian/Pacific Islander, Indigenous, American Indian and Alaskan Native, low-income, and justice-involved populations, such as local ethnic media partners and local community-based organizations (CBOs), and in partnership with local community leaders that:
 - Underscore availability of free COVID-19 testing;
 - Leverage the ability of CBOs to directly reach out to their constituents and form "neighborhood education teams";
 - Identify, strengthen, and amplify the capacity of supportive resources; and
 - Connect to information hubs (e.g., hotlines, websites).
2. Partner with local community clinics and CBOs that serve the most COVID-19-impacted neighborhoods and non-geographic, identity-based vulnerable groups to:

- Provide technical assistance to help community organizations collaborate with and support existing and proposed testing sites in highly-impacted communities;
 - Leverage the State's stockpile and Personal Protective Equipment (PPE) resources to support distribution to community-accessible testing sites;
 - Conduct outreach to the community about COVID-19 testing and provide linkages to healthcare and other supportive services;
 - Identify the capacity and resource needs of community-based clinics and CBOs that serve our most impacted neighborhoods, to offer testing and have an adequate supply of PPE for clinical staff employees;
 - Leverage the cultural and linguistic competency of community partners to support and enhance the County's contact tracing efforts in its vulnerable and at-risk communities; and
 - Ensure testing and contact tracing efforts are integrated with care delivery and linkages to support services through the engagement of community partners, federally-qualified health centers, and County clinics.
3. Report back weekly on the current status of COVID-19 testing of individuals who are detained in the County's adult and youth detention facilities.
 4. Report back, one time, on the indications for testing among staff in the County's adult and youth detention facilities.
 5. Report back monthly regarding the Countywide efforts to address the racial, ethnic, and income disparities magnified during the COVID-19 pandemic.
 6. Direct the CEO, in consultation with relevant departments, to identify and allocate the funding necessary to support the above directives and the County's efforts to reduce the disparate impact of the COVID-19 pandemic on communities of color, including detailing where involved departments have access to external funding sources (e.g., Centers for Disease Control [CDC] testing grant, contact tracing, and related activities) and exploring whether these efforts can be reimbursed through the Federal Emergency Management Agency and federal COVID-19 sources.

This is the seventh and final report to the Board, compiled by DHS, DMH, and DPH, which contains the following updates, lessons learned, and recommendations:

- Updates and results of the comprehensive, evolving efforts to bolster and improve the public education around COVID-19;
- Updates and results of ongoing efforts to partner and contract with trusted messengers, including CBOs, faith-based organizations, and local community clinics that serve the most COVID-19-impacted neighborhoods and vulnerable groups;

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- Updates on COVID-19 testing, contact tracing, and vaccination efforts, including distribution, demographics, strategies, and communication efforts;
- Updates and results of partnerships among County departments and with philanthropic entities to fully support implementation of the Board motion's directives to address racial, ethnic, and income disparities magnified during the COVID-19 pandemic; and
- A summary of lessons learned, best practices, and recommendations to guide the response and coordinate services needed to address and reduce the impact of racial, ethnic, and income disparities magnified both during the COVID-19 pandemic and as the County moves forward in its recovery.

Should you have any questions concerning this matter, please contact me or Emy Tzimoulis, Manager, at (213) 974-4603 or etzimoulis@ceo.lacounty.gov.

FAD:JMN:TJM
EDT:JT:kdm

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Health Services
Mental Health
Public Health

Final Report:**A Just and Equitable Response to Disparities Illuminated by the COVID-19 Pandemic
(ITEM NO. 9, SUPPLEMENTAL AGENDA OF JUNE 9, 2020)**

Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH)

This is the final report in response to the [Board of Supervisors' \(Board\) motion issued on June 9, 2020](#), that charged DHS, DMH, and DPH, among other directives, to: 1) develop culturally, linguistically, and literacy appropriate public education campaigns by contracting with outside entities with deep connections to highly impacted communities; and 2) partner with local community clinics and community-based organizations (CBOs) that serve the most COVID-19-impacted neighborhoods.

This report summarizes activities that have taken place since the last report issued on March 18, 2021, and reflects on lessons learned since the inception of these reports.

A. Public Education Campaigns

Since March 2020, the Los Angeles County (County) has experienced varying phases of the pandemic, including challenges related to: limited COVID-19 testing supplies and capacity; shortages of Personal Protective Equipment (PPE); ongoing developments in and understanding of COVID-19 transmission, prevention, mitigation, and treatment; reopening and closure of various sectors based on County community transmission levels; surges of COVID-19 cases, hospitalizations, and deaths; ongoing demand for mental health resources and supports; ongoing need for resources that facilitate adherence to public health measures and support daily living; and limited availability of vaccine supply and related equipment (e.g., specialized refrigeration units) to the eventual expansion of COVID-19 vaccine availability and vaccine-eligible community members. Each phase and challenge required public education campaign(s) consisting of timely communications that center the unique experiences and concerns of highly impacted communities and deploy a combination of traditional media services (e.g., paid and earned media opportunities in both mainstream and hyperlocal ethnic media) and complementary “on the ground” education and outreach activities conducted through a network of trusted community-based partners. Examples of public education campaigns developed by DPH, DHS, and/or DMH, often in collaboration with the Countywide Joint Information Center (JIC) and other County and external partners, including the Office of Immigrant Affairs (OIA), are listed in **Appendix I**.

By working with one another, these various entities have been able to share resources, including using the County Channel LA 36 video and photography resources to capture images and videos for use in these campaigns. Images and videos of patients getting vaccinated while visiting DHS hospitals or DPH-run vaccination sites to highlight real experiences that foster vaccine confidence, or peer providers offering education and resources in the community to highlight community-centered strategies and availability of services, have all been made possible by working with the JIC in partnership with contracted communications firms. Also, broader dissemination of key messaging to diverse populations has also been a result of these collaborative efforts. At different points in time throughout the pandemic, OIA and the JIC have worked with contracted communications firms to convene forums specifically for ethnic media partners who develop content preferred by communities of color. Both OIA and the JIC have made their resources available and have actively engaged DPH, DHS, and DMH in activities,

including briefings specifically for ethnic media channels or specific community groups (e.g., immigrant, sector specific), media buys (e.g., television and radio spots) to place department-specific content, and partnerships by leveraging relationships with community leaders to directly reach specific segments of the community. For example, OIA linked departments to the Archdiocese of Los Angeles to share vaccine-related information with their Spanish-speaking faith community through the Archdiocese's radio and TV channels. By fostering this relationship, departments were then able to work more closely with the Archdiocese, as well as other faith-based organizations (FBOs) and CBOs, to help facilitate Q&A sessions for community members and access church facilities to host community testing and vaccination sites in geographic locations facing higher rates of COVID-19 infection and lower vaccination rates.

DMH, DHS, and DPH have all deployed a variety of in-language strategies to communicate and engage with diverse communities across the County, including:

- **Standard Messaging and Printed Materials:** Developing and updating materials for use by staff contracted to conduct community education and engagement as part of initiatives described later in this report.
- **Online Resources:** Sharing materials and messaging to launch and maintain audience or topic-specific websites, including <https://dmh.lacounty.gov/resources/> (DMH), <https://covidhelpla.org/> (DHS), and <http://VaccinateLACounty.com> and <http://VacunateLosAngeles.com> (DPH); as well as listservs and newsletters that now reach hundreds of thousands of subscribers across the County.
- **Paid Media:** Placing community-specific messaging in paid media outlets (e.g., television, radio, digital billboards, and digital and streaming services) and community preferred locations (e.g., Women, Infant, and Children [WIC] offices, corner stores, transportation hubs) targeted to reach populations in highly impacted groups or locations in the County.
- **Earned Media:** Leveraging opportunities to work with in-language or trusted community-specific spokespersons (e.g., faith leaders, celebrities, athletes, social media influencers) and other entities who donate their time or resources (e.g., paid media placements) in support of the COVID-19 response.
- **Targeted Social Media:** Developing easily shareable content in multiple languages; conducting geotargeted social media promotion to share news about the status of COVID-19 in the County and garner interest in DMH, DHS, and DPH messaging/programming; and amplifying complementary messaging/programming offered by Community Partners (CP).
- **Phone Lines and Other Phone-Based Strategies:** Providing access to services and supports, particularly for community members with less access to or comfort with technology and the internet (e.g., DMH 24/7 Helpline; DPH Vaccine Call Center for older adults and people with disabilities); contacting community residents through the use of robocalls with in-language COVID-19-related messages and text-based phone campaigns.
- **Promotion of New and Existing Programs and Services:** Sharing news about available services, virtual events, and COVID-19 safe in-person events.

Beyond the aforementioned strategies, ever-changing COVID-19 communications needs have also required a nimble, coordinated approach, particularly between DPH and DHS, to contract, onboard, and mobilize communications firms and community-based partners. As noted in past editions of this report, in the fall of 2020, DHS and DPH contracted with the nonprofit organization CP to serve as the Fiscal Lead Agency for the COVID-19 Community Equity Fund (Equity Fund), the primary mechanism for facilitating completion of directives included in this Board motion. In late 2020, DHS and DPH announced the 51 CBOs funded through the COVID-19 Equity Fund

(25 CBOs to work with DHS and 26 CBOs to work with DPH) to provide a range of COVID-19-related services. With support from the Chief Executive Office (CEO) Center for Strategic Partnerships (CEO CSP), an additional eight agencies (four working with DHS and four working with DPH) were added to the cohort of contracted CBO partners, in collaboration with partner agency Public Health Institute (PHI) through their Statewide initiative, *Together Towards Health*. All 58 CBOs (see **Appendix II**, listing of contracted CBO partners) were contracted to conduct one or more of the following COVID-19-related activities: outreach, engagement, and education; system navigation (i.e., linking people to testing and vaccination sites, isolation and quarantine housing, medical care, and other community and social resources); assistance with testing; case investigation; and contact tracing. As COVID-19 vaccines have become widely available, CBO partners have demonstrated great flexibility, pivoting alongside departments to facilitate access to vaccination for highly impacted populations. In total, more than \$17 million has been awarded to contracted CBOs who have demonstrated experience serving as trusted messengers and providing culturally and linguistically appropriate services in historically underserved communities.

In addition to contracting with dozens of CBOs to conduct the “on the ground” education and outreach components of the public education campaigns, both DPH and DHS procured services from communications firms that have directly supported activities conducted as part of the Equity Fund and other community-based initiatives, including the Community Health Worker Outreach Initiative (CHWOI). Since December 2020, DHS has worked with Fenton Communications while DPH has leveraged its work with Fraser Communications and Team Friday. These firms have met regularly to coordinate the development and dissemination of key messaging for current and upcoming phases of the pandemic (e.g., updates regarding community testing strategy, shifts to new tiers in the State’s Blueprint for a Safer Economy, updates on groups newly eligible for vaccination); review results of shared office hours with CBOs (described below) to refine messaging and materials so they address insights raised by contracted CBOs and other local partners (e.g., FBOs who facilitate access to COVID-19 testing or vaccination); and coordinate key messages and materials disseminated weekly to contracted partners.

As a result of these coordinated communications efforts, Equity Fund CBOs have been able to:

- **Access Culturally Responsive and Linguistically Appropriate Content:** Centrally locating community-focused information and materials (e.g., handouts, social media materials, toolkits) that equip CBOs/FBOs to serve as ambassadors to address misinformation and myths circulating among specific racial/ethnic groups, promote availability of services and supports, and share critical health messages that are based on research and community feedback.
- **Participate in Community Feedback Loops:** Developing processes to secure insights and guidance from CBOs on an ongoing basis. This work included:
 - Convening working group meetings with funded CBOs to gain community-level expertise into campaign direction, messaging, and tactics.
 - Participating in weekly open office hour meetings with CBOs for real-time feedback; since February 2021, COVID-19 Equity Fund CBOs have had the opportunity to participate in 20 optional group office hours; separate biweekly office hours are offered for CBOs funded to provide system navigation services.
 - Conducting surveys to gauge effectiveness and utility of support activities.
 - Participating in convenings to gather insights on the challenges and opportunities of serving as a County contractor.

- **Participate in Capacity Building Opportunities:** Providing group learning sessions and support for contracted partners to acquire, build upon, and apply skills that ensure their success during the pandemic and beyond. From December 2020 through May 2021, COVID-19 Equity Fund partners have participated in 33 trainings. Trainings have not only included a mandatory orientation, but also included sessions that directly responded to topics CBOs identified as part of a CBO Needs Assessment survey conducted in December 2020. Sessions have included the basics of COVID-19, system navigation (use of One Degree in Spanish), computer literacy, social media communications, leadership principles and practices, delegating and supporting staff during a crisis, self-care for leaders, and worker wellness. Some of these trainings have been provided by departmental subject matter experts, CP, and with CEO CSP support, through the Worker Education and Resource Center (WEREC), a nonprofit organization that offers workforce development programs.

In addition, departments have also individually expanded upon these communications efforts to achieve department-specific priorities directly aimed at supporting communities disproportionately impacted by COVID-19, including communities of color and lower wage earners.

DMH – Mental Health Related Media Buys

As the pandemic's challenges persist into 2021, DMH's current media buy (January 2021 to June 2021) targets the ongoing and anticipated mental health and wellbeing needs across diverse communities. The buy is used to communicate DMH's mental health resources and messages of resilience, recovery, and hope during the pandemic and subsequent vaccination rollout period. Using hyperlocal and ethnic media opportunities, this responsive campaign is designed to reach all County residents, with an emphasis on the most vulnerable populations across all five Supervisorial Districts. These populations include adults 18+ and caregivers within the County; general, Hispanic, African American, and Asian markets; parents, family, and caretakers of children 0-15; transition-age youth 16-25, older adults 60+, including veterans; and the LGBTQ+ community.

Campaign collateral includes posters in WIC offices, displays and signage at supermarkets, digital billboards, Metro and bus lines (inside and outside), and radio and TV spots (with additional placements on web and/or social media), all of which are listed in **Appendix III**.

DHS – Communicating about Vaccines to Health Care Workers and Existing Patients at Higher Risk of Severe COVID-19 Outcomes

The County workforce mirrors the racial and ethnic diversity across the County. As a result, efforts to address COVID-19-related concerns and misinformation among County workforce members is a fruitful endeavor. DHS has worked hard to ensure staff awareness about the vaccine. Specifically, the DHS Vaccine Steering Committee has sent out e-mail announcements, designed and placed screensavers on employee computers, and created an internally facing SharePoint page with fact sheets, FAQs, videos, and more. The SharePoint page also includes clinic schedules and maps, and guidance on what to do after receiving the vaccine. DHS also held a Town Hall session for all staff and sent managers and supervisors talking points with key messages about vaccine safety and effectiveness. There have also been additional activities to reach segments of the workforce that interact with the public, including a training and Q&A session specifically for community health workers and COVID-19 vaccine education sessions for facility staff with lower rates of vaccine uptake. Staff participated from units throughout DHS, including environmental services, patient financial services, health information management, nursing, facilities management, and others. DHS has also made a concerted effort to vaccinate eligible patient populations.

More than 70 percent of the DHS patient population self-identifies as a people of color. Additionally, many patients live or work in lower income communities and/or also prefer communications in a language other than English. This demographic information highlighted the need for targeted messaging and approaches that leverage familiar sources of health care information (e.g., display boards at health care facilities, DHS website, patient portal, email, reminder postcards via mail, and SMS messages to their cell phone) to address population-specific needs and concerns regarding vaccination and related appointments. Tactics deployed to date include:

- Patients were reached through weekly emails, alerting them when it is their turn to sign up for the vaccine, answering their questions, and providing them with the resources they need to make an informed decision about the vaccine;
- 10,000+ postcards sent to patients 65 years and older, who may be less receptive to digital communications, informing them that it is their turn to get the vaccine. Postcards were printed in Spanish and English;
- 60 clinics displaying culturally responsive and linguistically appropriate digital slide boards in patient waiting rooms, with messaging on vaccine safety, efficacy, and how to keep themselves and their families safe. Messages are in Spanish, Chinese (Simplified), and Armenian;
- 300,000 patients reached through SMS messages and robocalls, alerting them to their turn to get the vaccine and how to make an appointment; and
- 225 posters printed for patient waiting rooms with information on how to sign up for the vaccine.

DHS is also sharing information about vaccinating workforce members and patients on Twitter and through media interviews. Future efforts will include DHS doctors and nurses serving as ambassadors to communicate the benefits of getting vaccinated and reinforcing vaccine safety and effectiveness in preventing serious illness, and even death, from COVID-19.

DPH – Availability of Vaccination Services

In a similar fashion, DPH has held bimonthly, remote all-staff meetings to communicate COVID-19 updates and initiatives. In addition, a weekly email communication known as the Director’s Briefing, which includes the latest data, key messages, COVID-19 safety requirements, and other updates, is sent to all staff at the beginning of each week.

DPH has also held Virtual COVID-19 Vaccine Town Halls for the public on all social media platforms (Facebook, Instagram, Twitter, and YouTube). Each Town Hall provided simultaneous interpretation services, as well as opportunities for the public to ask questions before and during the event. Thousands of questions have been submitted, which in turn, have informed messaging used in materials and media briefings. Thousands of County residents participated in these Vaccine Town Halls that have covered topics related to COVID-19 vaccines, such as the Johnson & Johnson vaccine pause and vaccination among newly vaccine-eligible pre-teens and adolescents. All Town Halls are archived and available to watch on the DPH Twitter (www.twitter.com/lapublichealth) and YouTube (<https://www.youtube.com/c/lapublichealth/videos>) accounts. Additional Town Halls were hosted by FBOs for their congregations and the communities they served. DPH has also hosted Instagram Live interviews with DPH subject matter experts, and participated in some hosted by social media influencers with connections to specific communities and sectors, including Latinx, restaurant, food, and agriculture audiences.

The breadth and deep impact of the pandemic has also garnered broad support for vaccination campaigns from local public figures from various industries (i.e., 20 leaders from different faith

groups, sports teams [Chargers, Dodgers, Lakers, Kings, LA Galaxy, and LA Football Club], music, acting, and more). These types of events and responsive content have appealed to various age groups and have helped make DPH the most followed health department in the country.

B. Partnership/Contracting with CBOs and Local Community Clinics

COVID-19 Community Equity Fund (Equity Fund)

As previously mentioned, the primary mechanism for ensuring completion of directives included in this Board motion is the COVID-19 Equity Fund. Contracts were fully executed (i.e., scopes of work and budgets have been finalized, subcontractor agreements and contract onboarding requirements, including insurance requirements, have been met) with 25 DHS-funded CBOs and 26 DPH-funded CBOs. Six of the eight CBOs funded through the partnership with the PHI have been executed and were fully completed by the end of May 2021. The fiscal intermediary, CP, has started the contract monitoring process with CBO partners.

CBO partners have been connecting with hard-to-reach populations regarding COVID-19 in a trusted, culturally responsive and linguistically appropriate manner through individual and group engagements in highly impacted communities/regions/neighborhoods across all Supervisorial Districts. Some preliminary results include the following:

Top Outreach Message and Social Service Connections Delivered:

- General COVID-19 information;
- Vaccination information;
- Testing navigation;
- Information about other social services;
- Other example categories: Info for free PPE for small businesses, mental health services, transportation information to and from vaccination sites, referrals to rental eviction support, Volunteer Income Tax Assistance program information, scheduling vaccination appointments, 2-1-1 LA County services; and
- Messaging and social service connections that were provided in over 13 languages.

Supplies Distributed During Individual Engagements:

- Masks: 40.1 percent of engagements
- Hand Sanitizer: 32.6 percent of engagements
- Food: 18.2 percent of engagements
- Essential Items (Food, toothbrushes, and feminine products): 12.5 percent of engagements
- Other items distributed at vaccine events included: Gift cards for food, face shields, disinfecting wipes, gloves, and water.

Between March 1, 2021 - April 30, 2021, DPH-funded organizations reached an estimated 125,008 people through in-person (n=464) and virtual (n=550) outreach events.

Type of In-Person Outreach	# of Outreach Events	Estimated # of People Reached
Event/Meeting	54	7890
Other	13	1833
Residential Door Drops	60	1220
Street Outreach	134	3644
Vaccine Outreach	20	876

Type of In-Person Outreach	# of Outreach Events	Estimated # of People Reached
Venue Visits (Business, Faith, Community)	183	4157
TOTAL	464	19,620

Type of Virtual Outreach	# of Outreach Events	Estimated # of People Reached
Email	30	53
Other	25	7571
Social Media	51	94,015
Phone	422	3198
Virtual Meeting/Presentation	22	514
Not Specified		37
TOTAL	550	105,388

Additionally, DHS and DPH continue to work with the CEO CSP to leverage philanthropic opportunities to support the CBOs throughout the funding period. Detailed funding streams from PHI, and the CEO CSP can be found later in this report.

In addition to Equity Fund activities, DHS and DPH have also implemented complementary activities that have worked to address the needs of highly impacted communities across the County.

Partnering with Faith-Based Organizations

In addition to working with the CBOs contracted as part of the COVID-19 Equity Fund, DHS and DPH have also partnered with FBOs who have deeply rooted, trusted relationships with many communities of color, including Black/African American, Latinx, and Asian American/Pacific Islander (AAPI) populations.

FBO partners, including, but not limited to, the African American Community Empowerment Council and LA VOICE, have worked closely with DHS to expand access to COVID-19 testing in their local communities. FBOs have served as testing sites, and promoted the availability, accessibility (i.e., kiosks, pop-up sites, at-home testing kits), and continued importance of COVID-19 testing. The partnership has mobilized and conducted outreach, and provided linkages to care and resources in 10 prioritized regions (Antelope Valley, Central Los Angeles, East Los Angeles, Harbor, Pomona Valley, San Fernando Valley, San Gabriel Valley, South Bay, South Los Angeles, and Southeast Los Angeles) in over 13 languages, including Indigenous dialects across every Supervisorial District.

DPH is also actively engaged with various FBOs to support local vaccination efforts concentrated in areas highly impacted by COVID-19, including South Los Angeles, East Los Angeles, and the Antelope Valley, where case rates are high and COVID-19 vaccination rates are relatively low. In South Los Angeles alone, over 140 churches have volunteered to participate in vaccination efforts. Other partners, including Charles R. Drew University of Medicine and Science (CDU), have directly supported DPH's collaboration with FBOs by coordinating their participation in DPH-led vaccination sites. Hundreds of FBOs have organized, oftentimes regionally, to support vaccine registration for their congregations and local community members, and sponsored educational events to address myths around COVID-19 and the vaccine. The love, care, and volunteer hours that partners have put into ensuring vaccine equity are substantial. They have worked tirelessly to organize lists of eligible congregants, train volunteers to make and receive

calls, particularly for those without access to technology, schedule vaccination appointments, and address transportation needs to and from appointments in some of the County's most impacted zip codes. With increased vaccine availability, DPH has also partnered with over 125 FBOs to bring mobile clinics to their sites. Since March 2021, 23,808 vaccine doses have been administered as a result of these efforts. These activities were the impetus behind the Grassroots Grants (micro-grants) to CBOs and FBOs described in the philanthropy/CEO CSP-related section below.

Community Health Worker Outreach Initiative (CHWOI) Outreach and Education

This initiative was implemented in response to the [May 26, 2020 Board motion](#) that instructed DPH and DMH to expand their Promotora/es programs, and coordinate and mobilize CHWs to conduct grassroots outreach to amplify up-to-date information regarding COVID-19.

As noted in previous reports, in October 2020, DPH contracted with the California Community Foundation (CCF) to serve as the Fiscal Lead Agency for the CHWOI, a program that mobilized a network of peer providers from within and outside of DPH, to provide education and outreach in communities greatly impacted by COVID-19. Agencies received assignments to work in more than 1,700 high priority census block groups across the County. CHWs prioritized the top 15 communities based on high or ongoing rates of COVID-19 spread. An interactive map of ongoing outreach can be accessed online here: <https://arcq.is/0L1njL0>.

Since the Coronavirus Aid, Relief, and Economic Security (CARES) Act's Coronavirus Relief Funding (CRF) for the CHWOI ended on March 31, 2021, DPH has been able to leverage federal Epidemiology and Laboratory Capacity (ELC) funds starting April 1, 2021, to continue outreach efforts through the end of the calendar year.

As of May 2021, CCF is no longer the CHWOI Fiscal Lead Agency; Community Health Councils now plays this pivotal role within the CHWOI. At least 10 of the 16 originally funded CHWOI CBOs will continue their work through ELC funds. Additionally, DPH is currently pursuing federal grant opportunities to supplement and expand the scope and reach of current CHW activities.

Promotores de Salud Mental/Health Promoters Program

Additionally, DMH Promoters have provided critical support for those being vaccinated at several community sites, including City of Bell, Maywood, Carson, and Huntington Park. By providing factual information and emotional support, DMH Promoters have reduced the anxiety and the myths surrounding the vaccine, which often act as barriers to successful vaccination. At these sites, Promoters have interacted with an average of 500-1,000 community members each day, depending on the vaccine capacity. The Promoters have canvassed the vaccine site neighborhoods to ensure maximum information, emotional support, and usage of available vaccines. With the emotional support provided in real time, the Promoters have gained the trust of the community, provided anxiety reduction support, and provided factual information and linkage to DMH and County resources.

Promotores de Salud Mental Program has also successfully provided over 700 workshops per month and had been expanding capacity to deliver services in other languages by hiring culturally and linguistically certified United Mental Health Promoters. The expanded program now has the capacity to deliver services not only in English and Spanish, but also in Korean and Chinese (Mandarin and Cantonese). This increased capacity comes at a critical time when the AAPI communities face an unprecedented rise in hate crimes and violent attacks. DMH's newly hired AAPI Promoters are trained and ready to provide linkages, education, and services to those affected by these attacks.

Speakers Bureau

April 2021 marks the first-year anniversary of DMH's Speakers Bureau (SB). This initiative was implemented in response to the COVID-19 pandemic and beyond. The SB functions as a specialized public communication, clinical, and community intervention resource comprised of approximately 75 highly skilled, licensed mental health clinicians with extensive media and public-speaking experience. The SB members are highly committed to serve the County communities during these challenging times and do so above and beyond the demands of their usual work responsibilities. The SB members have generously shared their cultural and linguistic expertise in creating content that meets community needs, such as COVID-19 and mental health concerns, public service announcements, presentations, trainings, and translated materials as tools to address stress, depression, grief and loss, and the uncertainties experienced by underserved communities.

A snapshot of SB accomplishments during its first year of operations include:

1. Provision of services to County Board offices; educational organizations; CBOs, FBOs, and nonprofit organizations; professional associations; private businesses; County DMH programs; and other governmental agencies;
2. SB services totaling 647 distinct activities, outreaching to 48,906 County residents across all Service Areas;
3. Ongoing mental health outreach and support to 33 FBOs, engaging 2,170 community members via 91 distinct activities;
4. Mental health support to 27 CBOs, serving 1,339 community members through 55 distinct activities;
5. Collaboration with 13 government agencies via 61 activities, outreaching to 3,389 individuals; and
6. Cultural and linguistic expertise for the development of several County DMH media campaign products, including billboards, Metro and bus line advertisements, and radio and TV spots.

Additionally, the SB's cultural and linguistic AAPI expertise has been a departmental asset to respond to requests related to the increased violence against AAPI communities. During this reporting period, the SB members have been collaborating closely with CBOs and AAPI community leaders to address mental health needs of AAPI communities directly impacted by violent attacks and hate crimes.

C. COVID-19 Testing

DHS continues to provide community testing throughout the County in partnership with cities, the State, and other private partners. As of June 13, 2021, a total of 6,900,714 COVID-19 tests were administered at State, County, and city-supported COVID-19 fixed community testing sites. Additionally, COVID-19 tests have been administered at State, County, and city-supported COVID-19 pop-up testing sites. More data on testing can be found at https://file.lacounty.gov/SDSInter/dhs/1077051_LACountyCOVID-19CommunityTestingDashboard.pdf. As of the end of May 2021, DHS and County testing partners operate 181 COVID-19 fixed and pop-up testing sites across the County, with capacity to perform more than 200,000 tests per week. All COVID-19 community testing sites are listed on the County website: <https://covid19.lacounty.gov/testing/>. Currently, testing demand is low, and as of May 23, 2021, only 12 percent of capacity is in use. Of tests administered at community testing sites, the largest proportion of tests have been in persons aged 18-49 (67 percent) and among Latinos/x (57 percent). The latest information regarding availability and use of testing sites, patient demographics for those who receive a COVID-19 test at a community site, test positivity rates, and testing among Persons Experiencing Homelessness is available on the

County COVID-19 Community Testing Dashboard, accessible here: <https://dhs.lacounty.gov/covid-19/>.

DHS is also currently operating 12 COVID-19 testing sites in some of the County’s most impacted communities through an important partnership with the State, the African American Community Empowerment Council, LA VOICE, Color Genomics, and Black, Latinx, and Hawaiian Native/Pacific Islander churches.

With demand for COVID-19 testing continuing to decline, DHS will begin to reduce community testing capacity in the coming months. DHS will reduce capacity in a way that ensures most impacted communities continue to have ready access to COVID-19 testing. Individuals will also continue to have access to testing through their healthcare providers and select retail pharmacies. DHS will inform the public, local testing providers, and other key stakeholders of any site closures or reductions in hours of operation, prior to making any changes.

D. Availability of Personal Protective Equipment (PPE)

Since hospitals and other healthcare entities have seen marked improvements in the availability of N95 and procedural masks and gowns from their medical supply vendors, DHS’s last PPE distribution was done on October 8, 2020. The Emergency Medical Services (EMS) Agency continues to fill individual healthcare facilities’ requests for PPE on a case-by-case basis. The last available data on total PPE distributed by the EMS Agency from February 1, 2020 through April 25, 2021 is shown below:

Item	Quantity
Coveralls	7,498
Shoe Covers	63,080
Hand Sanitizers	162,997
Goggles/Face Shields	477,246
Gloves	5,853,040
Gowns	8,208,773
Masks (Procedure)	12,220,650
Masks (N95)	29,387,068
TOTAL NUMBER OF ITEMS	56,380,352

Between March 17, 2020 and April 30, 2021, DPH has distributed nearly 77.4 million pieces of PPE to assist over 4,500 external organizations, including long-term care facilities, adult residential care centers, assisted living, and homeless shelters. Of the total distributions, 7.7 million (approximately 10 percent) have been distributed to social service providers, including homeless shelters, domestic violence agencies, gang intervention outreach workers, substance use disorder centers, and other CBOs, comprising over 700 entities. Total PPE distribution by DPH from March 2020 through April 2021 is shown below:

Item	Quantity
Hand Sanitizers	720,000
Goggles/Face Shields	2,500,000
Gloves	32,000,000
Gowns	7,000,000
Masks (Procedure)	19,000,000
Masks (Cloth—Reusable)	180,000

Item	Quantity
Masks (N95)	16,000,000
TOTAL	77,400,000

DPH, DHS, and DMH also continue to work with key community-based partners to disseminate PPE and other supplies that facilitate infection control practices. In one month alone (March to April 2021), DMH's PPE distribution included over 1 million items to the community.

Item	Quantity
Surgical Masks	428,260
Cotton Face Coverings	1,955
Gloves	578,450
TOTAL	1,008,665

DPH and DHS have also conducted targeted outreach to CBOs through their existing networks and expanded outreach to provide PPE to additional social service providers, such as youth counseling services, African American Infant and Maternal Mortality groups, community health workers/promoters, and others serving and/or residing in highly impacted communities.

E. Linkages to Healthcare and Other Supportive Services

2-1-1 LA County

2-1-1 LA County (2-1-1) is a 24/7 multilingual resource that provides linkages to social services both over the phone and online. DPH continues to work closely with 2-1-1 to ensure callers receive the latest COVID-19-related information and resources in their preferred language.

During this reporting period, DPH worked with the Office of Emergency Management (OEM) to contract with 2-1-1 to help staff the DPH Vaccine Call Center. Staff were quickly hired and onboarded, and on January 20, 2021, 2-1-1 operators began answering calls received by the DPH Vaccine Call Center and helping callers make vaccine appointments. According to the latest available data, in April 2021, 2-1-1 hotline staff answered over 21,193 vaccine overflow calls and scheduled 9,562 vaccine appointments.

2-1-1 Vaccine Call Center Data:

Time Period	Contacts Handled	Vaccine Appointments Made
January 20-31, 2021	25,739	<i>Data unavailable</i>
February 1-28, 2021	73,717	6,742
March 1-28, 2021	65,185	15,137
April 1-28, 2021	21,193	9,562
TOTAL	185,834	31,441

Top 5 Languages for April 2021:

Language	Monthly Total
English	12,659
Spanish	7,479
Arabic	10
Mandarin	6
Korean	3

Top 5 Zip Codes for April 2021:

Zip Code	Total Calls
90000 (Los Angeles)	1,821
91331 (Pacoima)	397
90044 (Westmont, West Athens)	305
91342 (Sylmar)	299
91335 (Reseda)	266

Overall, 2-1-1 has been a reliable, agile partner in the pandemic response since early 2020. 2-1-1 has been critical in communicating information about COVID-19 testing, treatment, isolation and quarantine, and other mitigation strategies, including proper use of masks and effective social distancing.

Childcare Voucher Program

The Board and the City of Los Angeles (LA City) dedicated CRF dollars to provide childcare services (vouchers) for essential workers and low-income working parents during the COVID-19 pandemic. DPH's Office for the Advancement of Early Care and Education contracted with the Child Care Alliance of Los Angeles to coordinate the distribution of \$15 million for childcare vouchers. This allocation was estimated to serve approximately 5,000 low-income families and essential workers with three to four months of childcare for children birth through 12 years old, and up to age 18 for children with special needs. The County's robust system of 11 Alternative Payment agencies processed applications for vouchers, connected families to childcare, and distributed funding to childcare providers. The funding for childcare vouchers is currently exhausted, and services for families ended on February 28, 2021.

A total of 10,513 applications were received for the program; 8,014 were new applications and 2,499 were participants that had State vouchers. Through this program, a total of 9,459 children received childcare vouchers, of which 6,017 are from the County and 3,442 are from LA City. The County childcare vouchers served 823 infants, 896 toddlers, 1,867 preschool age children, and 2,431 school age children.

F. Contact Tracing

As of the latest available report analysis dated June 14, 2021, the total number of cases assigned to a case interviewer was 1,062,322. Of these assigned cases, 44.9 percent (n= 476,470) completed the case investigation interview; 234,183 close contacts were identified as a result; and 151,152 (64.5 percent) of the identified close contacts completed the contact interview.

The DPH Contact Tracing Dashboard will continue to be updated weekly and is available here: <http://publichealth.lacounty.gov/media/Coronavirus/data/contact-tracing.htm>.

G. Partnering with County Departments

Mental Health Services

DMH has been an active community partner during the COVID-19 pandemic. Since the beginning of the pandemic, DMH has collaborated with many County departments, such as the CEO, Department of Human Resources (DHR), DPH, DHS, Registrar-Recorder/County Clerk Office, and Parks and Recreation, by deploying staff to 17 efforts. The majority of these efforts were developed to assist cultural communities highly impacted by disparities in COVID-19-related health outcomes.

From March 2020 through April 2021, DMH deployed over 1,217 staff to assist with the COVID-19 pandemic. Below is a summary of DMH's COVID-19 Deployment Disaster Service Worker count from March 2020 and April 2021 (n=166).

Area of Deployment	Key Activities of Deployment Efforts and Number of Staff Deployed
Administration	<ul style="list-style-type: none"> • Serve as part of the DMH administrative COVID-19 Disaster Team, designed to address the needs of vulnerable populations and coordinate all COVID-19-related administrative and deployment efforts. • Provide administrative support services at: <ul style="list-style-type: none"> ○ County-run vaccine Points of Distribution (48 staff) ○ ~26 Project Roomkey sites (29 staff; admin and clinical) ○ CEO Administrative office
Clinical Services (19 staff)	<ul style="list-style-type: none"> • Serve as nurses at Harbor/UCLA Medical Center during the winter COVID-19 surge • Provide mental health services at: <ul style="list-style-type: none"> ○ ~26 Project Roomkey sites ○ 28+ City shelters ○ 5 Isolation and quarantine shelters
Disaster Service Workers	<ul style="list-style-type: none"> • Support the DPH Incident Command Structure (2 staff) • Serve as Contact Tracers for DPH (3 staff) • Support Registrar-Recording/County Clerk Office at the November 2020 Election poll sites in underrepresented communities of color
Education and Outreach	<ul style="list-style-type: none"> • Serve as Promotores de Salud (Health Promoters) at City shelter sites to provide mental health education to people experiencing homelessness and monolingual Spanish speakers
Language Services	<ul style="list-style-type: none"> • Provide bilingual services to augment the language capacity and accessibility of DMH's directly operated programs • Provide bilingual services to expand the staffing for the Homeless Outreach Mobile Engagement Teams (10 staff)
Phone-Based Services	<ul style="list-style-type: none"> • Provide bilingual services to expand the language capacity of the DMH Access Line • Staff DPH's Vaccine Call Center (1 staff) • Staff DMH's Emotional Warm Line (37 staff) • Staff DMH's Veteran Support Line (17 staff)

DMH's Help Line continues to provide 24/7 services via its general ACCESS functions, Emotional Support Line for COVID-19, Veterans Warm Line, and the Wellbeing Line for healthcare and first responders. During this reporting period, the Help Line call volume remained steady from previous months. For the entire Help Line, roughly 25 percent of the calls are in a language other

than English. The Veterans Support Line has continued to receive a greater number of calls each month as awareness of the line grows.

COVID-19 Safety Compliance Certificate Program

The COVID-19 Safety Compliance Certificate Program continues to be a vital tool for local businesses and community members to implement required Public Health COVID-19 Protocols (Protocols) (<http://publichealth.lacounty.gov/media/Coronavirus/>). Other County departments that have served critical functions as part of this program, such as mandating completion of the program for their office-based worksites, fielding questions from the public and communicating the program's availability to businesses and the general public, include DHR; Consumer and Business Affairs (DCBA); Workforce Development, Aging and Community Services; the CEO's OEM; and the JIC. CHWOI health promoters and local elected officials who want to support local businesses and worksites to ensure safer environments for their workers and clients have also promoted the program. The certification requires completing an online training that is available in English, Spanish, Arabic, Armenian, Chinese (Traditional and Simplified), Japanese, Khmer (Cambodian), Korean, Farsi, Russian, Vietnamese, Tagalog, and Thai, facilitating completion from diverse stakeholder groups. The breadth of languages is particularly beneficial to ensure that workers and vulnerable communities are provided with in-language resources regarding workplace protections that help slow the spread of COVID-19 and promote COVID-19 vaccination. DCBA also follows up with business owners and employees who request more information about supportive resources (e.g., financial assistance such as grants, loans, and capital) currently available to small businesses.

As of June 7, 2021, a total of 28,415 individuals have completed the program, including 13,303 employers (46.8 percent of participants) and 15,112 employees (53.2 percent of participants) representing various sectors that are now permitted to maintain operations with safety modifications to reduce the risk of COVID-19 spread. Sectors with the highest level of completion include:

- Office-Based Worksites: 23.7 percent (n=6,743)
- Restaurants, Breweries, and Wineries: 20 percent (n=5,283)
- Retail Businesses: 10.2 percent (n=2,924)
- Warehousing, Manufacturing, and Logistic Establishments: 8 percent (n=2,292)
- Music, Television and Film Production: 7.5 percent (n=2,130)
- Personal Care Establishments: 7 percent (n=2,064)

Nearly 70 percent of training participants reported that their employer gave them a copy of the Protocols (n=19,597). Additionally, nearly 87 percent of training participants (n=24,619) reported that the Protocols helped them understand COVID-19 safety guidelines at work.

COVID-19 Community Ambassador Program

DPH launched a voluntary COVID-19 Community Ambassador Program on January 12, 2021. While initially aimed at engaging all County staff to become active partners in implementing infection control practices, the program is now widely available to all who live and work in the County. To become a COVID-19 Community Ambassador, participants must view a 30-minute training video about COVID-19 prevention and infection control. Once the training is complete, participants are emailed a Certificate of Completion and may visit one of the designated DPH locations to pick up a branded COVID-19 Ambassador face covering, Ambassador pin, and COVID-19 Directory Card. Participants are also asked to complete an online activity log to report back on outreach efforts completed in the community. More information about the program is available here: <http://publichealth.lacounty.gov/CommunityAmbassadorProgram/>.

In addition to County employees, external stakeholders who have completed the training represent various entities, including Los Angeles Unified School District, Long Beach Unified School District, City of Pasadena, and El Camino College. County departments with the highest number of employees who completed the program include DPH (15 percent); DHS (14 percent); Public Social Services (13 percent); Probation (8.5 percent); and Children and Family Services (6 percent). County employees participating in the program most commonly self-reported the following demographic information:

- *Residence:* 19 percent reported living in the LA City;
- *Age:* Median age of participants is 45 years old;
- *Race/Ethnicity:* 39.3 percent reported being Hispanic or Latino; followed by Asian or Pacific Islander (21.7 percent), Black or African American (15.8 percent); and White or Caucasian (15.4 percent); and
- *Household size:* 23.1 percent of participants reported living with four or more people in their household.

As a result of most participants (83 percent) reporting interest in receiving additional updates about the COVID-19 response, COVID-19 Ambassadors now receive weekly emails that include key messages and materials. In addition, COVID-19 Ambassadors can now access monthly informational sessions with DPH subject matter experts to stay abreast of the latest COVID-19 developments. In the last two months, Ambassadors participated in sessions regarding COVID-19 vaccination and variants of the COVID-19 virus.

Coordinating Philanthropic Relationships with CEO CSP

DPH and DHS worked closely with CEO CSP to ensure coordination with local funders and a Statewide pooled fund (*Together Towards Health*) managed by the PHI. In response to the *Integrated Plan* that DHS and DPH completed in August 2020, with support from the Ballmer Group, the following funds were awarded to a variety of County-based CBOs, FBOs, and Federally Qualified Health Centers (FQHCs):

- **\$150,000** awarded for start-up funds to six CBOs who were the successful recipients of the LA COVID-19 Equity Fund: Asian Pacific Policy and Planning Council (A3PCON), Comunidades Indegenas en Liderazgo, Esperanza Community Housing Corporation, InnerCity Struggle, Southern California Pacific Islander COVID-19 Response Team, and Southern California Rehabilitation Services.
- **\$120,000** awarded to Worker Education and Resource Center (WERC) to develop training to support the onboarding of community workers by the CBOs awarded the LA COVID-19 Equity grants.
- **\$2,000,000** awarded to nine CBOs identified by DPH and DHS as critical to covering gaps in geography and/or special groups as the pandemic affected areas/groups that were not initially prioritized for the LA COVID-19 Equity Fund: A3PCON, Pilipino Workers Center of Los Angeles, Disability Community Resource Center, Tierra del Sol Foundation, Team Friday, Pukuu Cultural Community Services, Our Saviour Center, Foothill Unity Center, Inc, and the Community Action League.
- **\$600,000** awarded to FQHCs to support outreach and engagement of marginalized communities in accessing the COVID-19 vaccine, especially the community members that encountered barriers in making appointments via the internet due to language or technical issues: East Valley Community Health Center, John Wesley County Hospital Institute, Kedren Community Health Center, St. Johns, Northeast Valley Health Clinic, White Memorial Community Health Center, and Clinica Monsenor A. Romero.
- **\$300,000** awarded to Liberty Hill to re-grant Pilipino Workers Center and Los Angeles Alliance for New Economy to supplement the Los Angeles County Public Health Council's

project that serves low-wage workers disproportionately impacted by the COVID-19 pandemic.

- **\$157,000** awarded to CBOs and FBOs for assisting the California Office of Emergency Services with vaccine uptake: Alma Family Services, Centro de Vida Victoriosa, CDU, University of Medicine and Science, City of Bell, City of Paramount, Clinica Monsenor Romero, Community Coalition, Disability Community Resource Center, Faithful Central Bible Church, Los Angeles Urban League, New Hope Community Church, Our Lady of Talpa Church, Paradise Baptist Church, Restauracion Los Angeles/RLA Church, SEIU USWW, SELA Collaborative, Service Center for Independent Life, Southeast Rio Vista YMCA at Maywood, Via Care.
- **\$250,000** to be distributed through Grassroots Grants (micro-grants) to CBOs and FBOs working with DPH to facilitate COVID-19 vaccine uptake micro-targeted efforts in marginalized communities/groups who have barriers to vaccine access or low vaccine rates. In addition to funding from *Together Towards Health*, this program includes funding from the Annenberg Foundation and Specialty Family Foundation. Additional funding for this program may become available.

CEO CSP is continuing to work with DPH, DHS, and private philanthropy to support ongoing needs for vaccine equity.

H. COVID-19 Vaccination

As of June 17, 2021, more than 9,957,048 doses of COVID-19 vaccine have been administered to people across the County; of these, 4,336,893 were second doses. Since the last report, vaccine eligibility has expanded significantly and has become much more widely available. As of May 13, 2021, individuals age 12 and older are now eligible to receive a COVID-19 vaccine.

**Proportion of County Residents Who Have Received
At Least 1 Dose of COVID-19 Vaccine, by Age, as of June 13, 2021**

Age Group	# With At Least 1 Dose Vaccine	# of Residents In Age Group	% With At Least 1 Dose Vaccine
12-15 years old	154,835	502,674	30.8%
16-17 years old	123,098	253,131	48.6%
18-29 years old	950,767	1,786,223	53.2%
30-49 years old	1,815,372	2,910,509	62.4%
50-64 years old	1,423,685	2,002,016	71.1%
65-79 years old	914,823	1,017,286	89.9%
80+ years old	271,232	356,331	76.1%
Not Available	665	----	----
Total	5,654,477	8,828,170	64.1%

**Proportion of County Residents Who Have Received
At Least 1 Dose of COVID-19 Vaccine, by Race/Ethnicity,
as of June 13, 2021**

Race/Ethnicity	Age 16+ with 1+ Dose	% of 16+ Population Vaccinated	Age 65+ with 1+ Dose	% of 65+ Population Vaccinated
American Indian/Alaska Native	12,150	59.8%	2,498	66.8%
Asian	909,781	73.6%	205,276	79.2%
Black/African American	294,542	42.8%	80,757	65.4%
Latinx	1,961,008	51.3%	303,268	74.7%
White	1,508,953	63.9%	437,286	78.6%

And while huge strides have been made in closing the gaps in vaccination rates among racial/ethnic groups, vaccine uptake has started to wane.

**Cumulative Percent of Population 16-64 Years Old Who Have Received
At Least 1 Dose of Vaccine, by Week and by Race/Ethnicity**

Race/Ethnicity	2/9/21	5/2/21	Relative % Increase	5/16/21	Relative % Increase
American Indian/Alaska Native	28%	70%	153%	57%	22%
Asian	37%	76%	108%	67%	21%
Black/African American	20%	61%	206%	34%	26%
Latinx	26%	63%	160%	42%	34%
White	38%	78%	94%	57%	18%

DPH has worked arduously to eliminate the barriers that make it difficult for people who want to get vaccinated to access the vaccine. As an example, DPH has worked to enroll trusted vaccination partners (e.g., FQHCs and community clinics) into the State's vaccination program in order to increase availability of local community vaccination sites, particularly those that could offer evening and weekend hours. As of the last data available (May 22, 2021), there were 755 vaccination sites throughout the County. Sites ranged from County and city-administered sites, to retail pharmacies and hospital vaccination sites. Additional sites are also being added to better meet the unique needs of specific populations. DPH continues to support mobile vaccination units that take vaccines into neighborhoods to reach people who may have limited mobility or time to get to one of the established vaccination sites. As of the last data available (May 21, 2021), there were 188 mobile sites scheduled throughout the County. The mobile vaccine team continues working with partners, such as FBOs and CBOs, markets, stores, and Metro partners, to establish standing mobile vaccine sites at places that are central to disproportionately impacted communities. Further, there are a total of 62 school-based clinics across 43 school districts serving as vaccination sites where teens and their families can go and get vaccinated. Efforts are underway to work closely with other institutions that serve teens and their families during the summer, including parks, Boys and Girls Clubs, and the YMCA. Being able to vaccinate students,

their families, and community residents at schools is a very important strategy for reaching teens and for closing gaps in COVID-19 vaccination rates. Schools and health centers continue to work together to make this possible.

DPH makes the latest vaccine-related information available on the web, including vaccine priority groups, links to vaccination appointments, the latest vaccination rates by race/ethnicity and city/community, and other critical educational materials at: www.VaccinateLACounty.com and www.VacunateLosAngeles.com.

DHS Workforce

On December 18, 2020, DHS began vaccinating its workforce members at three of the four DHS hospitals. Efforts began with high-risk workforce members, including those who worked in emergency departments and intensive care units, before moving onto lower risk healthcare workers. DHS continues to schedule both first and second doses and has expanded the number of sites where workforce vaccinations are taking place. Information on DHS vaccination efforts can be found here: <http://file.lacounty.gov/SDSInter/bos/supdocs/158993.pdf>.

DHS Empaneled Patients

In response to the executive order by the County's Board Chair Hilda L. Solis and DPH opening up vaccines to those ages 65 and older, DHS began vaccinating its empaneled patients, patients in custody, and patients experiencing homelessness. Information on DHS vaccination efforts for empaneled patients can be found here: <http://file.lacounty.gov/SDSInter/bos/supdocs/158993.pdf>.

To continue these efforts, DHS Ambulatory Care Network (ACN) continues to support enhanced community access to COVID-19 vaccinations in balance with the ongoing responsibility to address the delayed care needs of DHS empaneled patients through the reactivation of outpatient care in a sustained and safe environment. Through 23 health centers, serving the most vulnerable populations in the County, ACN is already actively engaging and outreaching to over 300,000 DHS-empaneled patients. The ACN is now planning to expand vaccine access and support community vaccine events in their respective service areas. The ACN is pursuing three community vaccine strategies aimed to increase access to patients in underserved areas, leverage existing resources, and support local efforts:

- 1) **Expand vaccine access to the community**—Participating Health Center Groups (HCGs) will provide walk-in visits during currently available vaccine clinic sessions. This effort will primarily target family, friends, and neighbors that accompany DHS patients for their vaccine appointments. No person will be turned away.
- 2) **Staff support**—In partnership with local CBOs and sister departments, HCG clinical staff will vaccinate at local community events.
- 3) **Stand-alone MyTurn events**—Based on local and specific needs, some HCG sites will host MyTurn community events with community partners.

The County has far exceeded Statewide and Countywide averages in vaccinating communities of color and those in the geographic areas most impacted by the pandemic.

I. Lessons Learned/Recommendations

Responding to a global pandemic resulted in many challenges, as well as innovative successes in partnership with the community. The County, once the epicenter of COVID-19 for the nation during winter 2020, has experienced a remarkable turnaround. Our rates remain relatively low, among the lowest in the State, and we are currently holding steady in our progress through our recovery journey. The gap in between the overall COVID-19 test positivity rate for the County

and the one for the neighborhoods in the County with the fewest health affirming resources (known as the [Health Equity Quartile of the Healthy Places Index](#)) has closed. This success is due to the hard work of our dedicated County workforce and to the powerful work of our community-based partners.

The original intent of this report back was to coordinate and address the racial, ethnic, and income disparities magnified during the COVID-19 pandemic, as well as reduce the disparate impact of COVID-19 on communities of color. As we move forward together on our recovery journey, powerful lessons emerge. The lessons outlined below are already proving useful as they are informing work plans outlined in upcoming grant proposals and proposed philanthropic investments.

1) Partnership and trusting relationships with local organizations and community residents.

- **Sustained Efforts:** There is extreme value in having a longstanding presence in highly impacted communities. Efforts to sustain the gains made during this pandemic are critical to demonstrate the County's ongoing commitment to hardest hit community members. Trusting relationships with local partners and community residents have directly contributed to the County's success in vaccinating and testing high percentages of community members residing and working in areas most impacted by the pandemic. Only continuous engagement and investments in these communities will demonstrate the County's ongoing commitment to equity and eliminating health disparities.
- **Site Selection for Community Testing Sites:** Identifying hot spot communities and focusing expansion of community testing sites in highly impacted communities required partnership with clinics and other testing entities. This was key to making testing more accessible. In conducting site selection for some areas, it was imperative to know which areas were considered "safe" zones, free of gang activity, in order to encourage residents to participate in COVID-19 testing. For example, it took a couple of weeks to figure out why testing numbers were low at some locations, until residents provided feedback that some of the sites selected were not in the "safe" zones. In response, the DHS Community Testing Team worked with external LA City law enforcement, specifically the Gang Unit, to assist in identifying which areas were considered "safe" zones to set up sites. Additionally, having the Board offices involved in recommending potential sites, as well as assisting in marketing the sites to the residents, was extremely helpful. Finally, it was also critical that the team considered and provided various methodologies for testing that were tailored to neighborhoods and beneficial to communities, such as drive-throughs, walk-ups, and testing buses, kiosks, and vans.

2) Contracting with Community-Based Organizations (CBOs)

- **Use of Existing Contracting Mechanisms**
 - DPH and DHS leveraged DHS's Professional and Technical Services Master Agreement to contract with communications firms, and the DHS Supportive and/or Housing Services Master Agreement (SHSMA) to contract with CBOs, as directed in this Board motion. Using existing contracting infrastructure to develop the solicitation materials; communicate the funding opportunities; receive and rate applications; respond to appeals; and grant awards, all helped to expedite the process. In addition, both departments were able to learn from one another – as the subject matter experts – through these contracting mechanisms, and worked closely with each other to ensure all relevant requirements were being met. In addition, DPH was also able to recommend process improvements to these DHS

contracting mechanisms, and both departments worked together to troubleshoot issues and find innovative solutions alongside philanthropic and other partners.

- While the infrastructure related to existing contracting mechanisms facilitated some steps in the process to onboard partner CBOs, some other requirements linked to these mechanisms were rigid and very troublesome, particularly for smaller CBOs that had the local presence and expertise needed for this work.
 - SHSMA-related insurance requirements were very challenging to navigate for many CBOs. CBOs noted that the hardships they experienced included the expensive upfront cost for liability insurance. The SHSMA required higher liability coverage limits and, more notably, Unique Insurance Coverage for Sexual Misconduct at \$2 million. Since the liability insurance coverage is required prior to any service delivery, contracts and community-based work through the COVID-19 Equity Fund were delayed since some CBOs brought on by both DHS and DPH were unable to initially meet the high insurance liability coverage requirement.
 - Most CBOs were faced with paying for insurance costs over providing direct services to meet the contract requirements. Further aggravating the problem, CBOs' existing insurance providers would not provide additional coverage and CBOs were forced to find alternative options that took almost two weeks for some organizations to find. Some organizations had to pay an additional \$15,000-\$35,000 upfront to meet the County insurance requirements, making it difficult to identify a way to cover the costs before any funds were distributed to the organization. This additional investment disadvantaged smaller organizations in particular, since they ended up with higher upfront costs for a smaller contract amount.
 - Transparency in the estimated cost to implement the additional insurance requirements would be helpful to organizations who may decide not to pursue the funding opportunity based on their existing capacity.
 - CBO contractors were also limited in their ability to work in a coalition-based model because sub-subcontractors were also required to meet the same insurance requirements. Innovative partnerships with philanthropy through the CEO CSP helped address some of the challenges faced by funded CBOs.
 - Due to constraints meeting insurance requirements, service delivery was delayed by one to three months for some CBOs. To support CBOs in meeting the liability coverage requirements, CP worked one-on-one with CBOs. Challenges were addressed in two ways: 1) making amendments to the CBO subcontractor scope of work; and 2) partnering with philanthropy to assist with the upfront cost of additional insurance coverage required by contracted CBOs.
 - The challenges faced by participating CBOs required exploring the purpose behind the various requirements. Individual departments have some flexibility to develop and revise contract requirements to ensure compliance with Countywide requirements and alignment with the service being delivered and other specific needs, such as location and recipient(s) of service delivery (site, virtual or in-person, individual or family). Revisiting contracting requirements mandated by individual departments for specific services would be helpful to determine what insurance and other contracting requirements are non-negotiable and to tailor requirements to the specialized services being delivered in specific environment(s).

- The SHSMA contracting process also allowed DHS to quickly mobilize a mini-grant infrastructure to allocate small amounts of funds for small scale and short-term periods of work. Mini-grant funding allows for quicker turnaround times and has a more meaningful impact on a broader range of CBOs. DHS has been able to support up to 200 CBOs with small amounts of funding for outreach and engagement.
- Use of a Fiscal Intermediary (FI) to Oversee COVID-19 Equity Fund's CBO Contracts
 - Contracting and related monitoring is difficult, especially when the lead entities (DHS and DPH) are responsible for developing and implementing key elements of emergency response during a global pandemic. To ensure both fiscal and programmatic contract requirements were met, and that contracted CBOs received needed support, DHS and DPH contracted with CP to serve as the FI for the COVID-19 Equity Fund. CP has been an incredible partner, serving as an intermediary hub for all administrative matters related to personnel, programming, communication, and finances, and with sufficient expertise and capacity to directly support all 59 CBO partners.
 - Working with a FI contractor facilitated faster distribution of funds to CBOs, allowing money to flow more quickly to local communities than what is possible under a standard County contracting agreement. In addition, CP's existing network of partners allowed for a broader reach during CBO recruitment and hiring. Ultimately, by working through systems and relationships used by CP, DHS, and DPH, the COVID-19 Equity Fund was able to contract with a diverse range of CBOs of different sizes and varying organizational capacity.

3) COVID-19 Communication and Feedback Loops

- Joint Information Center (JIC): Support from the JIC has been critical to both coalesce and amplify COVID-19-related information across the County. The JIC is a temporary emergency response structure aimed at coordinating COVID-19 messaging and resources on behalf of County departments. While initial plans aimed to dismantle the JIC earlier in the COVID-19 response, JIC leaders have graciously supported pandemic response communications through today. The JIC has participated in development meetings with each department, managed a Countywide website, and facilitated requests for support, including videography and photography, for each department. This type of infrastructure is key and points to the need for robust and coordinated communications infrastructure within departments and across the County.
- Ongoing Feedback Loops: Best practices to implement ongoing feedback loops as part of some efforts have had positive results. For example, Team Friday began office hours with partners contracted through the CHWOI to gain insights about misinformation and emerging issues directly experienced by CHWs working with County residents. These forums have also allowed CBOs to ask questions, get programmatic and financial support, and network with other CBOs in an informal setting. DHS and DPH carried on those office hours with COVID-19 Equity Fund partners and have also found ways to further expand on this model of receiving and addressing community feedback. For example, DHS established three CBO working groups (Campaign Strategy, Messaging/Creative, and Website Workgroup) to inform the direction, identify strategies, and provide support for the Together Fighting COVID-19 campaign.

4) Funding Infrastructure for Contractors:

- Payment Structures: A deliverable-based payment structure helps support small and medium-sized organizations that typically cannot afford the upfront costs associated with a cost-reimbursement model contract. This payment structure also facilitates a more streamlined onboarding process when contracting with many entities since pre-determined payment for a set of deliverables reduces the amount of budget adjustments that may be needed across multiple entities. Cost-reimbursement models of payment require CBOs to collect and track more robust, yet more onerous amounts of documentation to justify their expenditures and facilitate reporting back to funders. Overall, a deliverable-based payment structure is less frequently used by County-issued contracts. Efforts to balance payment structures and appropriate documentation are needed to facilitate CBO reporting and auditing from the County and FI perspective. However, flexible opportunities are needed to build the organizational capacity of small to medium-sized CBOs for them to compete for other County contracts in the future.
- Flexible Funding: CBOs expressed the need for flexible funding, often not allowable using federal dollars, to help provide additional support for County residents. DHS and DPH worked to clearly articulate allowable expenses and also worked with CEO CSP to determine where additional supports may be needed. The flexible funding option allowed CBOs to leverage their budgets to allow individuals, families, and clients access to basic emergency needs to prepare for COVID-19 testing, participate in COVID-19 testing, and ensure resources to manage a positive test result. Flexible funding allowed CBOs to use the funds to cover utilities, food, gift cards for engagement, citation support, resources to adapt a home for isolation, relocation assistance, and wellness and healing resources.
- Collaboration with the CEO CSP: As noted throughout this report, the CEO CSP has been a wonderfully responsive partner, facilitating philanthropic investments in solutions and innovative programming to directly support the COVID-19 Equity Fund and each department's participation in the pandemic response. Partnering with the CEO CSP has facilitated the uplifting and addressing of needs raised by CBOs that are directly in service of communities disproportionately impacted by COVID-19. Additionally, CEO CSP's Statewide partnerships have also provided a forum for elevating community-centered best practices occurring across the County.

5) Emergency Planning and Coordination

- Coordination Across County Departments: The overall response to the COVID-19 pandemic also highlighted the importance of internal coordination. Working across County departments have allowed COVID-19 Equity Fund partners to access and promote services provided by departments outside of DMH, DHS, and DPH. In addition, departments have been able to leverage one another's resources (e.g., media buys) and relationships (e.g., CBOs, FBOs, local community influencers) to connect with hard-to-reach communities across the County.
- Emergency Medical Services (EMS): From a DHS EMS perspective, there are three areas of demonstrated value to provide effective and efficient services and support to County residents:
 - The Medical Health Operational Area Coordinator program in communication, preparation, response, and coordination to ensure the needs of the hospitals and provider agencies are met;
 - Disaster planning and drills; and
 - Established, accurate data systems and management.

APPENDIX I

Examples of Public Education Campaigns Developed and Implemented by DHS, DMH, DPH, Often in Collaboration with the Joint Information Center (JIC) and Other County and External Partners

Campaign Type and Name	Brief Description
<i>Campaigns to Promote Awareness of Mental Health Services</i>	
Mental Health Matters	This campaign promoted awareness and use of the DMH 24/7 Help Line.
Resources. Help. Hope.	This campaign promoted awareness and use of the DMH 24/7 Help Line, COVID-19 resources website, and the free Headspace subscription service for County residents.
DMH Wellbeing Line	This campaign promoted awareness and use of the DMH Wellbeing Line to provide support for County Disaster Workers and First Responders.
We Rise	This campaign commemorated Mental Health month by promoting wellbeing and healing through art, connection, community engagement, and creative expression. Specifically, the campaign recognized art is needed now more than ever as the County emerges from the isolation of the global pandemic and continues to grapple with related stressors and racial injustice.
<i>Campaigns to Support Adherence to Protective Measures</i>	
Safer at Home	This campaign stressed the importance of staying home as much as possible to prevent getting and spreading COVID-19.
Whether at Home or in Public, Don't Let Your Guard Down	This campaign highlighted necessary measures to prevent getting and spreading COVID-19 (wearing masks, physical distancing, hand washing, and disinfecting surfaces).
Connect to Protect	This campaign stressed the importance of connecting virtually with loved ones and friends to keep everyone safe.
Keeping Safe During the Holidays	This campaign promoted staying home and connecting virtually during the winter holidays.
The Risk is Real	This campaign highlighted the severity of COVID-19, highlighting experiences of actual DHS patients.
Every 10 Minutes	At one point in the pandemic, every ten minutes, one person died from COVID-19 in the County. Over New Year's Eve, this campaign highlighted both fictional and non-fictional accounts of persons who passed away due to COVID-19 in ten-minute intervals.
Together Fighting COVID-19	This campaign encouraged community members to get tested when needed and to get vaccinated.
It's Not Enough	This campaign provided information to County residents about who is eligible to get vaccinated, how to get an appointment, as well as vaccine safety information.
<i>Campaigns to Support Vaccination</i>	
Vaccinate LA County	This campaign encouraged community members to get vaccinated and described how to access and schedule vaccination appointments.

Campaign Type and Name	Brief Description
Now Vaccinating	This campaign highlighted groups newly eligible to receive the COVID-19 vaccine.
Community Immunity	This campaign stressed the importance of vaccination as a way to achieve more widespread community-level protection against COVID-19.
Flex Your Defense Against COVID-19	This campaign encouraged community members to share their story about why they chose to get vaccinated by highlighting personal accounts from actual patients receiving their vaccine at a County-run vaccination clinic.
Don't Wait to Vaccinate	This campaign encouraged community members to get vaccinated as they become eligible for vaccination.
DHS Patient and Workforce Vaccination	This campaign encouraged members of the DHS workforce and patient population to get vaccinated by highlighting personal accounts from actual DHS staff and patients.

In addition to each department's respective websites, much of the campaign collateral in various languages is available on these web-based platforms: <https://toolkit.covidhelpfla.org/> (CBO Toolkit, administered by DHS) and <https://thesocialpresskit.com/countyofla> (County Social Media Toolkit, administered by the JIC).

APPENDIX II

List of (58) Community-Based Organizations Funded to Participate in the COVID-19 Community Equity Fund

CP: Community Partners

DHS: Department of Health Services

DPH: Department of Public Health

PHI: Public Health Institute, Together Towards Health Initiative

Organization Name	Lead Department	Fiscal Lead Agency
1) African Communities Public Health Coalition	DHS	CP
2) Alma Family Services	DPH	CP
3) Anti-Recidivism Coalition	DPH	CP
4) Armenian Relief Society of Western USA, Social Services	DHS	CP
5) Asian Pacific Policy & Planning Council (AP3CON)	DPH	CP/PHI
6) California Association of African-American Superintendents and Administrators	DHS	CP
7) California Black Women's Health Project	DHS	CP
8) California Healthy Nail Salon Collaborative	DHS	CP
9) California Native Vote Project, a project of Community Partners	DHS	CP
10) Center for Living and Learning	DHS	CP
11) Central City Neighborhood Partners	DHS	CP
12) Chinatown Service Center	DPH	CP
13) CIELO comunidades Indígenas en Liderazgo	DPH	CP
14) Clergy and Laity United for Economic Justice	DHS	CP
15) Coalition for Humane Immigrant Rights	DPH	CP
16) Community Coalition	DPH	CP
17) Community Development Technologies Center	DHS	CP
18) Dignity Health – Northridge Hospital Foundation	DPH	CP
19) Disability Community Resource Center	DPH	CP/PHI
20) East Yard Communities for Environmental Justice	DHS	CP
21) Esperanza Community Housing Corporation	DPH	CP
22) Foothill Unity Center, Inc.	DHS	CP/PHI
23) Gender Justice LA	DHS	CP
24) Good Seed Community Development Corporation	DHS	CP
25) Herald Christian Health Center	DPH	CP
26) InnerCity Struggle	DPH	CP
27) International Institute of Los Angeles	DPH	CP
28) Kheir Clinic	DPH	CP
29) Khmer Girls in Action	DHS	CP
30) Los Angeles Brotherhood Crusade	DPH	CP
31) Los Angeles Metropolitan Churches	DHS	CP
32) Little Tokyo Service Center - Community Development Corporation	DPH	CP
33) Maternal and Child Health Access	DPH	CP
34) Northeast Valley Health Corporation	DPH	CP

Organization Name	Lead Department	Fiscal Lead Agency
35) Our Saviour Center	DHS	CP/PHI
36) Pacoima Beautiful	DHS	CP
37) Pilipino Workers Center of Southern California	DPH	CP/PHI
38) Planned Parenthood	DPH	CP
39) Pomona Economic Opportunity Center, Inc.	DHS	CP
40) Proyecto Pastoral	DHS	CP
41) Pukuu Cultural Community Services	DHS	CP/PHI
42) QueensCare Health Centers	DPH	CP
43) SAAHAS For Cause	DHS	CP
44) Southern California Pacific Islander COVID-19 Response Team	DPH	CP
45) Southern California Rehabilitation Services, Inc.	DPH	CP
46) St. John's Well Child & Family Center	DPH	CP
47) Strengths Based Community Change	DHS	CP
48) The Community Action League	DHS	CP/PHI
49) The G.R.E.E.N (Gathering Resources to Educate and Empower through Network) Foundation	DHS	CP
50) The TransLatin@ Coalition	DHS	CP
51) The Wall Las Memorias Project	DHS	CP
52) Tierra del Sol Foundation	DPH	CP/PHI
53) Urban Peace Institute	DHS	CP
54) Valley Care Community Consortium	DPH	CP
55) Vision y Compromiso	DPH	CP
56) Watts Labor Community Action Committee	DPH	CP
57) Whittier Area First Day Coalition	DHS	CP
58) Young Invincibles	DPH	CP

APPENDIX III

Department of Mental Health Media Buys

Time Period: February-April 2021

Total Amount: \$1,248,000

CATEGORY AND IMPRESSIONS	LANGUAGE	CHANNEL	DEMOGRAPHICS
Television 18,448,009	English	NBC-TV, KABC-TV	30% Hispanic 20% Asian 22% African American 28% Others
	Spanish	KMEX-TV, KFTR, KVEA-TV	82% Hispanic 3% Asian 1% African American 14% Others
Out of Home 1,380,143,063	English, Spanish, Mandarin	Digital Billboards, Bus Interior Cards, Rail Interior and Exterior	50% General Market (All Ethnic Groups) 50% Hispanic
		Full Bus Backs, Bus Tails, Strategic Shelters, Digital Rail Station Kiosks	100% General Market (All Ethnic Groups)
		Static Building Wall	100% General Market (All Ethnic Groups)
		1-Sheet Posters, 30- Sheet Posters	60% Hispanic 30% General Market (All Ethnic Groups) and African American 10% Asian
		Digital Geo-Fencing and Digital Mobile Billboard	40% General Market (All Ethnic Groups) 25% Hispanic 15% African American 10% Asian 10% Others
Radio 82,304,624	English	KPWR-FM, KDAY- FM, KLOS-FM, KJLH- FM, KAMP-FM, KTWV-FM, KRTH-FM, iHeart streaming (KISS-FM, REAL 92.3, KFI-AM, AM 570, KOST-FM, ALT 98.7)	58% Hispanic 10% Asian 17% African American 15% Others
	Spanish	KLVE-FM, KSCA-FM, KXOL-FM	88% Hispanic 1% Asian 1.5% African American 9.5% Others
	Mandarin	KWRM-FM	97% Asian 3% Others

CATEGORY AND IMPRESSIONS	LANGUAGE	CHANNEL	DEMOGRAPHICS
	Korean	AM1540 Radio Korea, The Korean Daily	97% Asian 3% Others
	Persian and Armenian	KIRN-FM, 95.5 FM HD SoCal Armenian	97% Persian/Armenian 3% Others
	Vietnamese	Saigon Radio	97% Asian 3% Others
Print 3,841,692	English	Los Angeles Times, Los Angeles Sentinel	37% General Market 30% Hispanic 18% African American 8% Asian 7% Others
	Spanish	La Opinion Newspaper	89% Hispanic 11% Others
	Mandarin	ICITI News and WeChat	96% Asian 4% Others
WIC Offices 2,500,000	English and Spanish	Posters	14% African American 1% American Indian 7% Asian/Filipino/Pacific Islander 42% Hispanic 28% General Market 1% Multiracial 7% Others
Social Media 1,792,520	English	Facebook and Instagram	General Market