



March 9, 2021

**Los Angeles County  
Board of Supervisors**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
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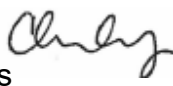
**Jaclyn Baucum**  
Chief Operation Officer  
Alliance for Health Integration

**Christina R. Ghaly, M.D.**  
Director, Department of Health Services

**Jonathan E. Sherin, M.D, Ph.D.**  
Director, Department of Mental Health

**Barbara Ferrer, Ph.D., M.P.H., M.Ed.**  
Director, Department of Public Health

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

FROM: Christina R. Ghaly, M.D.   
Director of Health Services

Jonathan E. Sherin, M.D., Ph.D.  
Director of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed.  
Director of Public Health

SUBJECT: **IMPLEMENTING THE LOS ANGELES COUNTY  
ALLIANCE FOR HEALTH INTEGRATION (ITEM 13,  
BOARD AGENDA OF FEBRUARY 18, 2020)**

313 N. Figueroa Street, Suite 1014  
Los Angeles, CA 90012

*“The mission of the Alliance for Health Integration is to improve the health and well-being of Los Angeles County residents by aligning and efficiently implementing Board-approved prevention, treatment and healing initiatives that require the collaborative contributions of the three health departments.”*

This is in response to the February 18, 2020 motion by the Board of Supervisors (Board) directing the Department of Mental Health (DMH), Department of Health Services (DHS), and the Department of Public Health (Public Health), collectively “Departments”, to adopt the proposed structure, priorities, and accountability framework for the Los Angeles County (LA County) Alliance for Health Integration (Alliance), as recommended in the Department’s November 12, 2019 report (Directive 1). The motion further instructs the three Department Directors (Directors) to hire a Chief Operating Officer, as well as six staff (Directive 2), to support the Alliance in achieving the proposed priorities and metrics and to report back within 180 days and annually thereafter on progress of the Alliance, including updated priorities, objectives, and metrics (Directive 3).

Immediately following the adoption of this motion, the Directors formed the Alliance to strengthen innovation and collaboration and make significant improvements in health outcomes for LA County residents. Currently chaired by Dr. Christina Ghaly, Director of Health Services, the Departments held regular meetings to ensure consensus decision



making and shared governance and engaged with the Board, department leadership teams, labor partners, all health-affiliated County Commissioners, and community stakeholders to establish agreed-upon priorities. The following three priorities of the Alliance are able to achieve measurably improved health outcomes for vulnerable populations across LA County:

- Priority 1: *Integration and Development of Prevention, Treatment, and Healing Services*
- Priority 2: *Reduction of Health Inequities*
- Priority 3: *Improvement of Organizational Effectiveness*

As the Directors began to assign teams to support the execution of strategies and activities to address the Alliance priorities, LA County became impacted by the novel coronavirus disease (COVID-19). On March 4, 2020, the LA County Board and Public Health declared a local and public health emergency in response to the spread of the novel coronavirus across the country and in LA County. As of February 23, there have been 1,183,378 confirmed positive cases of COVID-19 across all areas of LA County and a total of 20,057 deaths. The pandemic has required a massive mobilization and response by the Departments and across all LA County departments. The response necessitated redirection of substantial resources and focus to prioritize, manage, and support activities that protect, treat, and support all LA County residents from the pandemic.

Despite the redeployment of many of the Department staff, the Directors worked to fulfill Directive 2, by launching a recruitment effort in early March to hire a senior level Chief Operating Officer for the Alliance. After extensive review of applicants, the Directors conducted interviews in September. In early October, the position was offered to and accepted by Jaclyn Baucum. She began on December 1, 2020. Recruitment is underway for the remaining 6 positions (1 administrative support position and 5 project managers).

The Alliance's response to Directive 3 is ongoing with the recent hiring of Ms. Baucum. Currently, a full review of the objectives/metrics is being conducted to update them in light of the pandemic response and in order to adjust the anticipated timelines. A revised priority document, including progress updates, will be shared with the Board in the next scheduled report back. Ms. Baucum has already engaged and met with the Labor Management Transformation Council (LMTTC) and relevant County departments and stakeholders to begin work on Priority 3: *Improvement of Organizational Effectiveness*.

For the first report back to your Board, the Alliance would like to present a review of the coordinated pandemic work between the Departments. The attached report, "LA County's Alliance for Health Integration: Coordinated COVID-19 Response" summarizes the Departments efforts to rapidly respond to the pandemic and work on critically important activities related to the Alliance's priorities.

Each Supervisor  
March 9, 2021  
Page 2

If you have any questions, please contact Jaclyn Baucum, Chief Operating Officer of the Alliance via email at [JBaucum@ahi.lacounty.gov](mailto:JBaucum@ahi.lacounty.gov).

CG:JS:BF:jb

Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

## **LA County's Alliance for Health Integration: Coordinated COVID-19 Response**

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## Introduction

On February 18, 2020, the Los Angeles County Board of Supervisors (Board) unanimously approved a motion directing the Directors of Mental Health (DMH), Health Services (DHS), and Public Health, collectively “Departments”, to report back to the Board within 180 days and annually thereafter on progress of the Alliance of Health Integration (Alliance), including updated priorities, objectives, and metrics.

Immediately following the adoption of this motion, the three Department Directors (Directors) formed the Alliance to strengthen innovation and collaboration and make significant improvements in health outcomes for Los Angeles County residents. Currently chaired by Dr. Barbara Ferrer, Director of Public Health, the Alliance has held regular meetings to ensure consensus decision making and shared governance and engaged with the Board, department leadership teams, labor partners, all health-affiliated County Commissioners, and community stakeholders to establish agreed-upon priorities. The following three priorities of the Alliance are able to achieve measurably improved health outcomes for vulnerable populations across the County:

- Priority 1: *Integration and Development of Prevention, Treatment, and Healing Services*
- Priority 2: *Reduction of Health Inequities*
- Priority 3: *Improvement of Organizational Effectiveness*

As the Directors began to assign teams to support the execution of strategies and metrics to address the Alliance priorities, Los Angeles County became impacted by the novel coronavirus disease (COVID-19). On March 4, 2020, the Los Angeles County Board of Supervisors and Public Health declared a local and public health emergency in response to community spread of the novel coronavirus across the country and in LA County. With little preexisting immunity to COVID-19, the global pandemic continues to pose a grave threat to virtually everyone’s social, emotional, and physical health in the County. As of February 23, there have been 1,183,378 confirmed positive cases of COVID-19 across all areas of L.A. County and a total of 20,057 deaths. The pandemic has required a massive mobilization and response, which necessitated redirection of substantial resources and focus to prioritize, manage, and support activities that protect, treat, and support all County residents from the pandemic. This report summarizes the Departments efforts to rapidly respond to the pandemic and highlights the critical importance of the Alliance’s mission to improve health and well-being of County residents.

## Coordinated COVID-19 Response

When COVID-19 began to sweep through Los Angeles County, the Departments, under Public Health’s leadership, worked diligently to identify the vulnerable populations that would need extra resources and support, such as under-resourced communities and communities of color, our homeless population, the incarcerated, residents of Skilled Nursing Facilities (SNF) and other non-SNF congregate settings. Each Department mobilized its own response to the pandemic, but there are some areas of integration that align with the Alliance. Most notably, the Departments collaborated to expand testing access to all County residents, manage outbreaks, decompress inpatient psychiatric beds, provide medical sheltering and a coordinated response for persons experiencing homelessness, optimize prevention through coordinated communication and outreach efforts, and coordinate with the Unions on reopening plans.

## COVID-19 Testing

On April 20th, DHS was asked to assume responsibility for the County-wide community-based testing strategy, and support access to testing for entities implementing testing in vulnerable settings. DHS' overarching goal is to provide communities with widespread access to high-quality testing in a way that supports public health, protects vulnerable populations, and allows the County to safely re-open. As a part of this, DHS placed a high priority on rapidly expanding testing in the most impacted communities.

There are currently over 170 community testing sites across the County that are operated by the City of Los Angeles (10), LA County (27), State (10) and additional partner sites (127). DHS performed analyses to identify testing gap areas, and focused new testing sites in the most impacted areas. DHS worked closely with the Community Clinic Association of Los Angeles County (CCALAC) to increase access to community testing in federally qualified health centers (FQHCs) and partnered with 26 FQHC organizations to provide testing for all community members, including nonmembers. The partnerships between the clinics and the testing sites are going well and are reaching many individuals who may need regular health care and medical homes. These efforts have reduced the disparity in testing access in impacted communities. The gap in percent positivity (a marker of testing access) between the wealthiest and poorest communities has narrowed with percent positivity decreasing in the poorest communities.

## *Congregate Facilities*

DHS and DMH worked closely with Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs), in consultation with Public Health, to ensure readiness to respond to potential COVID-19 cases in congregate facilities. This included developing and distributing various guidance documents, creating a weekly COVID-19 related webinar for facility administrators and developing weekly surveys to monitor for newly identified cases within facilities. When positive cases were identified, assigned facility leads would follow up by phone to triage the outbreak and provide Technical Assistance (TA) and guidance on next steps. This included information on how to contact Public Health to report the outbreak, how to access Personal Protective Equipment (PPE), assistance with quarantine and isolation protocols, and assistance with linking to facility-wide testing. Prior to testing resources being widely available in the community, DMH and DHS assisted facilities in identifying labs who could serve as testing partners and provide onsite testing to residents at no cost to the facility regardless of insurance. DMH and DHS leveraged relationships built through the Enriched Residential Care (ERC) Programs to encourage facilities to address barriers to following CDC guidance and to engage in continued surveillance testing facilitated through lab partners to monitor for COVID-19 within the facilities. This COVID-19 response has continued to grow and evolve as resources for these facilities have become more readily available and as Public Health has expanded their role in these facilities. One example of this growth in COVID-19 response has been the development of DHS COVID Response Teams, which feature capacity to provide onsite testing and infection control guidance to ERC facilities deemed to be especially high risk.

Additionally, as a part of the testing efforts, the Departments jointly worked on a plan to expand testing in congregate living settings. Through this partnership, a lab resource guide and other training materials were developed to assist and train congregate operators. Public Health also made mobile testing strike teams available, in the event testing was urgent and difficult for the facility to arrange. In addition to community-based testing, DHS took lead on operationalizing testing within correctional health settings (jail and juvenile halls/camps) and in testing for persons experiencing homelessness (PEH). Moreover, DHS provided TA and support, including assisting with access to testing supplies needed to implement the plan in these other congregate settings as well. DHS also developed the above referenced laboratory reference guide to provide these entities access to labs, developed contracts with laboratories and other service providers, and resolved supply shortages (e.g., swabs) that might otherwise hamper a facility's ability to use its own directly contracted commercial laboratory. The coordinated testing response for vulnerable populations is in line with Priority 1: *Integration and Development of Prevention, Treatment and Healing Services*.

### COVID-19 Outbreak Management

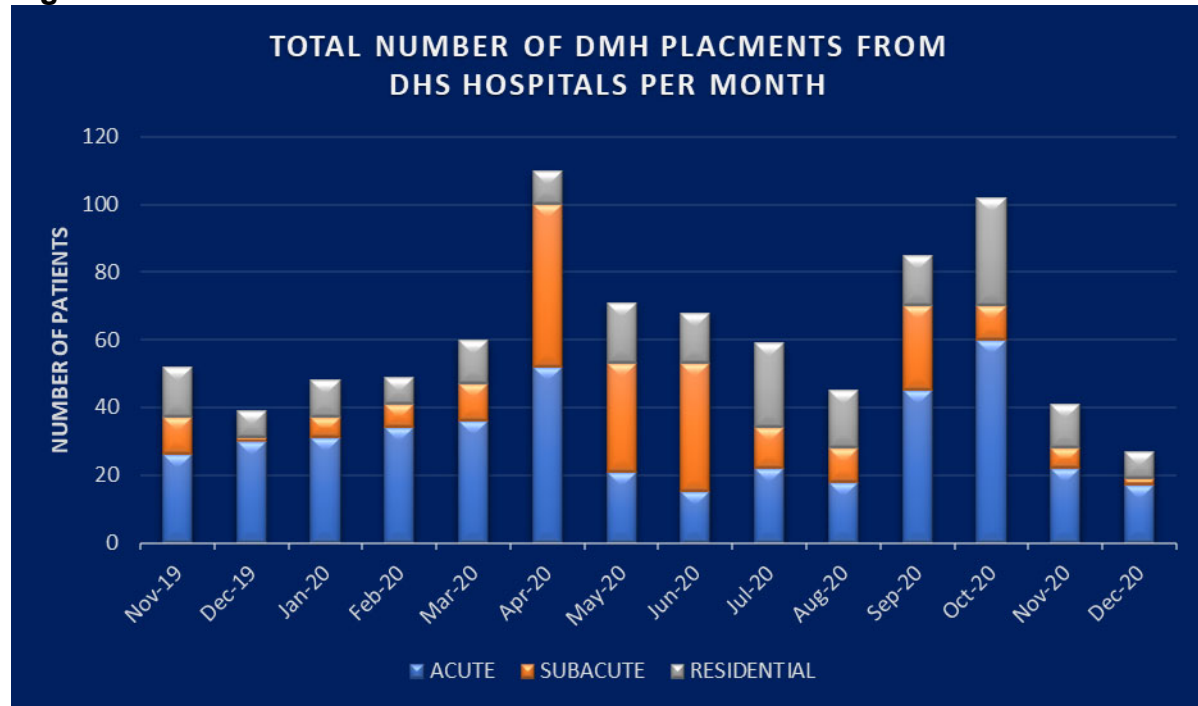
In collaboration with DHS and DMH, Public Health spearheaded the effort to address COVID-19 outbreaks throughout the County. Public Health's outbreak management entailed verifying the outbreak, interviewing those affected, (including staff and management), a site visit to ensure fidelity to directives, isolation of cases, testing, and quarantining of close contacts. Public Health increased the workforce responsible for responding to the growing number of COVID-19 outbreaks, reassigning staff and hiring staff at various levels. Also, Public Health developed an extensive training program to assure all outbreak investigation staff are well prepared. As of February 23, 2021, Public Health has investigated a total of 4,874 residential congregate settings and non-residential settings with at least 1 confirmed case of COVID-19. Of these, 930 are being currently investigated, and 3,944 are closed investigations.

### COVID-19 Surge Planning, Decompressing DHS Inpatient Psychiatric Hospitals

In line with DMH's [Oct 2019 report to Board](#) and subsequently passed [Board motion](#), DMH began a pilot program in early 2020 to increase mental health treatment bed capacity in our network by up to 500 beds (including acute, subacute, residential, and urgent care beds). In response to COVID-19 and the anticipated surge of COVID-19 patients to DHS hospitals, DMH worked closely with DHS to pivot the DMH bed pilot to focus especially on offloading clients from the DHS inpatient psychiatric hospitals, with the aim of freeing up these beds to treat COVID-19 patients. This surge planning resulted in a temporary increase in patient transfers out of the DHS inpatient psychiatric hospitals and into subsequent inpatient/residential care, from 248 total transfers between November 2019 and March 2020 to 353 total transfers between April and August 2020, a 42% increase (Figure 1). This trend was continued briefly in September, but due bed constraints, the subsequent two-month period from November 2020 to December 2020 did not continue. The most significant movement of patients was seen in April, September, and October 2020. DMH's bed expansions over the past year have prioritized surge and decompression in DHS facilities. These robust efforts prove that, with new, dedicated resources and support, transfer of patients from DHS to lower

levels of care in the community can be achieved. These results are key not only to our County's management of bed capacity during COVID-19, but also represent significant opportunities for improved patient experience (lowest level of care) as well as draw down of Federal match. In order to capitalize on this strategy, additional resources from the Federal, State and County, as well as focused advocacy (including IMD Exclusion waiver/repeal), are necessary.

**Figure 1**



### Medical Sheltering

#### *Hotel Accommodations for Frontline Staff Engaged in COVID-19 Response*

DHS has facilitated hotel accommodations for its essential healthcare workers and developed a comprehensive plan outlining an assessment and collaboration with the State of California, Airbnb, and USC regarding housing and reasonable accommodation needs for DHS first responders and frontline healthcare workers who are engaged in COVID-19 Countywide response efforts.

Furthermore, DHS developed a strategy to best implement the Airbnb program and assisted the CEO Homeless Initiative, DMH, and Public Health with development of their strategies to make accommodations available to their frontline and affiliated workforce. As of December 31, 2020, there have been 59,129 accommodations confirmed for DHS frontline healthcare workers.

#### *Persons Experiencing Homelessness (PEH) Response, Street Outreach Teams, Homeless Mortality Prevention*



In line with Priority 2: *Reduction of Health Inequities*, the Departments collaborated to meet the needs of one of the County's most vulnerable populations, our PEH population. In partnership with DMH and Public Health, DHS has led medical sheltering during the COVID-19 pandemic that offers Isolation and Quarantine services. DHS operates 7 facilities with a capacity of 709 beds, including meals and onsite wraparound services, such as daily health evaluation and discharge planning. The discharge planning includes referrals and transportation protocols for all hospitals, homeless health care providers, and interim housing sites. Twenty-four-hour nursing is available at all locations with providers overseeing care (physicians, nurse practitioners, physician assistants). Since March 24th, 2020, 2,798 PEH have been cared for within medical shelters. Housing for Health (HFH) leads COVID-19 surveillance testing and infection control for PEH in sheltered and unsheltered settings. As of March 1, 2021, the following services have been completed:

- Sheltered Services
  - 91,771 COVID tests administered to PEH
  - 18,816 COVID tests administered to Staff
  - 2,009 cumulative positive for PEH: 2.2% overall positivity rate
  - 363 cumulative positive for Staff: 2.0% overall positivity rate
  - 305 shelter visits for initial assessment (clinical and programmatic)
  - 278 shelter visits establishing surveillance testing
  
- Unsheltered Services
  - 19,713 COVID tests administered to PEH
  - 4,117 COVID tests administered to Staff
  - 433 cumulative positive for PEH: 2.3% overall positivity rate
  - 88 cumulative positive for Staff: 2.3% overall positivity rate
  - 2,666 encampment wellness check and testing visit
  - 108,967 COVID services and referrals performed

Additionally, HFH launched a major food distribution initiative in response to COVID-19 that provides food to 5,000 unsheltered persons daily and 500 permanent supportive housing residents weekly to support these vulnerable individuals with staying in place and to address increased food insecurity during the pandemic. HFH also introduced a pilot hospice project that provides dignified and high-quality services to homeless and formerly homeless persons nearing the end of life.

As of February 23, 2021, 172 PEH and four people who were working in interim housing sites have died from COVID-19. PEH are especially vulnerable to COVID-19. They often don't have a safe place to shelter away from others, lack access to medical resources and may have multiple chronic health conditions. While PEH remain at risk for COVID-19 exposures in all settings, the number of cases among PEH remained below predicted levels during the early and peak stages of the pandemic. Since reaching a peak of cases around the Christmas holiday, there has been a significant reduction in cases among PEH, mirroring the overall decrease in cases in the County; from about 461 weekly cases to 26 from February 16 to February 22. At the peak of the surge, the County reported 17 deaths a week. From February 16 to February 22, there were 6 deaths.

This experience may be, in part, due to Public Health's work in partnership with DHS, HFH, and the Los Angeles Services Authority (LAHSA), to protect PEH from COVID-19 infections. Collectively they've supported the County's immediate and swift efforts to offer housing for PEH, including single-room facilities for the most at risk of serious illness, and for those needing to quarantine or isolate. Another contributing factor is Public Health's collaborative work with DHS, DMH, LAHSA, and other service providers to rapidly implement rigorous infectious disease protocols in shelters/interim housing and in other congregate settings where PEH live; investigate all COVID-19 outbreaks in homeless interim housing sites, homeless encampments, homeless service providers, and hygiene centers; as well as oversee contact tracing and data reporting across the County. As noted above, HFH's robust testing strategy for PEH in sheltered and unsheltered environments coupled with Public Health's contact tracing approach tailored to PEH may have also contributed to lower than expected cases among PEH thus far.

In addition, Public Health, in partnership with DHS, DMH, LAHSA, as well as various FQHCs, are bolstering efforts to decrease the number of COVID-19 cases and deaths among PEH by providing access to COVID-19 vaccines for currently eligible 65+ age group PEH and healthcare worker staff serving PEH. In consultation with the Board, the Departments are engaged with stakeholders in planning and carrying out strategies that take advantage of their collective experience in delivering care and services, including tested and validated prior vaccination efforts, as well as current COVID-19 disease control and testing interventions among PEH. In key partnership with HFH and its COVID-19 Response Teams, initial rollout efforts are leveraging established relationships with many shelters where surveillance testing and outbreak management have been performed. The effort has also engaged FQHCs that are already registered through myCAVax and have been vaccinating their communities. Vaccine administration models include satellite clinics and mobile outreach teams, and site selection is informed by risk of transmission within facilities or sites (congregate or unsheltered), mapped outbreak locations, risk of serious illness among PEH in specific locations (Project Roomkey sites), partner presence and reach, and the goal of ensuring adequate geographic coverage throughout the County. Public Health and Health Services have begun convening three regular workgroups—the COVID-19 Vaccine Policy and Coordination Committee, the Education and Engagement Workgroup, and the Vaccination Operations Workgroup—to coordinate vaccination work among identified partners. Vaccinations began during the first week of February with DHS providing 536 first doses of vaccine to PEH and healthcare workers at a range of sites, and L.A. Christian Health Center and JWCH administering vaccines to PEH in Skid Row and East L.A.

Furthermore, Public Health, in coordination with DHS, DMH, Chief Medical Examiner-Coroner (MEC), Chief Executive Office (CEO), and LAHSA, collectively referred to as the Homeless Mortality Prevention Initiative Workgroup (Workgroup), worked on data and methodological improvements and analyzed data for the [second annual update](#) of the L.A. County Homeless Mortality Report. This report is a follow-up to the first annual report of its kind, released in October of 2019, on trends in mortality rates and causes of death among PEH in LA County. The first report covered annual trends through 2018 and recommended that an updated report be released each year with additional data

from the previous year. Due to the ongoing response to the COVID-19 pandemic, the release of this year's report was moved to January to allow for a special preview of 2020 data so that the early impacts of COVID-19 on PEH could be examined and addressed.

In response to feedback from the Workgroup, this report presents results from additional analyses not included in last year's report, namely: 1) age-adjusted comparisons of cause-specific mortality rates among racial/ethnic and gender subgroups of PEH, 2) trends in overdose mortality rates by PEH age groups, and 3) an analysis of drug types most frequently involved in overdose deaths. One important finding from this report is that an early look at homeless mortality in 2020 revealed that COVID-19 had a smaller direct impact on PEH compared to the general population, but that overdose deaths, particularly those involving fentanyl, have increased significantly among PEH, particularly among Black and Latinx PEH, in LA County since the pandemic. The top five leading causes of death among PEH also include coronary heart disease, traffic injuries, homicide, and suicide. In addition to strategies to reduce these other leading causes of death among PEH, Public Health, in collaboration with Workgroup partners, are taking immediate steps to minimize drug-related mortality among PEH populations, including: 1) expansion of harm reduction services such as syringe exchange programs and distribution of naloxone and fentanyl test strips, 2) increasing access to supportive housing for PEH receiving substance use disorder services, 3) launch of Los Angeles County Methamphetamine Task Force to take a coordinated and comprehensive approach to addressing the methamphetamine crisis, 4) workforce training to promote the use of Medications for Addiction Treatment, and 5) development of a resource guide and mobile-friendly web application to facilitate access to substance use disorder treatment services. More information on the Workgroup's multiple strategies to reduce mortality among PEH amid the pandemic can be found in Public Health's October 23, 2020 progress report, "[Analysis and Recommendations to Reduce Mortality Among People Experiencing Homelessness in Los Angeles County](#)" (Item 2, Board Agenda of October 29, 2019)".

#### COVID-19 Community Outreach to Address Highly Impacted Communities

In further support of Priority 2: *Reduction of Health Inequities*, DHS and Public Health have committed \$7 million and \$10 million, respectively, from allocated CARES Act and CDC grant funding to form the County COVID-19 Community Equity Fund to collaboratively develop a community-centered program to address disparities in COVID-19 outcomes. The fund serves communities disproportionately impacted by the COVID-19 pandemic through dedicated resources and prevention activities delivered by selected grassroots community-based organizations (CBOs) that possess cultural and linguistic expertise to reach historically under-resourced and hard to reach communities. In partnership, DHS and Public Health released an expedited solicitation by leveraging an existing DHS Board approved Master Agreement, which included a streamlined process for comparative review and analysis of all responses and resulted in Community Partners being awarded the contract as the fiscal intermediary for the fund on September 24, 2020 to support a community-centered outreach, engagement, system navigation, and contact tracing.

On October 16, 2020, Community Partners launched the CBO solicitation application. DHS and Public Health sought sub-contracted CBOs with deep connections within communities highly impacted by COVID-19 including Black, Latinx, Asian, Native Hawaiian/Pacific Islander, Indigenous, American Indian and Alaska Native, low-income, and justice-involved. When the solicitation closed on November 2, 2020, 250 applications were received for approximately 50 CBO funding opportunities. CP selected 51 CBOs and is currently finalizing sub-contracts with community-based organizations (25 CBOs to work with DHS and 26 CBOs to work with Public Health). Public Health and DHS have worked to overcome significant barriers posed by federal grant requirements and County insurance mandates that delayed contract execution. In particular, they augmented funding to CBOs to ensure that they could afford higher insurance premiums resulting from County requirements. Both departments worked nimbly and collaboratively to resolve this issue with their respective Contracts and Grants Divisions and will continue to explore approaches to address this issue for future initiatives. DHS-CBOs have executed all their sub-contractor agreement and 20 CBOs out of the 25 CBOs have completed all the SHSMA onboarding requirements to provide services. Of note, some organizations commenced service delivery in December. DHS anticipates completing all CBOs to meet onboarding requirements within the next month. DHS and Public Health have leveraged additional support for community-based efforts to address COVID-19 disparities by working closely with the County's Center for Strategic Partnerships. This has helped to ensure coordinated action with local and statewide funders who are interested in supporting COVID-19 response efforts. Recently, philanthropy has funded technical assistance to small CBOs who requested support in applying for the joint Public Health and DHS COVID-19 Equity Fund administered by Community Partners.

Various collaborative efforts are underway alongside community partners, with an emphasis on COVID-19 infection prevention, availability of COVID-19 testing, linkages to healthcare and other supportive services, as well as community education and engagement. Given the dangerous surge in COVID-19 cases, hospitalizations and deaths just ahead of the winter holidays — a time typically marked by gatherings and celebrations, DHS launched “Keeping Safe During the Holidays” a mini-campaign for the month of December 2020, focusing on how to stay safe and healthy for the holidays, how to access testing (regardless of immigration status and free of cost) and availability of community resources (including raising awareness on resource sites like 211 and One Degree).

A targeted public education campaign, COVID-19 Community Awareness and Education Campaign (Campaign) was created for highly impacted communities with Fenton Communications firm selected as the awarded contractor who began work in early December 2020. DHS has allocated \$1.7 million of CRF funding to these efforts while exploring additional funding streams.

DHS partners with several community organizations as part of the Campaign. In December, DHS leveraged an additional \$2.3 million in CRF funding to mobilize community-based organizations to engage and disseminate information to the priority populations mentioned above as a part of the “Keeping Safe for the Holidays” mini-campaign. By bringing the Los Angeles Regional Reentry Partnership (LARRP), Christ

Centered Ministries (CCM), AltaMed Health Services and Community Partners onboard as partners, a diverse group of over 220 community-based organizations across the region were recruited and coordinated to serve as trusted messengers. This coalition was composed of faith-based, racially and ethnically diverse, multilingual, health and social services, and regional nonprofit organizations across all supervisorial districts in Los Angeles County with strong community ties to COVID-19 highly impacted communities prioritized in the awareness campaign. The efforts around the “Keeping Safe during the Holidays” mini-campaign are informing the infrastructure of the community feedback loop that will amplify the reach and the relationships with community members during this critical time and over the next year.

In addition to mobilizing a coalition of over 220 community-based organizations, in partnership with Fenton, key stakeholders and community partners, DHS launched an integrated media campaign with Spanish-language media outlet, Univision, and a number of radio and newspaper outlets that have significant reach among Black and African American communities of Los Angeles County. These media outlets, who have proven significant reach and trust in the designated priority populations were intentionally selected to help carry the messages of the “Keeping Safe During the Holidays” mini-campaign. Of note, the media outlets have all served as impactful partners for previous community efforts including campaigns for the 2020 Census and voter outreach for the 2020 presidential election, and DHS leverages these outlets’ abilities to reach communities in synergy with the coalition of community-based organizations.

Together, this collaborative effort resulted in a broad impact:

- Increased reach for COVID-19 information by way of CBOs [reached approximately 160,000 residents both in-person (via door-to-door outreach and flyer distribution) and online (via texting, email and social media)],
- Partnered with Local and Hyperlocal Ethnic Media- a media partnership with Univision with preliminary results showing 21,960,000 impressions over the duration of the media campaign.
- Telethon helpline event- over 1,000 residents called the central helpline to access important and accurate information on COVID-19 from the comfort of their homes.
- Media campaign expanded to radio and print outlets- media partnerships were developed with radio and print outlets with a significant reach among the Black and African American communities on where to find COVID-19 resources and information, with preliminary results of more than 5,600,000 impressions.
- Expanded equitable access of health information- all materials, communication tools, trainings are shared with partners in the community including the community organization coalitions, faith-based organizations, community clinics and health plans in addition to County partners like OIA, Public Health and County Communications.

Given the constantly changing dynamics throughout the pandemic, the campaign has re-engaged prioritized communities by conducting three distinct learning opportunities:

- 1) Developed and deployed a communication needs and strengths assessment of over 150 community-based organizations highlighting the unique experiences of CBOs at the frontlines of sharing COVID-19 information and knowledge.
- 2) Completed a public opinion research report about perceptions of COVID-19, attitudes toward safety measures and resources.
- 3) Conducted 10 focus groups that reflect our most impacted communities to gain a better perspective on culturally relevant stigmas and attitudes among various diverse audiences.

The COVID-19 Community Awareness and Engagement Campaign will not only represent the diverse perspectives of LA County residents but will be co-created using a community-centered voice to reach under-resourced communities.

Public Health is also initiating communications efforts through related activities conducted as part of the Community Health Worker Initiative (CHW Initiative), described below.

Public Health's CHW Initiative supports COVID-19 outreach and education in prioritized populations highly impacted by the virus to amplify accurate and up-to-date information regarding COVID-19. This short-term initiative is building infrastructure for a community-based system of response and fostering collaboration across different peer outreach models, including violence intervention, promotoras, parent advocates, worker advocates, and others. The CHW Initiative is mobilizing more than 700 community health workers under an expedited timeline by building an in-house team of workers and contracting with the California Community Foundation (CCF) as a fiscal lead agency to coordinate community-based contracts to leverage existing networks of community health workers and other peer providers.

To date, Public Health deployed 60 community health workers and 14 supervisors in the field. Through CCF, Public Health is also partnering with 16 CBO partner agencies that have mobilized more than 900 community health workers and 154 supervisors overall to conduct healing-informed, grassroots community outreach in 82 priority communities countywide. More than 207,000 outreach activities have been completed, reaching more than 370,000 individuals, and conducted in multiple languages. Public Health and DHS are working together to ensure coordinated messaging and ongoing collaboration as part of these initiatives. The CHW Initiative has been extended through March 2021 using unspent CARES funds. A component of the CHW Initiative includes streamlined communications and coordination efforts with County CEO and other departments, including the Office of Immigrant Affairs.

To ensure that the Departments were able to reach highly impacted and/or difficult to reach communities, Public Health developed, released, and conducted an RFSQ solicitation and issued master agreement contracts for as-needed language assistance services effective for the period of February 1, 2020 through June 30, 2028, including: document translation, in-person oral interpretation, telephonic and video remote interpretation, simultaneous oral interpretation, and sign language interpretation. DMH and DHS have access to this pool of vendors. DMH also has sign language interpreter

services agreements available to DHS and Public Health. Thus far, in response to the COVID-19 response, Public Health has translated 331 distinct documents to increase its reach to all communities across the County.

Additionally, Public Health worked closely with community partners to develop and translate, where appropriate, culturally relevant materials for the African American, Latino/Latinx, American Indian, Alaska Native, Asian American, Native Hawaiian and Pacific Islander communities. Materials that have been translated into various languages (e.g., Spanish, Arabic, Armenian, Cambodian, Chinese, Farsi, Japanese, Korean, Tagalog, Thai, and Vietnamese) include fact sheets, frequently asked questions, Health Officer Orders, compliance protocols, and other training materials. Translated materials that facilitate compliance and understanding of safety requirements have been well-received. For example, the training materials for the COVID-19 Safety Compliance Certificate Program have been used by more than 21,016 Los Angeles County business owners and employees representing various sectors ranging from office-based worksites to restaurants and personal care establishments.

DMH collaborated with Public Health in creating COVID-19 community resources that included practical public and mental health information addressing the impact of the pandemic, such as stress, anxiety, uncertainty toward the future, isolation, risks to gainful employment, and grief and loss, among many others. DMH also provided bilingual certified staff in all threshold languages to assist in the translation of Public Health's COVID-19 materials.

In May 2020, DMH implemented a Speakers Bureau which operates as a specialized public communication, clinical, and community intervention resource. Approximately 100 bilingual certified licensed clinicians serve as Subject Matter Experts to facilitate culturally competent interventions and assist communities in navigating the complexities often associated with access to competent care and resources, during and beyond the COVID-19 pandemic. DMH members of the Institute for Cultural and Linguistic Inclusion Responsiveness (ICLIR) members are also active members of the Speakers Bureau. All LA County threshold languages and more are represented in the Speakers Bureau. From July 2020 to November 2020, they held 52 virtual presentations/trainings/workshops and 47 media presentations, reaching a total of approximately 6,773 participants and 17,300,281 community members, respectively. Speakers Bureau activities included but were not limited to development and language translation of COVID-19 and other materials, participation in Town Halls and Board press conferences, and production of public service announcements. The cultural expertise of Speakers Bureau members represents communities experiencing health disparities as well as communities that have been historically and systemically oppressed and disempowered.

DHS has had a very active Patient Facing Communication Committee focusing on culturally sensitive and linguistically appropriate messaging during the pandemic. DHS internal Healthcare Interpreter Staff, in partnership with certified vendors, translate urgent health-related documents including COVID-19 information in all threshold languages for use in DHS healthcare facilities and for patients. The DHS Healthcare

Interpreter staff and translation vendors also support COVID-19 Community Testing translation needs as part of DHS' role as lead in LA County COVID-19 Community Testing. DHS' current focus is also on expanding access to remote interpretation language access services in clinical areas and for remote visits. DHS has deployed mobile Video Remote Interpreting (VRI) units to its Ambulatory Care Network (A.C.N.) that include Comprehensive Health Centers and clinics (over 25 health sites). Over 35 languages are available to patients via video interpreter including Sign Language to complement over 240 languages available by audio only. VRI deployment will continue through the first quarter of 2021 to DHS' remaining community health centers. In addition, DHS has incorporated audio and video interpretation services into its virtual patient visit experience. Finally, Telephonic interpreter services have also been made easier to access by minimizing the number of data prompts before an interpreter joins an in-person patient encounter.

#### Department/Union Coordination with Re-Opening Plans

In support of Priority 3: *Improvement of Organizational Effectiveness*, the Departments continue to meet collectively with their Union partners through the Labor Management Transformation Council (LMTC). Each has formed COVID-19 focused response teams with Union partners to address concerns with workplace safety, training, PPE, and policies and procedures. This continued partnership and vigilance has allowed the Departments to safely balance the needs of employee safety while fulfilling each Department's unique charge and scope. The communication efforts are ongoing.

Additionally, Health Transformation Advocates (HTAs), the designated employees by the Departments and Labor to advance LMTC sponsored work, launched wellness projects, such as the creation and delivery of care packages to staff on the front lines of the County's COVID-19 response. HTAs collected donations, created packages, and made deliveries to over 1,500 staff at DHS facilities. HTAs have completed the distribution of care packages for employees in DHS and DPH and are in the process of distributing them in DMH.

As the demands of the pandemic allow, the Alliance will resume coordination and integration work on other priority objectives, which will be further outlined in a future report.