

GRANT SUMMARY FORM



Department	Public Health	Contact Name	Eric Patrick	Number	909-387-6205		
Grantor	California Department of Public Health	Grant Name	COVID-19 ELC Enhancing Detection Expansion Funding	Date Signature Needed	March 31, 2021		
Grant Action:	Request for Supplemental Information (RSI)		Grant Type:	Noncompetitive			
Requested Funding Amount:	\$98,066,203	Funding Type:	Federal	Discretionary General Fund Required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Grant Funded Staffing Required?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Matching Required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Legally Binding Submission?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Budgeted in Current FY?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	New Grant Program?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Grant Period:	From: January 15, 2021 To: July 31, 2023	Expected Award Date: March 31, 2021	Land acquisition and/or construction?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ARRA?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Statement of Purpose and Need:	The goal of ELC Enhancing Detection Funding is to rapidly establish and monitor key activities related to COVID-19 in the areas of epidemiology, laboratory and informatics. Monitoring the indicators associated with these strategies are intended to assist State, local and territorial governments in making data-driven policy decisions regarding testing and epidemiologic surveillance related activities, including but not limited to, the establishment of modernized public health surveillance systems. This funding expands support of testing, case investigation and contact tracing, surveillance, containment, and mitigation.						
Expected Grant Expenditures:	ELC Enhancing Detection Expansion funding consists of a one-time allocation of \$98,066,203 over a 30.5 month period: \$31,758,814 in personnel cost, \$61,400,970 in service and supplies cost and \$4,906,419 in indirect cost. Strategies will be performed by existing budgeted and extra help positions. Any new staffing will be in the form of additional extra help or contract staff in alignment with the term of the agreement.						
Collaborative Agencies and Roles, if any:	This funding opportunity requires collaboration with local, regional, or national organizations to enhance capacity for infection control and prevention. This requirement is being met by partnering with various Community Based Organizations (CBOs) to reach communities of color and special populations in hard to serve areas of the County.						
Performance Measurement:	CDC Epidemiology and Laboratory Capacity (ELC) developed performance measures as 6 strategies including (1) enhancing laboratory, surveillance, informatics and other workforce capacity (2) strengthening laboratory testing (3) advancing electronic data exchange at Public Health Labs (4) improving surveillance and reporting of Electronic Health Data (5) using laboratory data to enhance investigation, response and prevention, and (6) coordinating and engaging with partners. Progress reports on the 6 strategies will be due quarterly.						
Reviewing County Counsel	Adam Ebricht 		Review Date:	3/31/21	Attach approval email		
Reviewing CAO Analyst	Paul Garcia		Review Date:		Attach approval email		
Reviewed for Submission to CEO:							
Approved for Submission By:	CAO-Special Projects				Date		
	Chief Executive Officer (or designee)				Date		

**COVID-19 ELC Enhancing Detection Expansion
Spend Plan**

County Name: San Bernardino

Position Title*	Annual Salary	Budgeted Months (1-30.5 Months)	FTE %	Total Salary	Benefit Rate	Total Benefits	Combined Salary and Benefits
Budget Officer- Accountant	\$ 72,103.00	2.00	7%	\$ 12,017.17	51.66%	\$ 6,208.07	\$ 18,225.23
Automated Systems Analyst	\$ 82,051.00	6.00	20%	\$ 41,025.50	51.66%	\$ 21,193.77	\$ 62,219.27
Clinic Operations Supervisor	\$ 337,828.00	10.00	33%	\$ 281,523.33	51.66%	\$ 145,434.95	\$ 426,958.29
Communicable Disease Investigators- Contact Tracers	\$ 9,596,960.00	2.00	7%	\$ 1,599,493.33	51.66%	\$ 826,298.26	\$ 2,425,791.59
Cont County Health Officer	\$ 309,934.00	7.00	23%	\$ 180,794.83	51.66%	\$ 93,398.61	\$ 274,193.44
Cont Public Health Physician	\$ 131,939.00	7.00	23%	\$ 76,964.42	51.66%	\$ 39,759.82	\$ 116,724.23
Environmental Health Specialist	\$ 193,701.00	10.00	33%	\$ 161,417.50	51.66%	\$ 83,388.28	\$ 244,805.78
Fiscal Assistant	\$ 43,010.00	4.00	13%	\$ 14,336.67	51.66%	\$ 7,406.32	\$ 21,742.99
General Services Workers	\$ 7,771,500.00	12.00	39%	\$ 7,771,500.00	51.66%	\$ 4,014,756.90	\$ 11,786,256.90
Health Education Specialist	\$ 345,552.00	12.00	39%	\$ 345,552.00	51.66%	\$ 178,512.16	\$ 524,064.16
Health Services Assistant	\$ 2,542,836.00	12.00	39%	\$ 2,542,836.00	51.66%	\$ 1,313,629.08	\$ 3,856,465.08
Laboratory Assistant	\$ 38,607.00	12.00	39%	\$ 38,607.00	51.66%	\$ 19,944.38	\$ 58,551.38
Nurses- LVN's and RN's	\$ 4,380,467.00	12.00	39%	\$ 4,380,467.00	51.66%	\$ 2,262,949.25	\$ 6,643,416.25
Media Specialist	\$ 68,050.00	7.00	23%	\$ 39,695.83	51.66%	\$ 20,506.87	\$ 60,202.70
Medical Emergency Planning Specialist	\$ 202,224.00	9.00	30%	\$ 151,668.00	51.66%	\$ 78,351.69	\$ 230,019.69
Office Assistant	\$ 536,620.00	12.00	39%	\$ 536,620.00	51.66%	\$ 277,217.89	\$ 813,837.89
Public Health Program Manager	\$ 116,638.00	4.00	13%	\$ 38,879.33	51.66%	\$ 20,085.06	\$ 58,964.40
Program Specialist	\$ 137,716.00	10.00	33%	\$ 114,763.33	51.66%	\$ 59,286.74	\$ 174,050.07
Public Health Director	\$ 208,983.00	12.00	39%	\$ 208,983.00	51.66%	\$ 107,960.62	\$ 316,943.62
Public Health Epidemiologist	\$ 152,198.00	11.00	36%	\$ 139,514.83	51.66%	\$ 72,073.36	\$ 211,588.20
Public Health Medical Director	\$ 226,015.00	10.00	33%	\$ 188,345.83	51.66%	\$ 97,299.46	\$ 285,645.29
Public Health Microbiologist	\$ 65,657.00	10.00	33%	\$ 54,714.17	51.66%	\$ 28,265.34	\$ 82,979.51
Public Health Project Coordinator	\$ 79,101.00	12.00	39%	\$ 79,101.00	51.66%	\$ 40,863.58	\$ 119,964.58
Public Hlth Program Coordinator	\$ 1,563,507.00	12.00	39%	\$ 1,563,507.00	51.66%	\$ 807,707.72	\$ 2,371,214.72
Secretary	\$ 119,872.00	8.00	26%	\$ 79,914.67	51.66%	\$ 41,283.92	\$ 121,198.58
Statistical Analyst	\$ 211,362.00	12.00	39%	\$ 211,362.00	51.66%	\$ 109,189.61	\$ 320,551.61
Stores Specialist	\$ 87,194.00	12.00	39%	\$ 87,194.00	51.66%	\$ 45,044.42	\$ 132,238.42
Total Personnel				\$ 20,940,797.75		\$ 10,818,016.12	\$ 31,758,813.87
Supplies							
Communications Cost- Cell Phone, Land Lines, E-mails							\$ 748,408.00
Temporary Staff- LVN's, RN's							\$ 5,376,000.00
Computer Software & Hardware							\$ 1,363,244.00
Office Supplies & Expenses							\$ 670,986.00
Facilities Charges- Management, Utilities, Real Estate, Surplus							\$ 100,636.50
Rental of Equipment, Vehicles, Space							\$ 95,806.50
Professional Services- Security Guards, Janitorial Services							\$ 67,934.60
Emergency Supplies							\$ 2,520,621.13
Personal Protective Equipment-Medical Supplies							\$ 642,735.00
Vaccination Administration							\$ 1,140,225.00
COVID-19 Testing							\$ 43,624,373.25
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Total Supplies							\$ 56,350,969.98
Travel							
In-State							\$ 50,000.00
Out-of-State							\$ -
Total Travel							\$ 50,000.00
Equipment							
Mobile COVID-19 Testing and Vaccination Vehicles (Three)							\$ 1,200,000.00
							\$ -
							\$ -
Total Equipment							\$ 1,200,000.00
Other							
							\$ -
							\$ -
							\$ -
Total Other							\$ -
Subcontracts:							
Community Outreach- Health Literacy							\$ 3,800,000.00
CBO							\$ -
CBO							\$ -
Total Subcontracts							\$ 3,800,000.00
Total Direct Costs							\$ 93,159,783.85
Indirect Cost (% of Total Personnel or Total Direct Costs)							
% of Total Personnel		\$ 31,758,813.87	15%				\$ 4,906,419.15
Total Indirect							\$ 4,906,419.15
TOTAL BUDGET							\$ 98,066,203.00

*Personnel supported with this funding should not duplicate efforts across other federal grants; exceed 1.0 FTE across all funding sources; and salary is kept below \$199,300 as required by the funder.

County Name:	San Bernardino
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Combined Strategy	Total Award
	\$ 98,066,203

Budget					
Budget Category	Budgeted Amount	1st Quarter			
		January 15 - February 2021	March 2021	April 2021	Y1.Q1 Total
Salary	\$ 31,758,814				\$ -
Supplies	\$ 56,350,970				\$ -
In State Travel	\$ 50,000				\$ -
Out of State Travel	\$ -				\$ -
Equipment	\$ 1,200,000				\$ -
Subcontracts	\$ 3,800,000				\$ -
Other costs	\$ -				\$ -
Total Direct Costs	\$ 93,159,784	\$ -	\$ -	\$ -	\$ -
Total Indirect Costs	\$ 4,906,419	\$ -	\$ -	\$ -	\$ -

	Budget	Expenditures	Balance
Totals	\$ 98,066,203	\$ -	\$ 98,066,203.00

Year 1 Quarterly Expenditure Report

2nd Quarter				3rd Quarter		
May 2021	June 2021	July 2021	Y1.Q2 Total	August 2021	September 2021	October 2021
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

4th Quarter					1st Quarter	
Y1.Q3 Total	November 2021	December 2021	January 2022	Y1.Q4 Total	February 2022	March 2022
\$ -				\$ -		
\$ -				\$ -		
\$ -				\$ -		
\$ -				\$ -		
\$ -				\$ -		
\$ -				\$ -		
\$ -				\$ -		
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Year 2 Quarterly Expenditure						
1st Quarter		2nd Quarter				3rd Quarter
April 2022	Y2.Q1 Total	May 2022	June 2022	July 2022	Y2.Q2 Total	August 2022
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
	\$ -				\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Final Report

3rd Quarter			4th Quarter			
September 2022	October 2022	Y2.Q3 Total	November 2022	December 2022	January 2023	Y2.Q4 Total
		\$ -				\$ -
		\$ -				\$ -
		\$ -				\$ -
		\$ -				\$ -
		\$ -				\$ -
		\$ -				\$ -
		\$ -				\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

	Final Closeout	Balance
Y3.Q2 Total		
\$ -	\$ -	\$ 31,758,813.87
\$ -	\$ -	\$ 56,350,969.98
\$ -	\$ -	\$ 50,000.00
\$ -	\$ -	\$ -
\$ -	\$ -	\$ 1,200,000.00
\$ -	\$ -	\$ 3,800,000.00
\$ -	\$ -	\$ -
\$ -	\$ -	
\$ -	\$ -	\$ 4,906,419.15

Local Health Jurisdiction Name:	San Bernardino County
Grant Number:	6 NU50CK000539-02-07

Strategy 1 - Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity

Strategy 1 Actions and Deliverables:

- A. Train and hire staff to improve laboratory workforce ability to address issues around laboratory safety, **quality management, inventory management, specimen management, diagnostic and surveillance** testing and reporting results.
- B. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.
- C. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including **case investigation and contact tracing**) and **other emerging infections and** conditions of public health significance. **This should include staff who can address unique cultural needs of those put at higher risk for COVID-19.**
- D. Build expertise to support management of the COVID-19 related activities within the jurisdiction and the integrate into the broader ELC portfolio of activities (e.g., additional leadership, program and project managers, budget staff, etc.).
- E. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other **emerging coronavirus and other infections** and conditions of public health significance.

Strategy 1 - Milestone 1	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	Hire and Train staff to improve laboratory workforce ability to address issues around inventory management, specimen management, diagnostic and surveillance testing and reporting.
	Implementation Plan (Bulleted items or brief sentences)	Laboratory workforce is trained to improve lab diagnostic and surveillance testing and reporting to ensure lab safety, quality management, inventory management. * Train staff on upgrades made to Orchard (cloud-based laboratory information management system) to maximize the inventory management and specimen management capabilities. Quality management training emphasizes adherence to procedures, data entry testing accuracy, and rapid turnaround time on reporting. Implementation of an ordering interface will allow faster and more accurate test ordering. * Train all testing and support staff on newly purchased laboratory equipment. The lab has a robust staff training program ensuring the verification of staff competency on all procedures used. Follow-up review of data entry and reporting ensures test accuracy. * Implement an improved inventory management system that meets the needs of the lab assets/equipment.
	Applicant capacity: What is the current capacity to perform this milestone?	Sufficient staffing is in place to dedicate to this objective, however additional software tools and resources need to be implemented to manage inventory, specimens, accurate testing and timely reporting. The Lab Director has been actively involved in COVID-19 response efforts, as well as the development of this work plan. Qualified and highly trained Lab staff have developed a high degree of teamwork and motivation to ensure full implementation of these goals and overcome any new challenges that arise.
	Expected Achieve By Date (select from drop down)	June 2022

Strategy 1 - Milestone 2	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	Outbreak response and infection prevention
	Implementation Plan	* Assemble task forces to address outbreaks.

	(Bulleted items or brief sentences)	<ul style="list-style-type: none"> - Develop guidance and establish teams in preparation for response. * Expand infection prevention and control efforts. - Develop an infection prevention team, or teams, as needed. * Train additional outbreak response field staff.
	Applicant capacity: What is the current capacity to perform this milestone?	The County currently has a team in place to address outbreaks and is currently creating a task force in preparation for outbreaks at schools following reopening. The County is also developing an infection prevention team to assist with on-site assessments, trainings, and recommendations. The County is also exploring the possibility of bringing on an additional Contract Infection Preventionist to lead a second IP team.
	Expected Achieve By Date (select from drop down)	March 2021

Strategy 1 - Milestone 3	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	Improve epidemiology and informatics workforce
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> * Continue to train staff to gain expertise, and grow their abilities to enhance processes and procedures related to our electronic health data. * Train epidemiologists to conduct surveillance of COVID-19 <ul style="list-style-type: none"> - Epidemiologists will monitor case histories, statistics, and demographic data to identify epidemiologic trends, locations, and sources. Epidemiologists will work closely with the Contact Tracing unit to identify and mitigate outbreaks throughout the county. * Train statistical analysts to present COVID-19 data. <ul style="list-style-type: none"> - Provide resources necessary to discover patterns and trends. During our response to this public health crisis it has become apparent that our current informatics structure is not sufficient to handle the large volumes of data being generated by this pandemic. Staff will continue to be trained, gain expertise, and grow their abilities as we continue to enhance processes and procedures related to our electronic health data. * Procure additional tools and resources to minimize overall health disparities in order to improve the health equity of our communities. * Develop a wastewater sampling strategy, focusing on priority HPI areas. * Establish testing methods and protocols for wastewater surveillance. * Develop or enhance existing partnerships for whole genome sequencing WGS * Establish reporting and analytics framework * Publish on online dashboard.
	Applicant capacity: What is the current capacity to perform this milestone?	Staffing is currently sufficient but additional tools and resources are needed to perform this milestone.
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 1 - Milestone 4	Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity	
	Planned Activity (Provide a title for this milestone)	Build expertise to build management of activities
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> * Integrate information technology staff <ul style="list-style-type: none"> - Utilize organizational infrastructure knowledge and business aptitude of our professional IT staff to implement various systems and upgrades. Our IT staff ensures that we strategically adapt to the future technology needs of the department. * Integrate fiscal oversight staff

		<ul style="list-style-type: none"> - Utilize internal expertise in the fields of accounting, budgeting, and project management to ensure compliance with regulations, adherence to planned objectives, and auditing of fiscal data. * Recruit a well-qualified Health Officer - The County recently completed its recruitment of our new Health Officer. The County Health Officer position assesses and protects the County's health status, assumes a leadership role during countywide emergencies, and enforces health laws. Our Health Officer is actively involved in our Health Equity/Literacy endeavours to help minimize testing/vaccine hesitancy and increase access in underserved communities.
	Applicant capacity: What is the current capacity to perform this milestone?	Staffing is currently sufficient and we are continuing to build management expertise as we continue our emergency response efforts.
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 1: Enhance Laboratory, Surveillance, Informatics and other Workforce Capacity		
Strategy 1 - Milestone 5	Planned Activity (Provide a title for this milestone)	Increase capacity and enhance data management, analysis and reporting for COVID-19 and other infections for the CDS program.
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> *Continue to build on Orchard LIMS with interfaces to improve data management and analysis. *Improve data analysis to provide partners with timely testing and reporting statistics to support LHJ and community testing initiatives. *The proposed plan is to upgrade from the current SAS workstations to the SAS Viya Windows server 2019 with more computing power, enhanced analytics for faster analysis, reporting and visualization of case investigations and contact tracing of data. *DPH IS staff have worked with DIT to establish DPH server within the County infrastructure. Installed the software licenses, configuration of the software is currently being executed. *Validation and migration of the old system data to the new environment will be done after the configuration validation.
	Applicant capacity: What is the current capacity to perform this milestone?	<ul style="list-style-type: none"> *Most of the lab daily data management is currently done by the lab management staff and Orchard LIS Harvest application staff. Additional staff and software tools would be needed to more quickly provide the data management and analysis needed for this milestone. *DPH IS, RAP and vendor CDS teams are collaborating to achieve this milestone.
	Expected Achieve By Date (select from drop down)	June 2022

Local Health Jurisdiction Name:	San Bernardino County
Grant Number:	6 NU50CK000539-02-07

Strategy 2 - Strengthen Laboratory Testing

Strategy 2 Actions and Deliverables:

- A. Establish or expand capacity to quickly, accurately and safely test for SARS-CoV-2/COVID-19 and build **infectious disease preparedness for future coronavirus and other events involving** other pathogens with potential for broad community spread.
- B. Enhance laboratory testing capacity for SARS-CoV-2/COVID-19 outside of public health laboratories
- C. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.

Strategy 2 - Milestone 1	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Purchase and validate new test platforms with increased throughput that can be ramped up quickly to prepare for future SARS-CoV-2 surges and other public health emergencies involving diverse pathogens with the potential for broad community spread.
	Implementation Plan (Bulleted items or brief sentences)	<p>*Develop courier systems to quickly delivery supplies and specimens to local and reference laboratories for testing. Support the supply of specimen collection kits to ensure timely testing from the community.</p> <p>* SARS-CoV-2 NAAT testing: Obtain, maintain, and support multiple test platforms that can be quickly ramped up for rapid turnaround time (Hologic Panther, Cepheid Genexpert, Perkin Elmer Janus/Chemagic system). Multiple systems allow consistent testing even if supplies for one system are temporarily limited.</p> <ul style="list-style-type: none"> - Tests in our Lab can return results for high-risk environments in a more timely manner than sending out to a private lab. -Provide testing to high-risk or vulnerable populations including local jails and homeless populations. <p>*SARS-CoV-2 Serology testing: Obtain, maintain, and support 2 BioRad Evolis instruments and the Perkin Elmer Victor Nivo instrument capable of high throughput SARS-CoV-2 serology tests to conduct surveillance for past infection and monitor community exposure.</p> <p>*Obtain MaldiTOF technology to quickly identify pathogens with a potential for broad community spread. Validate this and other systems to update and enhance lab capacity as a CDC Laboratory Response Network (LRN) Reference lab to quickly identify bioterrorism and emerging disease pathogens with a potential for high community morbidity and mortality.</p> <p>*Replace outdated and obsolete lab safety equipment including biosafety cabinets, autoclaves, and PAPRS to allow safe testing environments for lab staff. Provide sufficient supply of appropriately fitted PPE for all testing staff, including N95 respirators, exam gloves, and gowns to ensure worker safety while testing samples that may contain SARS-CoV-2 or other dangerous pathogens.</p> <p>*Work with local partners to test wastewater for SARS-CoV-2, including sequencing, for community surveillance, using available methods.</p>

	Applicant capacity: What is the current capacity to perform this milestone?	Our lab has obtained, validated, and trained staff to operate the Hologic Panther, 2 Cepheid Genexpert instruments, 2 BioRad Evolis instruments, and a Perkin Elmer System. The purchase of the other described equipment is pending approval. Service and supply agreements are being submitted for approval. The lab is currently training additional staff needed to expand lab testing capability. The addition of this additional equipment will require some electrical and HVAC modifications. Lab workspace is limited for staff and equipment as we enhance testing capability. Storage space is limited for storing testing supplies, PPE, and records.
	Expected Achieve By Date (select from drop down)	January 2022

Strategy 2 - Milestone 1 (continued)	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Continuation of Milestone 1
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> *Update lab surge and continuity of operations plans to include high priority current, ongoing, and future outbreak response. *Support national and state surveillance goals by submitting SARS-CoV-2 samples for sequencing. *Bring whole-genome sequencing (WGS) capacity into the public health lab to provide timely local response for community surveillance of SARS-CoV-2 and other infectious agents of public health concern. * Procure service agreements to maintain and service the equipment obtained as part of this work plan to ensure continued testing capacity and operation.
	Applicant capacity: What is the current capacity to perform this milestone?	Continuation of Milestone 1
	Expected Achieve By Date (select from drop down)	January 2022

Strategy 2 - Milestone 2	Strategy 2: Strengthen Laboratory Testing	
	Planned Activity (Provide a title for this milestone)	Enhance testing capabilities outside of our Public Health Lab
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> * Expand capacity of testing with private laboratory testing providers as necessary to handle public health-led testing events as well as surge capacity. <ul style="list-style-type: none"> - The County currently has a purchase order agreement with Fulgent Laboratories to provide testing kits as well as to provide processing and results reporting. - The County currently operates testing sites throughout our county. - The County continues to explore possible non-traditional testing options in order to expand our capacity and increase turnout, which includes the possibility of, providing at-home test kits to individuals who cannot leave their home or cannot access a community test site. - Depending on logistics and costs, the County would also consider utilizing the CDPH Branch Laboratory in Valencia, although at this time we have not utilized this option.
	Applicant capacity: What is the current capacity to perform this milestone?	Currently assessing our operations for improvement, which would include, improvements and upgrades to our current Laboratory Information Management System.
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 2 -	Strategy 2: Strengthen Laboratory Testing
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Milestone 3	Planned Activity (Provide a title for this milestone)	Enhance lab data management and efficiencies for improved analysis to be shared with local, state, and federal partners
	Implementation Plan (Bulleted items or brief sentences)	Continue to build on Orchard LIMS with interfaces to improve data exchange, reporting and test ordering. Add other software options as needed to support inventory, supply ordering, and billing. *Implement online portals to allow access to reports by providers and patients. *Improve data analysis to provide partners with timely testing and reporting statistics to support LHJ and community testing initiatives. *Hire and train sufficient staff to support lab data management.
	Applicant capacity: What is the current capacity to perform this milestone?	The lab continues to build on existing software, including the Orchard LIMS with current lab staff. To complete this milestone, we would need specialized data analysis staff and additional software tools.
	Expected Achieve By Date (select from drop down)	November 2021

Local Health Jurisdiction Name:	San Bernardino County
Grant Number:	6 NU50CK000539-02-07

Strategy 3 - Advance Electronic Data Exchange at Public Health Labs

Strategy 3 Actions and Deliverables:

A. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.

Strategy 3 - Milestone 1	Strategy 3: Advance Electronic Data Exchange at Public Health Labs	
	Planned Activity (Provide a title for this milestone)	Enhance and expand laboratory information infrastructure and electronic data exchange.
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> *Continue to upgrade and maintain the Orchard LIS and interface engine software to support new test configurations in a secure and timely manner. *Train dedicated lab and IT staff on LIMS functionalities to improve workflows of the LIS for increasing productivity of the lab staff and system performance. *Maintain robust HL7 data messaging between the Orchard LIS to the state secure electronic exchange system (CalREDIE). *Allow secure LIMS access to providers and LHJ partners to enhance timely patient treatment and contact tracing in the community. *Utilize the HL7 messaging interface between the Orchard LIMS and CDC to send requested data. *Utilize an updated and informative public lab webpage to connect with and educate external lab partners on public health lab test capabilities. *Implement a Web Portal based interface to support online ordering and reporting fully integrated with the LIMS *Expand the LIMS by adding new modules and test instrument interfaces that support secure and accurate data entry and reporting. *Continue to add to and improve the LIMS interface with LHJ Clinics to improve community health access. *Implement interfaces with Arrowhead Regional Medical Center (ARMC) to share data with hospital partners. *Expand data sharing by implementing EPIC-Orchard interface between ARMC Epic system and Orchard LIS for reliable diagnostic clinical lab results from PH lab to ARMC lab. • Orders interface through HL7 messages for automating the Orders processing and printing labels. • Implement Copia Patient Portal to allow patient access to medical testing, viewing of their orders, order status and results.
	Applicant capacity: What is the current capacity to perform this milestone?	<p>DPH IS Staff supports all the lab initiatives on the project management perspective including IT support in collaboration with the lab staff.</p> <p>The Orchard LIMS interface projects are shared initiatives between lab staff and dedicated IT support. This milestone will require a larger time commitment by this team. Lab staff and other system users will require training to maximize the success of these objectives.</p>
	Expected Achieve By Date (select from drop down)	January 2022

Local Health Jurisdiction Name:	San Bernardino County
Grant Number:	6 NU50CK000539-02-07

Strategy 4 - Improve Surveillance and Reporting of Electronic Health Data

Strategy 4 Actions and Deliverables:

- A. Establish complete, up-to-date, **timely**, automated reporting of morbidity and mortality to CDC and others due to COVID-19 and other **coronavirus and other emerging infections which impact** conditions of public health significance, with required associated data fields in a machine readable format.
- B. Establish additional and on-going surveillance methods (e.g. sentinel surveillance) for COVID-19 and other conditions of public health significance.**
- C. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to CDC and others in a machine-readable format (ensuring LHD have access to data that is reported).
- D. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.
- E. Enhance systems for flexible data collection, reporting , analysis, and visualization.
- F. Establish or improve systems to ensure complete, accurate and immediate (within 24 hrs) data transmission to a system and open website available to local health officials and the public by county and zip code, that allows for automated transmission of data to the CDC in a machine readable format.

Strategy 4 - Milestone 1	Strategy 4: Improve Surveillance and Reporting of Electronic Health Data	
	Planned Activity (Provide a title for this milestone)	Establish automated reporting of morbidity and mortality
	Implementation Plan (Bulleted items or brief sentences)	*Onboarding onto the BioSense platform (formerly ESSENCE) will be a collaborative process with facilities, the CDC, and vendors for electronic health records (EHR), or health information exchange (HIE) to transmit syndromic surveillance data from internal medical record systems to the NSSP BioSense Platform. The result will be a live data feed to the BioSense Platform.
	Applicant capacity: What is the current capacity to perform this milestone?	Interfaces exist but require upgrading and implementation to achieve this milestone. Assessment of this project is scheduled to commence in the coming months to assess feasibility of the project.
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 4 - Milestone 2	Strategy 4: Improve Surveillance and Reporting of Electronic Health Data	
	Planned Activity (Provide a title for this milestone)	Establish surveillance methods
	Implementation Plan (Bulleted items or brief sentences)	*The County has recently entered into an MOU with COVIDNet (COVID Network of California Laboratories) to augment surveillance efforts for COVID-19 variants using genome sequencing. This agreement stipulates that CDPH will conduct

		<p>being genome sequencing. The agreement separates that CDPH will conduct surveillance, investigation, control, and prevention of many important infectious diseases including COVID-19 for the State of California, and provides technical support and coordination to Local Health Jurisdictions (LHJs). CDPH conducts sequencing of COVID-19 specimens in order to better inform outbreak investigations and public health surveillance by characterizing the spread of the virus in real time and tracking new mutations to identify unique strains. This initiative can potentially identify communities where a variant may be spreading and allow for strategic public health intervention.</p> <p>*Locally, the County will operationalize the analytical tools available through the HIE (Health Information Exchange), Manifest Medex, to enhance communicable disease surveillance and reporting.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Currently working with the State to optimize our surveillance efforts. DPH currently has access to Manifest Medex through HIE. Current staffing levels are adequate to accomplish leveraging the Manifest Medex Analyze function.
	Expected Achieve By Date (select from drop down)	August 2021

Strategy 4 - Milestone 3	Strategy 4: Improve Surveillance and Reporting of Electronic Health Data	
	Planned Activity (Provide a title for this milestone)	Enhance automated data collection and reporting.
	Implementation Plan (Bulleted items or brief sentences)	<p>*Qualtrics software was upgraded at the total annual license cost of \$183,802.00. Upgrade and implementation completed January 2020.</p> <p>*An advanced HIPAA-Compliant, enterprise Qualtrics environment was purchased and implemented by DPH and Qualtrics staff. Qualtrics was previously being used for other data collection and surveillance purposes, but was limited in the quantity of data that could be collected (license limitations), the type of data that could be collected (non-HIPAA), and how it could be used (no ability to conduct automated data extraction, reporting, analysis, and visualization).</p> <p>*This implemented expansion allows for much wider use of automated data collection for case investigation and contact tracing purposes. Front end user forms means easier reporting of outbreak, case, and contact information to the appropriate DPH teams, and automated email alerts can immediately notify them of new information being reported.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Previously utilized Qualtrics but on a limited-basis within a smaller scale instance.
	Expected Achieve By Date (select from drop down)	April 2021

Strategy 4 - Milestone 4	Strategy 4: Improve Surveillance and Reporting of Electronic Health Data	
	Planned Activity (Provide a title for this milestone)	Improve electronic reporting with healthcare facilities.
	Implementation Plan (Bulleted items or brief sentences)	<p>* Work with other entities to streamline our surveillance processes.</p> <ul style="list-style-type: none"> - Obtain access to medical records at Arrowhead Regional Medical Center (ARMC), our County hospital, via EPIC CareConnect. - Planned activities include working with ARMC to support electronic reporting

		<p>Planned activities include working with ARMC to support electronic reporting workflows by obtaining access to EHR systems including access to telehealth and care coordination. This improvement will allow for better workflows for staff who are providing care coordination services across County organizations.</p> <p>*Additional activities focused on reducing health inequities include working with the regional Epic platform, hosted by Loma Linda University Medical Center, and other key platforms to create computer decision support systems (CDSS) to readily identify patients at high-risk for adverse outcomes of COVID-19 infection. For example, integrating the PRAPARE screening tool for social determinants of health needs would allow health care providers to routinely collect standardized information that could be used as a basis for CDSS tools. Also, the department could partner with regional health care providers to enhance collection of Race, Ethnicity, and Language (REaL) data, with a focus on reducing missing data. This information could be shared with the Inland Empire Health Information Exchange.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	No capacity at this time. Need to develop a data-sharing agreement with ARMC.
	Expected Achieve By Date (select from drop down)	March 2021

Strategy 4 - Milestone 5		
Strategy 4: Improve Surveillance and Reporting of Electronic Health Data		
	Planned Activity (Provide a title for this milestone)	Enhance Systems for Flexible Data Collection, Reporting, Analysis, and Visualization
	Implementation Plan (Bulleted items or brief sentences)	<p>*RAP, IT, and CDS staff have worked with DIT to establish a DPH server environment on County infrastructure (completed January 2021) to run an instance of SAS Viya open analytics solution. This server and analytics solution will be used for the same purposes outlined in the original milestone. The platform will enhance the reporting, analysis, and visualization system for case investigation and contact tracing. This is an upgraded and faster software solution than the existing SAS implementation. COVID-19 data size has grown to the point that existing systems are slowed immensely, necessitating the upgrade, and because of hundreds of hours of investment developing automated processes in SAS, an alternative software solution was impracticable due to having to rebuild all existing processes.</p> <p>*SAS Viya software is an upgrade of existing infrastructure. New licenses were purchased for installation to server environment: SAS Visual Analytics - \$8,500 SAS Visual Statistics - \$12,550</p> <p>*SAS Technical Consultants (\$228.54/hour) are also currently working with DPH IS staff to install, setup, and configure the SAS Viya server environment (in progress - not complete).</p> <p>*RAP and CDS staff will (upon final setup) test the environment and work to migrate analysis and visualization functions over to the new environment (still pending). Expected completion by end of April 2021.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Currently in the process of implementing and testing.
	Expected Achieve By Date (select from drop down)	April 2021

Strategy 4 - Milestone 6		
Strategy 4: Improve Surveillance and Reporting of Electronic Health Data		
	Planned Activity (Provide a title for this milestone)	Improve data transmission
	Implementation Plan	Establish an integrated API system to allow data to be automatically extracted

	(Bulleted items or brief sentences)	and pulled into surveillance reporting/analysis/visualization processes reducing staff hours needed for data processing so that it can be reallocated to case investigation and contact tracing. Automated collection increases the speed at which data can be easily formatted for entry into the CalREDIE system, allowed for increased ability to handle large data streams, and more quickly process this data for applications across COVID-19 solutions (data sharing, county/zip code level visualization and tabulations, etc.).
	Applicant capacity: What is the current capacity to perform this milestone?	Data is currently being cleaned for presentation utilizing a more manual process than is ideal for the volume of data being processed however the County will begin exploring options to automate our processes.
	Expected Achieve By Date (select from drop down)	December 2021

Local Health Jurisdiction Name:	San Bernardino County
Grant Number:	6 NU50CK000539-02-07

Strategy 5 - Use Laboratory Data to Enhance Investigation, Response and Prevention

Strategy 5 Actions and Deliverables:

- A. Use laboratory data to initiate **and conduct** case investigation **and** conduct contact tracing and follow up, and implement containment measures.
- B. Identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations **at increased risk of severe illness or death** to target mitigation strategies **and referral for therapies (for example, monoclonal antibodies) to prevent hospitalization.**
- C. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations) including proactive monitoring for asymptomatic case detection.

Strategy 5 - Milestone 1	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	Use lab data to investigate and achieve containment
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> * Obtain positive case data from lab results in order to perform contact tracing. - Distribute case load to Communicable Disease Investigators (CDIs). - Contact individuals to elicit information about their interactions and whereabouts prior to testing positive. - Each contact tracer attempts to contact at least 10 cases a day via call, text and/or e-mail depending on availability of contact information. - Each case will be contacted within 24-48 of receiving a positive Lab report. - All household contacts, and as many outside contacts as possible, will be elicited. - Investigations of all contacts provided will occur. All outside (non-San Bernardino County) contacts will be referred to State contact tracers. - Guidelines and education on proper self-isolation and care will be provided. - Implement containment measures via ArcGIS to map/plot laboratory data by geographic region/area. *Facilitate transport or storage of specimens for longer than 24-48 hours so that genetic characterization of high priority cases is possible (e.g. vaccine breakthrough cases, reinfections, suspected variant exposure) *Establish courier transport for specimen submission for Whole Genome Sequencing, or obtain additional specimen as needed.
	Applicant capacity: What is the current capacity to perform this milestone?	The County has on-boarded more than 200 CDIs to perform contact tracing. DPH's ongoing goal has been to hire contact-tracing staff that represents the ethnic, cultural and linguistic diversity of San Bernardino County. DPH is working on increasing efforts to ensure race/ethnicity data is collected on all active cases and contacts. We are working to stay in line with our state metrics to mitigate the spread of COVID-19. Data is currently summarized and reported out in PDF documents. GIS capabilities will assist us in identifying and pinpointing areas needing containment.
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 5 - Milestone 2	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	Identify cases and exposure in high-risk settings
	Implementation Plan	* Extract contact tracing case data from CalREDIE.

	(Bulleted items or brief sentences)	<ul style="list-style-type: none"> - Process data points to identify cases with similar characteristics. - Interpret results for the purpose of developing mitigation strategies. - Plot results on a "heat map" to illustrate high-risk areas. - Rapidly provide outreach to high-risk areas. <p>*Provide IP assessments and recommendations, in collaboration with Department of Risk Management, for improvement of health and safety protocols to county departments related to staff outbreak or prior to reopening (e.g. preschool programs etc.)</p> <p>* Mitigate spikes in positivity by contracting with CHAIRS (Community Health Association Inland Southern Region) to reach underserved populations, particularly those in the County's high-priority testing areas who are disproportionately impacted by the pandemic (higher case rates, higher mortality, lower testing rates).</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Current reports are static and high-risk/vulnerable populations are self-reported. The County did coordinate a large response effort among our Long-Term Care Facilities during a prior outbreak however there is a need to transition efforts towards proactive mitigation. Our agreement with CHAIRS will allow us to improve our mitigation efforts in vulnerable populations as they work with a network of community health centers (clinics) that serve populations with limited access to health care. Their ability to perform outreach and provide education to community members will help the County reduce infections caused by community spread.
	Expected Achieve By Date (select from drop down)	December 2021

Strategy 5 - Milestone 3		
	Strategy 5: Use Laboratory Data to Enhance Investigation, Response and Prevention	
	Planned Activity (Provide a title for this milestone)	Implement prevention strategies
	Implementation Plan (Bulleted items or brief sentences)	<p>* Expand contact tracing into infection prevention.</p> <ul style="list-style-type: none"> - Results of investigations will be forwarded to infection prevention staff for purposes of health education within identified high-risk and vulnerable populations. - Utilize Salesforce to expand our data collection capabilities as well as a platform to exchange information with community members to mitigate community spread (to include asymptomatic individuals). - Utilize infection prevention team(s) to provide monthly call support to administrators, director of nurses, local infection preventionists, as well as, visits as needed to facilities for trainings. <p>*Utilize Infection Prevention Teams, in collaboration with DRM, to provide assessments and recommendations for improvement of health and safety protocols to county departments related to staff outbreak or prior to reopening (e.g. preschool programs etc.)</p> <p>*Add Resource Coordinators or enhance partnerships with El Sol or other orgs to communicate w/ vulnerable communities re: available resources (e.g. rental assistance, testing, vaccination)</p>
	Applicant capacity: What is the current capacity to perform this milestone?	<p>*The County has hired a Contract Infection Preventionist to build the foundation for our prevention and mitigation efforts and is exploring the possibility of bringing on an additional Contract Infection Preventionist to expand our capacity to coordinate actions while utilizing available guidance and training provided by CDPH.</p> <p>*Grow the Infection Prevention Program to include epidemiologist, additional IP, disease investigators, Resource coordinators, health educators, or Community Health Workers (CHWs).</p>

	Expected Achieve By Date <i>(select from drop down)</i>	December 2021
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Local Health Jurisdiction Name:	San Bernardino County
Grant Number:	6 NU50CK000539-02-07

Strategy 6 - Coordinate and Engage with Partners

Strategy 6 Actions and Deliverables:

A. Partner with LHDs to establish or enhance testing for COVID-19/SARS-CoV-2.

B. Partner with local, regional, or national organizations or academic institutions to enhance capacity for infection control and prevention of COVID-19/SARS-CoV-2.

Strategy 6 - Milestone 1	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	Community Partner Development
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> *Plan and complete Community Partner Development (CHIP) by June 30, 2022 -May include staff time and consultant time -Work with community partners to create -To include equity measures/metrics *Contract with up to 40 community partners -Services ranging from health education materials to client transportation in relation to COVID-19 response equity *Purchase 1-3 testing/vaccination vehicles for hard to reach areas within County *Utilize billboards for community messaging throughout the County, targeting hard to reach populations *Procure 20 laptops for community partners and staff to improve information availability and access/provide presentations in isolated areas *Hire or Partner with Community Health Workers to reach hard-to-reach populations -Reflective of communities served -From local schools, partners, or institutions *Call Center expansion for coordination of transportation for those over 65 and increased contact tracing *Nutrition Program Funding for items that are outside the scope of their current grant -Food Distribution Events and/or other activities/items -Testing and vaccine encouragement will be conducted during events
	Applicant capacity: What is the current capacity to perform this milestone?	Department has some internal capacity and will need the assistance of an external consultant
	Expected Achieve By Date (select from drop down)	June 2022

Strategy 6 - Milestone 2	Strategy 6: Coordinate and Engage with Partners	
	Planned Activity (Provide a title for this milestone)	Community infection control and prevention
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> *Fund portions of existing staff needed to work on COVID-19 response activities to improve equity and outcomes *Vaccine Hesitancy Community Survey To be developed and administered by a consultant -In consultation with DPH staff, for the development *Health Equity Consultant for Public Health Training -To include community partner training and staff training on health literacy best

		<p>-To include community partner training and staff training on health literacy, best practices, and strategies for developing culturally appropriate interventions for establishing trust within communities of color and special populations</p> <p>*Community Vital Sign Program Funding</p> <p>-To include a Health Education Specialist (HES) I or II to develop a health literacy project that would align literacy strategies with partners' objectives within the CVS implementation action plans and Community Health Improvement Plan.</p> <p>-The HES I or II would also provide education, training, and resource support to partners to increase their ability to incorporate health literacy into their organization and education programs.</p>
	Applicant capacity: What is the current capacity to perform this milestone?	Department has the internal capacity to carry out this activity
	Expected Achieve By Date <i>(select from drop down)</i>	December 2021

San Bernardino County Plan for Targeted Equity Investments

County completes (or updates) the green fields (yellow fields are optional for March report)			
Describe the disproportionately impacted population(s), including geographic, demographic or other focus. Note what data was used to identify this population.	Demographic Populations. Surveillance data from CalREDIE case investigations, along with Vital Statistics data on COVID-19 deaths was used to assess the disproportionate impact of the pandemic on demographic groups within our County. Underrepresented minority populations were the most overrepresented in the burden of cases and deaths, with Black residents disproportionately impacted by COVID-19 deaths, Native Hawaiian/Other Pacific Islander residents disproportionately impacted by cases and deaths, and Hispanic/Latino residents disproportionately impacted by cases and deaths. A similar investigation shows residents aged 65+ disproportionately impacted by deaths, and residents aged 50-64 disproportionately impacted by cases and deaths.	Geographic Populations. Geospatial analysis was conducted to determine disproportionately impacted cities and unincorporated areas for vaccination prioritization. A comprehensive index measure was created to assess the priority levels of census tracts in the County. COVID-19 data was used to determine the recent incidence rate, mortality rate, and percent positivity for each census tract. Data was also included to assess population density, along with data from the CDC Social Vulnerability Index and the Healthy Places Index (HPI) to create a six-factor index for each census tract. Analysis of this index measure shows the most disproportionately impacted areas of highest prioritization fall predominantly within the geographic areas of Colton, Fontana, Hesperia, Highland, Rialto, and San Bernardino City.	
	County Name:	San Bernardino	
	Contact Person:		
	Contact Email:		
ELC Strategy	Equity Activity Category	Problem / Challenge	Equity Activity
Identify the ELC Strategy that this Equity Activity addresses.	Select a category from the Equity Playbook Framework using the drop-down options or select "Other".	What is the equity issue or challenge that needs to be addressed? (Example: "Improving access to testing and vaccination for essential workers." or "Interpretation support needed for indigenous languages.")	Provide a brief description of the planned activity.
Yellow cells indicate ELC Phase I and can be edited as needed (optional)			
Green cells indicate new or expanded activities funded by ELC Phase 2. (Required)	All fields required unless otherwise noted. Insert additional rows as needed.		
ELC Strategy	Equity Strategy Category	Problem / Challenge	Equity Activity
	Community and Stakeholder Engagement	Improve access to testing, vaccination, and resources to vulnerable communities in the Low HPI Census Tracts.	1. Creation of community-specific COVID-19 social marketing and messaging material 2. Community-specific outreach and distribution of health education material via Promotores de Salud/Community Health Workers 3. Referral of community members to resources needed
ELC Strategy 6			
	Vaccine	Improve access to vaccine to hard to reach populations.	Mobile vaccination team. Vaccination team travels throughout the County to provide vaccine to communities located in hard to reach areas or with special needs.
ELC Strategy 6			
	Community and Stakeholder Engagement	Feedback needed from community partners on equitable vaccine distribution and vaccine education.	County-facilitated Vaccine Equity Group monthly meetings. Provides community partners an opportunity to share with the County their concerns and recommendations regarding equitable vaccine distribution.
ELC Strategy 6			
	Communications	There is a need for consistent messaging around vaccine throughout the County.	Creation and dissemination of marketing material to raise awareness about the sbcovid19.com County website as a hub for key vaccine information and resources.
ELC Strategy 6			
Phase 1 Requirements	Phase 1 Proportional Investment Totals		
Percent of County COVID-19 Cases Among Disproportionately Impacted Population	27.3% (as of 3/22/2021)		
Total ELC Strategy 5 Funding (Phase I only)	\$ 11,296,877		
Estimate of Total ELC \$ Invested for Impacted Populations (Phase I only)	\$ 11,296,877		
Percentage of ELC Strategy 5 Funds Invested for Impacted Populations (Minimum 40%, no less than % of cases among disproportionately impacted population) (Phase I only)	\$ 4,518,751		

Priority Population	ELC Funding Amount	ELC Phase 1 Strategy Source Funding	Additional (non-ELC) Funding Amount	Additional (non-ELC) Funding Source
<i>Disproportionately impacted population (or subpopulation) that this equity activity will address. (Please note the estimated % of county COVID-19 cases among this population.)</i>	<i>Projected level of ELC funding invested in equity activity.</i>	<i>For each line of funding in column F, include which ELC strategy the funding is associated with. (Phase 1 only) .</i>	<i>Projected level of any additional funding (non-ELC) invested in equity activity.</i>	<i>Provide the funding source for non-ELC funds. If multiple funding sources are being used, please note the amount from each source. (Example: CARES \$500,000, County General Fund \$100,000)</i>
Phase 1 ELC Funding Amount Total	\$ -	Phase 1 non-ELC Funding Amount Total	\$ -	
Priority Population	ELC Funding Amount	ELC Phase 2 Strategy Source Funding	Additional (non-ELC) Funding Amount	Additional (non-ELC) Funding Source
Communities living in the identified low HPI quartile areas of the County.	\$ 3,081,959	(Not required for phase 2)		
Homebound, Persons with special health care needs or disabilities, Unhoused/Homeless Persons, Undocumented Persons	\$ 1,521,816	(Not required for phase 2)		
Countywide	\$ 456,959	(Not required for phase 2)		
Countywide	\$ 142,500	(Not required for phase 2)		
	\$ 5,203,234	Phase 2 non-ELC Funding Amount Total	\$ -	
	Combined Phase 1 & 2 ELC Amount Totals		Combined Phase 1 & 2Non-ELC Amount Totals	
	\$ 5,203,234		\$ -	

Partners	Community Engagement	Estimated Start Date	Identify Technical Assistance and/or Other Support Needs	Progress Status
Identify any planned or current partners.	Describe plans for how communities are being engaged - initially and ongoing.	Either prior or planned date.	Technical assistance and additional support needed. Are there other ways that the state can provide support? (Examples: resource gaps, funding limitations, process issues, statewide coordination needs, technical assistance resources)	Provide a brief description on the progress made to date (to be completed quarterly with other ELC reporting).
				Phase 1 Progress: Optional for March. Next update in June 2021.
				Phase 2 Progress: Provide Update in June 2021.
Partners	Community Engagement	Estimated Start Date	Identify Technical Assistance and/or Other Support Needs	Progress Status
El Sol Neighborhood Educational Center, Community Health Action Network, Young Visionaries Youth Leadership Academy.	El Sol Neighborhood Educational Center actively works directly with the community via the Community Health Worker/Promotores de Salud, these are trusted members of the community that work alongside residents to address community issues.	Wed 11/17/21		
Various partners throughout the County.	The County partners with Community Stakeholders to help promote mobile vaccination events.	Ongoing		
Over 20 community partners attend this meeting. Including but not limited to: Inland Empire HIV Planning Council, Young Visionaries, Westside Action Group, Mexican Consulate in San Bernardino, Inland Empire Concerned African American Churches, Rolling Start, Inland Empire Pacific Islander COVID Response Team and El Sol Neighborhood Educational Center.	Community partners share information learned via the monthly meetings to members of their community networks.	Ongoing		
n/a	n/a	Ongoing		