



Los Angeles County Department of Public Health

COVID-19 CONTAINMENT PLAN

Revised June 8, 2020



Table of Contents

Introduction.....	2
I. Testing	2
II. Contact Tracing	4
III. Living and Working in Congregate Settings.....	5
IV. Protecting the Vulnerable	7
V. Acute Care Surge	8
VI. Essential Workers	9
VII. Community Engagement	10
VIII. Relationship to Surrounding Counties.....	11

Introduction

This document is an overview of the current and emerging strategies implemented by the Los Angeles County (LAC) Department of Public Health (DPH) to mitigate the impact of COVID-19 as businesses begin to open under the State of California's *Pandemic Resilience Roadmap*. Since any reopening is associated with some amount of risk, we must note that should local COVID-19 conditions warrant, in order to protect health and safety, DPH will adapt the content and timing of this plan to respond to epidemiological changes, resource constraints, and community needs.

As the State's *Pandemic Resilience Roadmap* changes over time, DPH will consult with the Board of Supervisors to ensure that we can adapt and reopen together as quickly and safely as possible under the State's order. Further, especially since COVID-19 related health data highlights the disproportionate impact this virus has on low-wage earners and racial/ethnic groups including Native Hawaiian/Pacific Islander, Latino/x, Black/African American, Asian, and undocumented communities, DPH will work closely with its partners to ensure plans and strategies address the [Principles of Health Equity](#) set forth by the Board appointed LAC Community Prevention and Population Health Taskforce.

Figure 1. California's Pandemic Resilience Roadmap



(retrieved on June 3, 2020 at <https://covid19.ca.gov/roadmap/>)

The LAC DPH COVID-19 Containment Plan addressed the following sections and questions outlined in the [Variance to Stage 2 of California's Roadmap to Modify the Stay-At-Home Order](#) template: Testing, Contact Tracing, Living and Working in Congregate Settings, Protecting the Vulnerable, Acute Care Surge, Essential Workers, Community Engagement, and Relationship to Surrounding Counties.

I. Testing

The Los Angeles County current 7-day average of daily testing volume is over 2.0 per 1,000 residents. The average percentage of positive tests over the last 7 days is less than 8% and declining.

Los Angeles County has developed a plan to sustain and increase testing that moves away from an early approach of quickly standing up drive-through and walk-up test sites across the County to a sustainable strategy that is integrated into the established healthcare delivery system. More specifically, by increasing the ability of community clinics and other healthcare sites to collect test samples, we increase accessibility to local clinical partners that are trusted by the community, ensure continuity and coordination of healthcare, particularly for highly impacted communities, and maximize billing for testing and lab services. Los Angeles County has advanced from initially being able to support less than 100 tests per day through its Public Health Laboratory to being able to support the collection of more

than 10,000 test specimens per day collected at various sites throughout the County, supported by the County, City of Los Angeles and the State and processed by a wide range of laboratories, including the County Public Health Lab.

As of June 5, 2020, there are 73 COVID-19 testing sites available, including at some retail pharmacies, hospitals, local community clinics, and other community sites, many of which are located in highly impacted communities. More broadly, this means that a testing site is within a 15-minute drive of every member of the community. All sites are listed, and links to make appointments are available online at <https://covid19.lacounty.gov/testing/>. This webpage also includes data on the utilization of testing services through a weekly LA County COVID-19 Community Testing Dashboard produced by the County Department of Health Services (DHS). It also includes links to testing information from Public Health, i.e., data reported electronically by laboratories, and information produced by the cities of Long Beach and Pasadena, which have independent health departments. Of note, DPH, DHS, and the City of LA have worked closely together to standardize the data collected at COVID-19 testing sites, which facilitates richer data analysis and reporting that depicts the areas of success and further improvement for various populations. Further work is being done to determine how best to collect data in ways that are significant and meaningful to community members while feasible for medical providers and labs (e.g., data related to sexual orientation and gender identity (SOGI) and disaggregated race/ethnicity).

Beyond testing, community-based testing sites are important because they offer recognizable and trusted places LAC residents can turn to during a time of need. Efforts are currently underway to determine how best to leverage community-based partners' expertise including knowledge of community needs/preferences and local resources to increase awareness and use of existing sites among diverse racial/ethnic populations and low-wage earners while collaborating beyond testing to make needed linkages to healthcare and supportive resources at the point of service while also providing culturally and linguistically responsive case management services to patients who test positive.

Despite evident progress in ensuring access, barriers to testing remain. In light of factors that limit the number of tests that can be performed (e.g., availability of test swabs, media (the liquid used to store the specimens), test reagents, and laboratory capacity), DHS and DPH continue abiding by state guidance for testing which prioritizes testing "for medical evaluation of persons with symptoms of COVID-19 as well as...to prevent and control the spread of COVID-19."¹ Specifically, DHS and DPH prioritize and refine protocols to test populations who are at higher risk of infection and/or severe illness and death due to COVID-19, including hospitalized patients, individuals with symptoms consistent with COVID-19, symptomatic and asymptomatic healthcare workers, symptomatic first responders, and individuals in essential occupations, and residents and employees in long-term-care facilities and other congregate settings when needed to prevent disease transmission and to control outbreaks. Collaboration is key to conduct this type of resource intense testing effectively. For example, as of June 4, 2020, DPH, the Department of Health Services (DHS), and the City of Los Angeles have worked together to test all residents and staff at 244 skilled nursing facilities (77%) across Los Angeles County and are scheduled or are in the process of conducting testing at 71 additional facilities. Continuous coordination is necessary to make sure outbreak and testing protocols are understood and implemented in a standardized fashion across Los Angeles County.

¹ California Department of Public Health. <https://www.cdph.ca.gov/Programs/OPA/Pages/NR20-114.aspx>

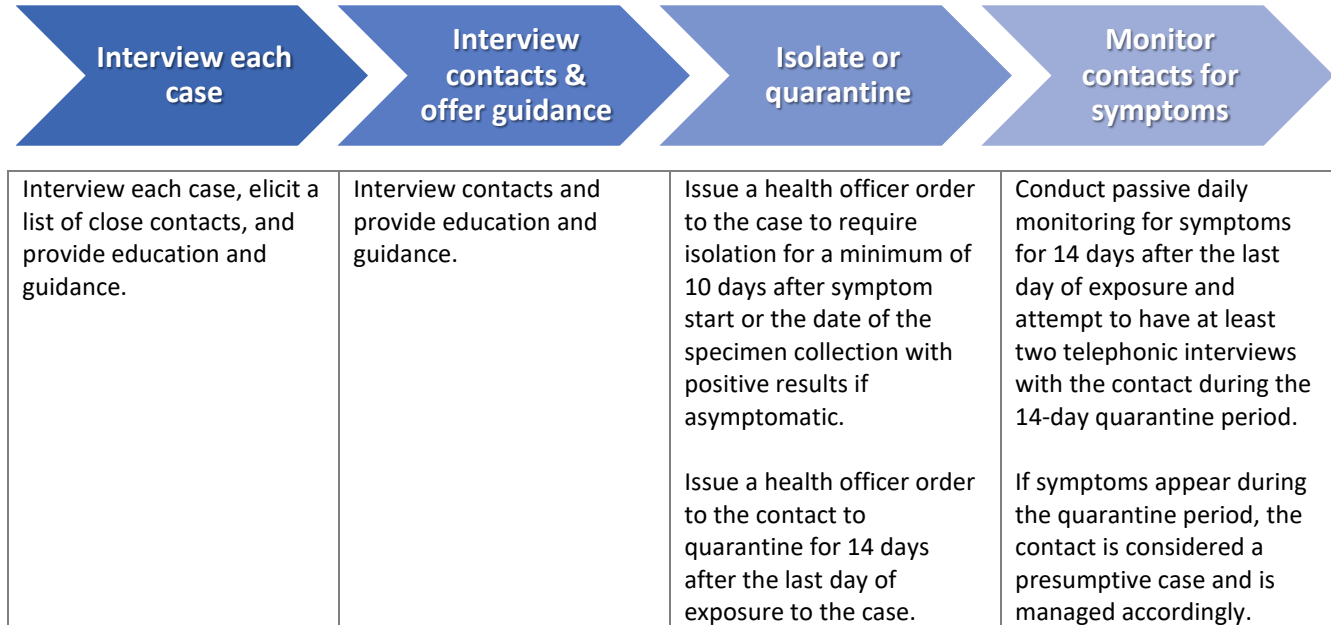
Both the City and County of Los Angeles have established multiple contracts with local laboratories to support and expand needed testing capacity. These laboratories have been closely reviewed to assure they have been granted Emergency Use Authorization (EUA) for the tests they are using and to ensure that they are complying with all reporting requirements. This approach has greatly increased the availability of tests. DHS continues working with labs to ensure reasonable turnaround times to minimize the number of asymptomatic people who may be positive in the community and unknowingly transmitting the virus to others. Additionally, since contact tracing is not initiated until a lab specimen is confirmed positive, lab results must be promptly reported.

LAC Public Health has developed a surveillance plan that includes a virtual network of sentinel surveillance laboratories, a series of seroprevalence surveys, as well as expanded surveillance testing in Skilled Nursing Facilities.

II. Contact Tracing

Contact tracing is a state-mandated function of local health departments. In Los Angeles County, the Department of Public Health is responsible for this function. DPH maintains a team of personnel who conduct case investigation and contact tracing in the management of various communicable diseases, such as COVID-19. When conducting contact tracing, DPH works to identify every person who has been in close contact with a confirmed case to interview, educate, and quarantine those that have been exposed to prevent further transmission of the disease. In the absence of a vaccine or effective treatment for COVID-19, isolation of those who are infected (cases) and quarantine of those who have been in contact with a case (contacts) are the most effective public health tools available.

An Overview of the Contact Tracing Process



There are currently 1,739 trained contract tracers available throughout the County, comprised of staff from the LAC DPH (1035), other LAC departments (588), and from the cities of Long Beach and Pasadena (116 total). Staff redirected to conduct contact tracing duties have been selected because they have already been cleared through the Live Scan (fingerprinting) Clearance process required for onboarding new staff and volunteers, possess an understanding of local community needs (e.g., work

in local libraries), and possess a suite of specialized skills, such as interviewing and to the extent possible, bilingual ability. Contact tracers also participate in training, which includes the legal mandates regarding protecting the privacy of health information.

DPH recently received supplemental Epidemiology and Laboratory Capacity (ELC) Enhancing Detection funding from the Centers for Disease Control and Prevention (CDC) in the amount of \$289 million for the enhanced detection, response, surveillance, and prevention of COVID-19. This funding will support contact tracing and other core functions, including surveillance, enhanced lab capacity, electronic reporting, and testing activities. DPH will have 30 months to expend all funds. DPH is working with the CEO and DHS to submit budget forms to the CDC. As workplans for the ELC grant take shape and as other funding and partnership opportunities arise, LAC will work with local clinics and community-based organizations who have expressed great interest in collaborating to bolster the contract tracing work in terms of racial/ethnic and language congruence of those interacting with cases and their contacts; providing in-language, local linkages to healthcare and supportive resources; and training and employing local residents who have lost their jobs during this pandemic.

If not well controlled as the County reopens businesses and group activities, DPH anticipates an ongoing rise in the number of confirmed COVID-19 cases that will reach or exceed 2,500 new confirmed cases a day. To prepare for this need, in addition to redirecting DPH and LAC staff to contact tracing duties, DPH continuously seeks additional support from local partners and state and federal resources in preparation for potential future waves of new cases. Further, DPH can activate several entities who have expressed interest in serving as volunteer contact tracers, including nursing and medical schools and the Peace Corps. As workplans take shape, further exploration and partnership is needed with local community-based partners who have expressed interest in exploring paid opportunities for recently unemployed workers and/or those who have trusted relationships in and reflect the racial, ethnic, and linguistic diversity of local neighborhoods, including community health workers and gang interventionists.

For individuals who are suspect or confirmed COVID-19 cases and cannot safely isolate at home, the County has established [medical sheltering](#). [Medical sheltering](#) sites provide full wraparound services, including 24-hour clinical and mental healthcare services, as well as care coordination (e.g., case management, discharge planning). We continue to work with LAC residents who have been economically impacted by COVID-19 by referring them to supportive resources and benefits available via our County Departments (e.g., Department of Public and Social Services, Office of Emergency Management, Office of Immigrant Affairs, Department of Business and Consumer Affairs) and community partner entities (e.g., 2-1-1, food delivery services, food banks).

III. Living and Working in Congregate Settings

While risk factors for severe illness and death from COVID-19 continue to be evaluated and confirmed, data show that people living in congregate living facilities, in particular nursing homes and long-term care facilities, are at highest risk for severe illness. Public Health has prioritized collaboration with various congregate settings, including correctional facilities, shelters for people experiencing homelessness, and skilled nursing facilities (SNFs) to prevent and mitigate the spread of COVID-19.

There are five correctional institutions in LA County. Correctional institutions located in Los Angeles County, estimated populations, and their COVID-19 case rate are as follows:

Correctional Institution	Estimated Population	COVID-19 Case Rate
Federal Correctional Institution – Metropolitan Detention Center	587	--
Juvenile Detention	606	1.65%
California State Prison, Los Angeles	3188	3.98%
Los Angeles County Jail	12000	7.1 %
Federal Correctional Institution – Terminal Island	1118	65.1%

LAC DPH notifies receiving congregate facilities of the COVID-19 status of the person being transferred and DPH is notified when individuals released from correctional institutions are transferred to a congregate facility.

There are 322 shelters and interim housing sites with a total of 14,686 beds for people experiencing homelessness. Across these shelters, 983 beds are available to safely isolate suspect or confirmed COVID-19 cases and to safely quarantine exposed individuals. These sites also have some ability to cohort individuals, with limitations mainly based on their physical structure (room set up, number of bathrooms, etc.). DPH has provided technical assistance on how shelters can use their space optimally to minimize transmission risk within their specific settings. LAC also has approximately 400 beds located in hotels, motels, and other congregate facilities that are solely dedicated for medical sheltering.

SNFs have been the hardest hit in the County with the largest number of COVID-19 cases and high mortality rates. Infection control, universal source control (such as the use of masks and face coverings), and physical distancing remain the mainstays to reduce the risk of COVID-19 transmission in SNFs. In addition, Public Health is now also using [facility-wide testing](#) as a supplemental tool to prevent or reduce the size of outbreaks in SNFs. When a single or small number of people with symptoms are diagnosed with COVID-19, facility-wide testing has identified many other infected residents and staff with either no symptoms or mild symptoms. Based on testing results, Public Health will recommend a variety of infection control strategies based on how many residents are infected and where they are located within the facility. Infected staff are either excluded from work or, if there are critical staffing needs, allowed to work only with infected residents and other infected staff.

Public Health’s highest priority for facility-based testing is medically vulnerable persons in congregate settings, primarily SNFs and also in homeless shelters. The aim is to better manage facility outbreaks as well as to mitigate community transmission.

Sufficient testing capacity is available to conduct a thorough outbreak investigation at each of these facilities. In places where an outbreak has been identified, DPH investigates the site and works with the site administrators to complete testing and determine the next actions for rapid infection control, including isolation and quarantine of individuals, based on test results. A specific testing plan is then tailored to the size and layout of the facility and resident movements within the facility.

DPH also offers infection control-related [protocol](#) and [guidance](#) for a variety of settings, including correctional facilities, shelters, residential substance use settings, and others. In addition, DPH is continuously working to secure additional deliveries of personal protective equipment (PPE) supplies from state and national stockpiles and supply chains and prioritizes their distribution to facilities as they are received. A DPH contact has also been identified to serve as a liaison to shelters to help address questions and issues related to the availability of PPE.

The healthcare workforce who are exposed to or test positive for COVID-19 has access to hotel rooms for quarantine and isolation. These rooms are offered through the California Office of Emergency Services' [Hotels for Healthcare Workers program](#).

Our long-term care facilities have varying levels of the different types of personal protective equipment (PPE) and provide regular survey reports on the status of their supplies. Strategies for optimizing critical PPE have been shared with all healthcare facilities, and a list of PPE vendors is posted on the DPH website.

Facilities in the County, including skilled nursing facilities, have access to and have used staffing agencies if staff shortages occur.

Hotels for Healthcare Workers
Non-Congregate Sheltering for Healthcare Workers

Program Summary
The Non-Congregate Sheltering for California Healthcare Workers Program provides hotel rooms to frontline healthcare workers who are exposed to or test positive for COVID-19. By providing hotel rooms in close proximity to medical facilities, healthcare workers avoid potentially spreading the virus once leaving their shift by selecting to stay at pre-identified hotel rooms that are provided at no charge or at a discounted rate.

This Program is also available for the healthcare workers hired through the California Health Corps.

Eligibility
To be eligible to participate in this Program, participants must:

- Work at a healthcare facility in California
- Have possible exposure to patients or individuals who may have COVID-19 documented by a state or county public health official or medical professional
- Not have the ability to self-isolate or quarantine at home

How to Book a Room
Call the CalTravelStore at 877-454-8785

- Please be prepared to provide the following information:
 - County of employment
 - Medical Facility of employment
 - Job Title
- At check-in participants will need to provide:
 - A personal credit card for any incidentals
 - Employee identification
- Room reservations will be provided based on proximity and availability.

Learn More about COVID-19 Response:
Visit <https://covid19.ca.gov/>

IV. Protecting the Vulnerable

Upon issuing a report that described the disproportionality of COVID-19 cases and deaths among people of color and people who live in areas with high rates of poverty, the Department of Public Health issued a document titled [Strategies for Addressing COVID-19 Disparities in Health Outcomes Among Highly Impacted Populations](#) which outlined the following nine strategies for addressing these inequities:

- 1) Increasing access to testing
- 2) Integrating testing with care coordination
- 3) Ensuring access to potential treatment at accessible sites
- 4) Facilitating access to supportive resources
- 5) Continuing to support policies that alleviate the burden of COVID-19 and promote more equitable investments in highly impacted communities
- 6) Conducting outreach, education, and engagement, and including community voices in response and recovery plans
- 7) Conducting deeper and more inclusive data collection, analysis, and reporting
- 8) Ensuring sustainable and culturally responsive contact tracing and tracking
- 9) Developing tailored communications and strategies that address the need for language access

Currently, much of the work done is focused on ensuring sufficient testing in communities with high rates of poverty, other social vulnerabilities, as mapped in the [CDC's Social Vulnerability Index](#) and the

Public Health Alliance’s [Healthy Places Index](#), and higher-risk due to congregate living settings, including prisons and shelters. As the COVID-19 testing lead, DHS’ work to expand testing within its Ambulatory Care Network and by partnering with Federally Qualified Health Centers (FQHCs) aims to integrate COVID-19 testing with healthcare services better. We are also meeting regularly with local health plans and local clinical professional organizations to understand and problem solve issues related to scarcity in testing supplies, personal protective equipment, availability of healthcare services beyond testing, and other supportive services, such as transportation, which may affect the ability to diagnose and provide early care and treatment of COVID-19.

Conversations with local committees and taskforces that who serve American Indian or Alaska Native, Asians, Latino/Latinx, African Americans, Native Hawaiians, and Pacific Islanders have also highlighted ways to strengthen and amplify existing community supports (e.g., [food](#) and [eviction support](#)) and communications tailored to specific audiences. We understand that everyone does not have reliable access to the internet or may prefer getting their information from other trusted sources and channels, including television and radio. To ensure we widely disseminate our key messages, each day, we work with the LAC’s Joint Information Center to provide a media briefing that is broadcast on local news channels and to offer updates in English, Spanish, and Armenian. Once a week, we also offer media updates in Korean and Chinese. More can be done to effectively collaborate with a larger pool of ethnic media and other community-preferred and trusted communication channels.

We are also collaborating with partners like The California Endowment (TCE), who recently purchased radio spots on stations that have predominantly African American audiences. We worked with several partners, including our own County Health Officer and a local faith-based leader, to develop 30-second spots that will be aired on these radio stations throughout June. The California Endowment will also purchase spots on other preferred media channels for Asian American/Pacific Islander and Latino/x audiences. Through this partnership, we can refine messages to address the cultural, linguistic, and other needs expressed by disproportionately impacted communities.

For those with disabilities and others requiring home services, these services have been allowed to continue with modifications to limit the spread of COVID-19 during the provision of these services. Telehealth continues to be promoted and provided by healthcare providers, even as healthcare facilities began to offer more preventive and essential care.

V. Acute Care Surge

Daily tracking of hospital capacity, including hospital and intensive Care Unit (ICU) census, ventilator availability, and surge capacity, is tracked by the County DHS using data from the California Department of Public Health COVID-19 Tracking Tool in association with the California Hospital Association and the ReddiNet HAvBED COVID-19 Hospital Daily Assessment Poll Data. DHS posts this information in its COVID-19 Dashboard available online: <http://dhs.lacounty.gov/wps/portal/dhs>.

Los Angeles County hospitals have substantial capacity to meet the current number of COVID-19 positive patients and the ability to surge above 60% of their normal capacity. Eighty hospitals operating in the County participate in the Hospital Preparedness Program (HPP), which has provided enhanced disaster planning, preparedness, and equipment. DHS, DPH, and the Emergency Medical Services (EMS) Agency consistently monitor and communicate with the licensed acute care facilities throughout the County.

The hospital bed capacity for the 70 9-1-1 receiving hospitals is tracked by EMS. Though COVID-19 admissions have consistently decreased since mid-April 2020, some of the hospitals recently experienced an uptick in numbers following the Memorial Day weekend, which is being closely monitored. At this time, data demonstrate excess bed capacity throughout the system with the ability of the hospitals to surge, if necessary. The 70 9-1-1 receiving hospitals have a total licensed non-ICU bed capacity of 17,000 and the ability to surge within the hospital is an additional 11,400. Their ICU bed capacity of 2,500 can be surged to 4,069. There are 2,320 ventilators within the hospital system and an additional 3,211 that could be brought into use as needed.

In addition to the surge capacity within the facilities, hospitals have identified areas for non-traditional beds and care, such as tent structures, hardshell mobile facilities, and areas such as out-patient surgical centers. By following their disaster plans, hospitals recently demonstrated their ability to rapidly create surge capacity. In a follow-up discussion with the hospitals, there is agreement that the recent experience has enabled them to rapidly repeat and re-institute processes to create capacity as needed. The Disaster Resource Center (DRC) program established in Los Angeles County, allows hospitals and the EMS Agency to support each other and move, loan and share equipment and supplies. ReddiNet, an established system of communication between hospitals and the EMS Agency, allows hospitals to communicate needs and handle EMS 9-1-1 ambulance transports, allowing for emergency department personnel to regroup and adjust to the demands of incoming patients.

Through the experience of treating COVID-19 patients, hospitals have changed processes and locations of care to conserve personal protective equipment and staff utilization of PPE. Hospitals are procuring most PPE through their regular vendors. When necessary, they request limited amounts of specific PPE through the Medical/Health Operational Area Coordinator (MHOAC). Additional PPE sources continue to come online. Policies for screening and testing patients and staff have been put into place. Patients are triaged and directed to areas of care for symptomatic and asymptomatic areas to limit patient and employee exposure. Hospitals have expanded their capacity to cohort patients in ICU, telemetry, and wards.

Staffing expansion is addressed through cross-training existing staff, reallocation of staff from closed departments, new hires, registry, and reactivation of retired employees. Hospital systems have the ability to move staff, equipment, and supplies to sister facilities experiencing a greater impact.

DPH provides technical assistance on infection control matters, such as implementing universal masking, and has also issued guidance to hospitals regarding surge planning, PPE, and monitoring healthcare personnel, all of which can be accessed here:

<http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities.htm>

VI. Essential Workers

More than 50,000 food and retail-related establishments exist across Los Angeles County. Workers at these establishments are at higher risk of COVID-19 infection because they have more contact with the public and continue to circulate among others. A large proportion of essential workers is comprised of diverse persons, including people of color and LGBTQ+ populations. In Los Angeles County, the risk of spread is compounded by the fact that in order to decrease the burden of housing costs and facilitate family caregiving, 21% of essential workers live in overcrowded homes.

All essential and newly reopened businesses are required to implement and post the County Social (Physical) Distancing protocols at all public entrances to the facility. The protocols incorporate requirements for physical distancing, hand hygiene, and supplies to support it, wearing of face coverings for source control, measures to ensure infection control including cleaning and disinfection, signage instructing those experiencing symptoms (cough or fever) not to enter, and strategies to limit the number of people in the facility as well as to support physical distancing within the facility.

Public Health has developed sector-specific Social (Physical) Distancing Protocols and related educational materials in various languages to help different types of businesses safeguard the health of its employees and customers while they reopen. A complementary training has been developed to help businesses understand and use the protocols, including materials they can use to train their employees. Partnerships are currently underway to have local cities and, possibly, community-based entities conduct more in-language outreach and education to employees and owners of businesses located in highly impacted communities to implement these public health directives effectively. Community partners have also expressed interest in self-certification programs like those implemented by other jurisdictions, including the “Customer Protection Standards” self-reporting program by the [Delaware Division of Small Businesses](#). Although enforcement efforts have strongly focused on outreach and education, in the event citations are issues, some community partners are also interested in exploring diversion options in lieu of citations, especially for small businesses in highly impacted communities.

Public Health investigates outbreaks that occur at worksites (3 or more positive cases identified within a 14-day period). Workers with documented or suspected COVID-19 infection will be required to isolate, and other workers who have been exposed will be required to quarantine at home. Public Health also recommends targeted testing of exposed workers as a strategy to assure that workers with asymptomatic infection are appropriately isolated and as a means to identify additional contacts. Public Health also addresses infection control and the safety of worksites through on-site inspections. DPH also operates a Customer Call Center where businesses and members of the public can report complaints.

You can find LAC DPH guidance and information for essential workers and workplaces here: <http://www.publichealth.lacounty.gov/media/Coronavirus/guidances.htm#business>.

VII. Community Engagement

LAC DPH has appointed high-level DPH staff as liaisons for external stakeholders, local leaders, and other County Departments. Liaisons engage with assigned agencies and groups regularly to provide public health guidance and updates on health officer orders and resource documents. External stakeholder groups include Early Childcare and Education (K-12), Colleges and Universities, Healthcare, Congregate Living Facilities, Public Safety Agencies, Chambers of Commerce, Retail Businesses, Hotels, Restaurants, Ticketed Event Venues, Television and Film, Faith-Based Organizations, Community Based Organizations, Airports and Transit, Homeless Services Providers, and others. Regular telebriefings are offered to stakeholder groups to provide situational updates and Q and A sessions. DPH hosts focus group discussions to obtain input from stakeholder groups in developing practical guidance documents for numerous settings in five main areas:

- 1) policies and practices to protect the health of employees,

- 2) measures to implement physical distancing,
- 3) infection control practices,
- 4) communication with staff and the public, and
- 5) equitable access and protection.

Additionally, a DPH Liaison has been provided on-site at the LAC Emergency Operations Center, and DPH Liaisons are assigned to 13 different [LAC Economic Resiliency Task Force](#) Working Groups.

The LAC DPH Communicable Disease team holds regular meetings with the healthcare sector to provide guidance and answer questions. As new information for health care providers arises, a specialized team of clinicians and public health professionals develops a Los Angeles Health Alert Network (LAHAN) update that gets distributed to approximately 23,000 individual users and is also sent out to the Medical Health Operational Area ReddiNet communications system. LAC DPH holds regular telebriefings with elected officials and city managers, business sectors, and community-based organizations. We also work with CBOs serving or representing specific racial and ethnic groups to get feedback. Live briefings are also conducted in Spanish and Armenian with weekly media availability for Korean and Chinese media outlets. The County translates its guidance documents into the following languages:

- Spanish
- Traditional Chinese
- Simplified Chinese
- Korean
- Armenian
- Tagalog
- Arabic
- Farsi
- Russian
- Japanese

Engagement with existing coalitions and organizations that serve Black/African American, Asian, Native Hawaiian/Pacific Islander, Latino/x, undocumented and other highly impacted communities is in progress to identify gaps in existing services, to address barriers to implementing public health directives, and to develop solutions like those presented throughout this document (e.g., hosting COVID-19 testing sites at community-based locations; recruiting, training, and hiring local residents as educators for local businesses and workers, case managers and connectors to healthcare and other supportive resources). More work can be done to coordinate and amplify these activities and to leverage and complement strategies used for other public health efforts (e.g., models used to address flu, West Nile Virus) in partnership with labor unions, health plans, philanthropy, and other entities that serve and invest in communities. Most importantly, we must honor our commitments to ensure diverse resident voices are a top priority in the County's response and recovery plans as well as in contracting, training, and hiring activities.

VIII. Relationship to Surrounding Counties

All surrounding Counties have already been granted a variance. The Southern California Health Officers meet weekly to get updates and to discuss and address issues. DHS staff serve as representatives in the Emergency Medical Services Administrators Association of California (EMSAAC), Emergency Medical Directors Association of California (EMDAC), and Medical/Health Operational Area Coordinators (MHOAC) meetings which continue during this time.