



County of Orange

County Executive Office

August 1, 2021

Honorable Erick L. Larsh
Presiding Judge of the Superior Court of California
700 Civic Center Drive West
Santa Ana, CA 92701

Subject: Response to Grand Jury Report, "Orange County Pandemic Preparedness"

Dear Judge Larsh:

Per your request, and in accordance with Penal Code 933, please find the County of Orange response to the subject report as approved by the Board of Supervisors. The respondents are the Orange County Board of Supervisors and the County Executive Office.

If you have any questions, please contact Elizabeth Guillen-Merchant of the County Executive Office at 714-834-6836.

Sincerely,

Frank Kim
County Executive Officer

Enclosures

cc: Orange County Grand Jury
Lilly Simmering, Deputy County Executive Officer
Elizabeth Guillen-Merchant, Director, Performance Management and Policy



**Responses to Findings and Recommendations
2020-21 Grand Jury Report:**

“Orange County Pandemic Preparedness”

SUMMARY RESPONSE STATEMENT:

On May 12, 2021, the Grand Jury released a report entitled, “Orange County’s Pandemic Preparedness.” This report directed responses to findings and recommendations to the Orange County Board of Supervisors. The responses are below:

FINDINGS AND RESPONSES:

F1. State, national, and international guidelines are not adequately addressed in the County’s Pandemic Influenza Preparedness Plan (see Appendix 1).

Response: Agrees with the finding.

F2. Orange County Emergency Operations Plan’s (EOP) classification of a pandemic as being “Unlikely” has caused the Orange County Health Care Agency (OCHCA) to be underprepared for the current pandemic.

Response: Disagrees wholly with the finding. The Emergency Operations Plan (EOP) is a planning and response tool, not a resource prioritization tool so no causal relationship can be asserted. As further described in the response to Recommendation R2, the County was prepared with a hazard-specific plan to address the pandemic: The Disease Outbreak Response Annex.

While every incident reveals areas for improvement in emergency response and recovery, it is overly broad and inaccurate to assert that the County was underprepared. The County encountered many of the same logistical issues faced worldwide; however, these impacts were mitigated by the investments made by the County in years prior. In addition to the planning documents, OCHCA had operationalized planning elements over the past decade including the development of the Points of Dispensing Field Operations Guide, pre-positioning pandemic related equipment at multiple locations, and exercising the equipment at 22 of those locations.

OCHCA endeavored to prepare the County for pandemic by allocating decreasing federal and state resources to support the critical needs in responding to a pandemic. This included long-term investments in maintaining an Agency Operations Center, managing a distribution warehouse, rotating stockpiles of varying medical equipment and supplies, conducting multi-agency and multi-jurisdictional exercises and collaborating with private sector and non-profit resources.

F3. The OCHCA has not effectively used its resources to close the gaps in a) Pandemic Influenza Planning Program Work Plan and b) Public Health Emergency Preparedness Work Plan and c) Hospital Preparedness Work Plan.

Response: Disagrees wholly with the finding. The work plans provided to the Grand Jury only listed the capabilities, objectives and activities and did not include their status (complete or in progress). As a result, the document indicated that the activities were “overdue” when in fact they were not. All of the capabilities and functions outlined in the CDC Local Agency Pandemic Planning Guidelines (Appendix 1 of Grand Jury Report) are acknowledged within the work plans. Of the twenty-two (22) functions noted with a “known gap in planning”, nine were completed, eight were in an out-year, one was in progress and on schedule and four were in progress off schedule due to current COVID-19 event.

F4. The OCHCA's budget was not allocated relative to the likelihood of pandemic planning and preparation.

Response: Disagrees wholly with the finding. For all fiscal periods included in the report, OCHCA budgeted all available funds for health disaster planning and preparation. County budget allocations for pandemic planning and preparation are based on funding from federal, state and local allocations available for this purpose.

OCHCA notes that the fiscal resource used by the Grand Jury for this report was not the County budget. County of Orange State of California Comprehensive Annual Financial Reports (CAFR) are not reflective of OCHCA budgeted allocations for County health disaster planning and preparation efforts.

F5. The OCHCA has not established comprehensive community-based task forces that facilitate and support health care institutions in Orange County.

Response: Disagrees wholly with the finding. Orange County’s Healthier Together is a community-wide initiative that aligns public and private resources within the public health system to improve health for all communities in Orange County. This initiative, established in 2012, is led by the Health Improvement Partnership (HIP). The HIP is composed of representatives from 35 partner organizations including health care providers, health systems, hospitals, academic institutions, collaborative, community-based organizations and other government agencies. The HIP is responsible for conducting a Community Health Assessment and Community Health Improvement Plan. This comprehensive community-based partnership and its various committees has significantly contributed to OCHCA’s community engagement and support to implement

initiatives and activities to improve and maintain the health of individuals who live, work, and play in Orange County.

Further, the Emergency Medical Services Division of the OCHCA currently facilitates the Health Care Coalition of Orange County (HCCOC). The primary objective of this coalition is to aid healthcare providers in preparing for and responding to a disaster in a timely, comprehensive and coordinated manner. This is accomplished through the participation of public and private response partners to promote integration, share best practices and coordinate resource support. Executive committee membership represents a broad base of health care providers: Hospitals, Skilled Nursing Facilities, Emergency Medical Services, Emergency Management, Public Health, Behavioral Health, Long Term Care/Skilled Nursing, Home Health/Hospice, Outpatient Dialysis and Clinics.

F6. The OCHCA does not have the capability to provide translations in all “Threshold” languages within Orange County in a timely manner.

Response: Disagrees partially with the finding. While translation of the OCHCA messaging into threshold languages has not been an immediate process, OCHCA’s Communications team, in partnership with Public Health Services, has created a variety of COVID-19 messages tailored to the Orange County community regarding prevention, treatment, testing and vaccination and sought additional contract providers as well as tapped internal-departmental staffing resources to increase the speed with which these materials are translated and shared. COVID-19 tactics have included, but are not limited to infographics, flyers, social media graphics, videos, website content, paid campaign media buys, and health provider updates. Initially, all collaterals were developed in English and translated into Spanish, Vietnamese, Korean, Simplified Chinese and Traditional Chinese (Public Health Services’ threshold languages).

F7. The OCHCA has underestimated the media requirements necessary to effectively communicate during a pandemic

Response: Disagrees partially with the finding. The OCHCA Public Information Office coordinated the Agency’s response to approximately 291 individual media inquiries in 2020 and 156 as of May 17, 2021 related to COVID-19 — which has included one-on-one interviews, written responses shared via email and telephone interviews. The Orange County Sheriff’s Department’s Emergency Operations Center’s (EOC) lead Public Information Manager for the COVID-19 incident made the determination that County press conferences, with the exception of offsite events, would be held in a centrally-located room in the Hall of Administration to accommodate leadership from a variety of offices and departments. Over the course of 2020, the room was upgraded.

Since early March 2020 through May of 2021, the County of Orange has held 49 press conferences and media call-ins to answer questions from members of the media related to COVID-19. These press conferences were streamed to the County’s Facebook account (www.facebook.com/ocgov) and a media camera pool was invited to every meeting so the information could be carried on local news stations.

F8. The OCHCA has not implemented or maintained appropriate community resources and back-up communication systems/channels to allow for an expedited transmission and receipt of information. This limits the ability to communicate and respond to local questions from the public and professional groups.

Response: Disagrees wholly with the finding. The OCHCA and County Executive Office (CEO) have utilized the EOC as a distribution mechanism to share press releases and relevant collateral materials to the operational area throughout the duration of pandemic for a broader reach. Additionally, the OCHCA established an Incident Management Team (IMT) in partnership with the Orange County Fire Authority at the start of 2021, during which time the IMT PIO group has created and distributed messaging related to vaccinations and the Othena platform to a wide distribution list to ensure consistency and accuracy of crucial updates. They have also, in partnership with Public Health Services, provided customer service training and consistently updated phone scripts to OC COVID-19 Hotline staff who field questions from the community seven days a week from 8 a.m. - 5 p.m. in a variety of languages.

The EOC updates cities, school districts and special districts via weekly phone calls to discuss related matters on the County's COVID-19 response. These calls routinely make available the County Executive Officer, County Health Officer, and EOC Public Information Manager to provide updates and answer questions. In addition, the EOC PIO activated AlertOC to persons who signed up for text alerts related to COVID-19 to distribute important updates and closures in coordination with the EOC and OCHCA.

F9. The OCHCA has not effectively addressed the pandemic related needs of the residents of Orange County with limited English language proficiency in accordance with the pandemic preparedness plan.

Response: Disagrees partially with the finding. In an effort to directly reach our Spanish-speaking communities, CEO hired a veteran journalist in January of 2021 to assist with same-day Spanish language translations, on-camera interviews in Spanish and to produce weekly COVID-19 updates in Spanish for social media. Additionally, work is underway within the CEO Communications office to develop a new full-time Language Access Coordinator position to ensure agency/department compliance with Orange County Board of Supervisors Language Access Policy, which was passed by the Board in December 2020. Please see responses to F. 6 and F. 8 for additional, responsive information.

RECOMMENDATIONS AND RESPONSES:

R1. EMC and OCHCA to update the EOP and DORA Pandemic Influenza Plans respectively, to match international, state and CDC plans within one year from the date of this report. (F1)

Response: The recommendation has not yet been implemented but will be implemented in the future. On May 12, 2021, the Emergency Management Council directed the Emergency Management Division (EMD) and OCHCA to begin the process of updating the Disease Outbreak

Response Annex (DORA). Within 12 months, the EMD and the OCHCA will reconvene the DORA working group to update this Annex. Of particular note, the COVID-19 pandemic may result in significant changes to existing legislation and regulatory guidance. While every effort will be made to meet the goal of revising the annex within one year of the Grand Jury Report, this may be delayed as the County, State, and nation incorporate lessons learned from the COVID-9 pandemic response. See R2 response regarding updating of the EOP.

R2. EMC to review the Orange County EOP Classification of a pandemic within one year from the date of this report to appropriately prioritize resources and to be prepared for future pandemics. (F2)

Response: The recommendation has not yet been implemented but will be implemented in the future. It should be clarified that in the EOP, the current characterization of pandemic Probability is “Unlikely” correlated with an Impact rating of “High” to capture the significance that a global pandemic potentially has to Orange County. As described in the Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101 version 2:

“Using a risk analysis, the planning team must compare and prioritize risks to determine which hazard threats merit special attention in planning.” (https://www.fema.gov/sites/default/files/2020-05/CPG_101_V2_30NOV2010_FINAL_508.pdf (accessed May 20, 2021))

This ‘special attention in planning’ correlates to hazard specific annexes to the EOP. DORA - a specific hazard annex - was created and is revised on a periodic basis. This special merit is demonstrated for the other hazards cited by the Grand Jury as being similarly ranked: San Onofre Nuclear Disaster, Flood/Reservoir/Dam emergency, and Terrorism. An Act of War is the sole hazard cited for which a supplemental Annex is not written.

The Emergency Management Council (EMC) reviewed and approved a revised Unified County of Orange and Orange County Operational Area Emergency Operations Plan on May 12, 2021. The EMC directed the Emergency Management Division to review the rating of the pandemic hazard and return with any recommendations for additional changes to the pandemic rating within 12 months. The EOP is currently under review by the California Office of Emergency Services and, upon their approval, will be agendized for the Orange County Board of Supervisors’ adoption. When the EOP is presented to the Board of Supervisors for adoption, information will be provided to the Board regarding the rating status of the pandemic.

R3. OCHCA to apply staff and effectively utilize the allocated budget to enable the County to close known gaps in a) Pandemic Influenza Planning Program Work Plan and b) Public Health Emergency Preparedness Work Plan and c) Hospital Preparedness Work Plan within one year from the date of this report. (F3, F4)

Response: The recommendation has been implemented. The ability to effectively utilize grant allocations is accomplished through awareness of activities and intra-agency participation. Personnel vacancies of those primarily responsible for work plan deliverables have been filled. Plan updates,

training and exercise planning will resume mid-2021 and a statewide exercise is tentatively planned for late Fall 2021.

R4. OCHCA to establish a pandemic preparedness coordinating committee that represents all relevant stakeholders in Orange County (including governmental, public health, emergency response, education, business, communication, community-based and faith-based sectors as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of Orange County's operational pandemic plan within 90 days from the date of this report. (F5, F9)

Response: This recommendation will not be implemented because it was already in progress prior and during the pandemic. As explained in F5 response, the Health Improvement Partnership (HIP) and Health Care Coalition of Orange County (HCCOC) exist. Furthermore, a 40-member COVID-19 Vaccine Taskforce was established in 2020. The Taskforce is comprised of health care workers, essential workers, Community Based Organizations serving ethnic communities and older adults, and organizations such as hospitals, clinics, educational institutions and business, as well as experts in ethics, faith-based issues, veterans' issues and various medical specialties. This taskforce can expand its scope to develop strategic priorities to address pandemic operations. The continued work of the HIP can contribute to strategic planning efforts by analyzing lessons learned in the COVID-19 response to prioritize pandemic preparedness.

R5. OCHCA to pre-stage, translate, and exercise County's health media components (website and other social media) for easy activation within one year from the date of this report. (F6, F8)

Response: The recommendation will not be implemented because it is not reasonable. This pandemic was, as most likely will be the case with potential future pandemic(s), unique in the tailored messaging needs that warranted custom creation in response to continuously changing health/social/political/economic impacts.

R6. OCHCA to establish a process to ensure all communication plan elements include diverse language groups and website and media components are updated and current within one year from the date of this report. (F6, F7, F8, F9).

Response: This recommendation has been implemented. There is an existing process that is required under Orange County Board of Supervisors Language Access Policy.