CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES

COVID-19 After Action Report

August 2025

Gavin Newsom
Governor

Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES

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EXECUTIVE SUMMARY

The COVID-19 pandemic was a catastrophic event that claimed the lives of millions and fundamentally altered daily life worldwide. California stood at the forefront, confronting some of the first COVID-19 cases in the United States. As the novel virus spread, hospitalizations strained the healthcare system and the evolving symptoms fueled fear and uncertainty. Daily activities became unsafe and resulting shutdowns disrupted communities. Healthcare professionals, responders, and other essential workers put themselves at risk to maintain care and critical services. The pandemic's medical, social, and economic impacts disproportionately affected older adults, individuals with access and functional needs (AFN), and people from historically excluded groups. By February 2023, COVID-19 had resulted in 11,105,535 confirmed cases in California and tragically claimed the lives of over 100,000.[1]

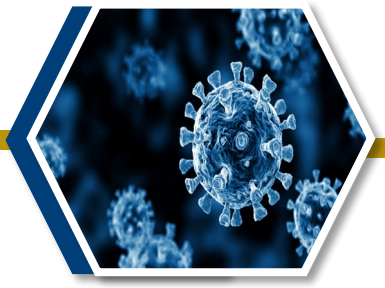
The state launched the largest and longest emergency response in its history to combat the crisis. The California Governor's Office of Emergency Services (Cal OES) conducted this After Action Report (AAR) to pinpoint strengths, areas for improvement, and recommendations for future disasters. The AAR offers a broad view of the state's response, complementing the detailed medical and health findings in AARs from the California Department of Public Health (CDPH) and Emergency Medical Services Authority (EMSA). The AAR team engaged with over 350 state and local response officials through surveys, interviews, and focus groups. This report reflects the state's commitment to continuous improvement, enhancing its capacity to protect Californians during future crises. The findings might also provide valuable insight for other states and jurisdictions preparing for future disasters.

The AAR outlines critical findings concerning the state's response structure and coordination, guidance and policies, communications, medical and health services, logistics, social services and economic relief, correctional facilities, and education. Consistent themes emerged across these critical areas:

- California's "unity of effort" approach unified state-level decision-making and response structures.
- Early and decisive statewide action propelled protective measures and logistics.

[1]CDPH. "COVID-19 Updates for February 23," February 23, 2023. Accessed December 5, 2024. https://www.cdph.ca.gov/Programs/OPA/Pages/NR23-012.aspx.

- Insights and data from scientific experts steered the state's approach throughout the response, enabling more nuanced and targeted actions over time.
- California's disaster response experience enabled leaders to quickly solve complex problems and mobilize resources.
- Collaboration among California's state agencies, local governments, non-governmental organizations (NGOs), and private sector partners launched innovative solutions.
- The statewide impacts necessitated a top-down decision-making approach that diverged from typical responses and complicated coordination with local agencies; the lessons learned can guide future responses to catastrophic incidents.
- The variable impacts of pandemics require a continual focus on equity in future planning, mitigation, response, and recovery efforts.



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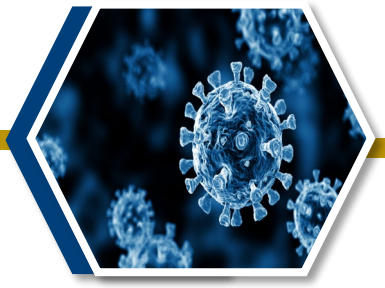

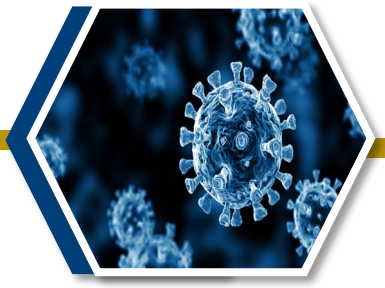

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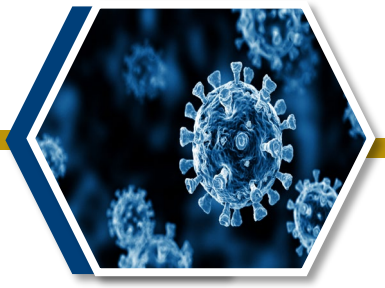


INTRODUCTION

The COVID-19 pandemic required an unprecedented state response. Drawing on its experience from past disasters, the state adapted to a rapidly spreading statewide threat. Scientists continually advanced their understanding of the virus, adapting to its mutations and evolving characteristics. The state upheld a commitment to inclusive, evidence-based decision-making guided by available data. This AAR critically examines the state's response, providing actionable insights to strengthen future operations.

The report encompasses strengths, areas for improvement, and actionable recommendations across the following areas:

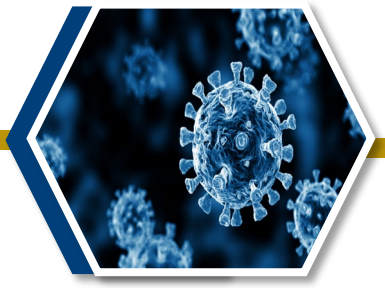
- Response Structure and Coordination
- State Guidance and Policies
- Communications
- Medical and Health Services
- Logistics
- Social Services and Economic Relief
- Correctional Facilities
- Education

UNITY OF EFFORT

The State of California recognizes the unwavering resilience of our communities throughout the COVID-19 pandemic. This disaster profoundly affected the lives and livelihoods of Californians. Concurrent emergencies, including wildfires, extreme heat, floods, and civil unrest, intensified these challenges, necessitating personal and community sacrifices to curb the disease's spread. Californians leveraged their diversity to strengthen communities, inspire innovation, and set national and global standards.

The state also commends all state personnel for their relentless and continuing commitment to the response. State personnel served the public while balancing the pandemic's impacts on their own lives, such as caring for children at home from school, working long hours, protecting their families' health, and mourning the loss of loved ones.

The COVID-19 response required profound commitment from the whole community to unite as one team. Individuals from all sectors came together to support the community, including emergency management and public health workers, healthcare



organizations, local and tribal partners, social service agencies, faith-based groups, businesses, schools, academic institutions, and volunteers. Amidst uncertainty, challenges, and long hours, the dedication of all involved in California's unified response remains immeasurable. Each partner has played a crucial role in protecting all Californians, meeting the needs of those at increased risk, and collaborating with the state to mitigate the spread of COVID-19.

METHODOLOGY

The AAR team conducted a comprehensive data collection process to capture insights from emergency response partners. The state contracted Constant Associates to lead the development and writing of this report. The team engaged key individuals and groups through an online survey, 83 interviews, and 19 group hotwashes. They reviewed over 450 relevant documents, including state plans, COVID-19 data collected during the response, Standard Operating Procedures, Incident Action Plans, situation reports, and open-source data.

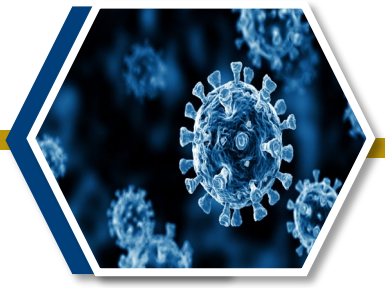
Response partners across California participated in data collection efforts, representing state agencies, county and local governments, tribal entities, educational institutions, and the private sector. A total of 142 stakeholders responded to the survey, 225 individuals participated in hotwash events, and vital personnel from 30 agencies and partner organizations contributed through individual and small group interviews.

Participating groups included:

- The Office of the Governor
- California Business, Consumer Services, and Housing Agency (BCSH)
- California Department of Alcoholic Beverage Control (ABC)
- California Department of Corrections and Rehabilitation (CDCR)
- California Department of Education (CDE)
- California Department of General Services (DGS)
- California Department of Industrial Relations (DIR)
- California Department of Public Health (CDPH)
- California Department of Social Services (CDSS)
- California Department of State Hospitals (DSH)
- California Emergency Medical Services Authority (EMSA)
- California Government Operations Agency (GovOps)
- California Governor's Office of Emergency Services (Cal OES)
- California Health and Human Services Agency (CalHHS)
- California Military Department
- University of California Office of the President

- Local government officials
- School districts across the state

To strengthen the report's inclusivity of all relevant perspectives from response partners, several individuals who held multiple roles participated in multiple hotwashes and interviews.



INCIDENT OVERVIEW

OVERVIEW OF THE COVID-19 PANDEMIC

In December 2019, health officials in Wuhan, a metropolitan city in China's Hubei Province, identified patients with pneumonia of unknown cause. Symptoms included fever, dry cough, and respiratory issues. As cases clustered, the World Health Organization (WHO) investigated and confirmed the existence of a novel coronavirus named SARS-CoV-2, now known as COVID-19. China implemented public health measures to contain the virus, but community spread emerged in neighboring countries. On January 30, 2020, WHO declared a Public Health Emergency of International Concern, and by March 11, it declared COVID-19 a global pandemic with sustained human-to-human transmission in 114 countries. Over three years, there were more than 756 million confirmed cases of COVID-19 worldwide, with the highest incidence in the United States, China, and India.[2]

COVID-19 presented global challenges and disrupted daily life worldwide. The novel virus's rapid spread made it difficult to provide definitive guidance. Public health recommendations, such as mask-wearing, physical distancing, and isolation, evolved as more data became available. The virus's ability to spread asymptomatically or pre-symptomatically contributed to high transmission rates. Early in the pandemic, an absence of widespread testing capabilities in the United States further enabled the virus's spread. Public health systems, initially ill-equipped to manage a sustained response, adopted multidisciplinary approaches to address these challenges over time.

Lockdowns and restrictions disrupted business operations, leading to surging unemployment rates and financial instability for individuals in many industries. Governments implemented stimulus packages and economic relief measures, but the scale of the crisis strained economies. Supply chains experienced widespread disruptions, causing shortages of essential goods. The tourism and hospitality industries faced unprecedented declines due to travel restrictions and safety concerns. Education systems also experienced significant challenges, including widespread school closures and a rapid shift to remote learning. The pandemic revealed and intensified existing socio-economic inequalities, disproportionately affecting communities already facing systemic barriers. While some industries adapted to remote work and digital transformations, others struggled to recover. The pandemic's socio-

[2] WHO. "Timeline of WHO's Response to COVID-19." January 29, 2021. Accessed December 9, 2024. https://www.who.int/news-room/detail/29-06-2020-covidtimeline.

economic impacts shaped global dynamics throughout the duration of the crisis and for years afterward.

CHALLENGES IN THE UNITED STATES

The COVID-19 pandemic significantly impacted the United States, beginning with the first laboratory-confirmed case in Washington State on January 20, 2020. This event prompted the activation of the Centers for Disease Control and Prevention's (CDC) Emergency Operations Center (EOC). Federal agencies, including the U.S. Department of Health and Human Services (USDHHS) and the U.S. Department of Homeland Security (USDHS), launched response efforts but struggled to quickly address the emergency. Soon, the pandemic overwhelmed healthcare systems, causing widespread illness and death while disrupting the economy, leading to millions of job losses and business closures. Social and political tensions over policies such as mask mandates and gathering restrictions further complicated response efforts.

Healthcare systems experienced severe strain due to global shortages of personal protective equipment (PPE), ventilators, and cleaning supplies. By April 2020, 90% of PPE supplies in the Strategic National Stockpile (SNS) were depleted, and ventilator shortages in hard-hit areas like California underscored the challenge of acquiring critical resources.[3] Early efforts to expand COVID-19 testing encountered significant obstacles, including supply chain limitations, insufficient infrastructure, and evolving U.S. Food and Drug Administration (FDA) approval thresholds. These obstacles delayed widespread testing, hindered case identification, and weakened public confidence. As testing capacity improved by mid-2020, it became a cornerstone of public health strategies, providing essential data to guide mitigation measures.

The rollout of COVID-19 vaccines in early 2021 marked a turning point in the response, though equitable distribution and vaccine hesitancy remained significant challenges. By February 2023, 81% of Americans had received at least one vaccine dose.[4] The U.S. had recorded over 102 million confirmed cases and more than one million deaths, and administered more than 670 million vaccine doses.[5] Public health strategies, including vaccination, expanded testing, physical distancing, mask-wearing, enhanced ventilation, and hygiene practices, continued to mitigate the spread of COVID-19 and protect public health.

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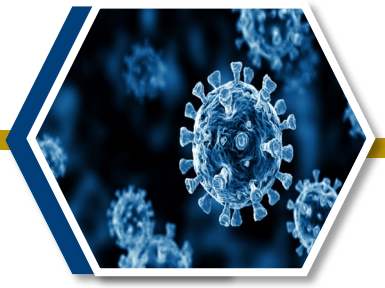
[3] USDHHS, OIG. "The Strategic National Stockpile was not Positioned to Respond Effectively to the COVID-19 Pandemic." October 2023. Accessed December 9, 2024. https://oig.hhs.gov/oas/reports/region4/42002028.pdf.

[4] CDC. "COVID Data Tracker." February 16, 2023. Accessed December 9, 2024. https://covid.cdc.gov/covid-data-tracker/#cases_totaldeaths.

[5] CDC. "COVID Data Tracker." February 16, 2023. Accessed December 9, 2024. https://covid.cdc.gov/covid-data-tracker/#cases_totaldeaths.



COVID-19 IN THE STATE OF CALIFORNIA

California was one of the first states to identify COVID-19 cases. Orange County confirmed the first case on January 26, 2020, followed by Los Angeles County the next day. Santa Clara County declared California's first local health emergency on February 3, 2020. On March 4, 2020, the Governor's Office declared a State of Emergency and elevated the State Operations Center (SOC) to its highest level of activation, granting broader authority to address the crisis.[6]

State agencies collaborated to implement and communicate life-saving measures, emphasizing unified messaging on protective actions. California rapidly increased COVID-19 testing, becoming a national leader in testing capacity.[7] Guided by science and data-driven decisions, the state provided consistent and clear information delivery to the public. State health officials promoted mask-wearing, social distancing, and hygiene, which were crucial in guiding Californians through pandemic challenges.

In December 2020, California received its first COVID-19 vaccine shipments. State and local agencies collaborated to establish vaccination sites, including the nation's first state-operated mass vaccination sites. On June 15, 2021, the state lifted distancing and capacity restrictions.[8] By the end of June, large-scale vaccination sites closed, shifting efforts toward targeted outreach for underserved communities.

Over the next two years, the state responded to variant surges by adjusting guidance to protect the population. By August 2021, California had vaccinated 80% of its population. On February 28, 2023, the Governor's Office officially ended the State of Emergency, concluding pandemic-related programs, regulations, and mandates.[9]

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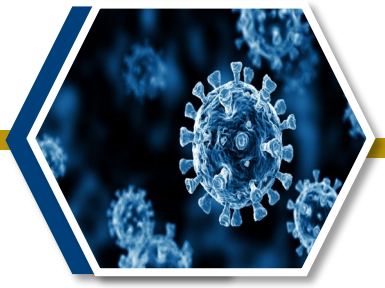
[6] UCG Briefing Report. March 1, 2020.

[7] Office of the Governor. "Governor Newsom Announces New $2.7 Billion COVID-19 Emergency Response Package." January 8, 2022. Accessed December 9, 2024. https://www.gov.ca.gov/2022/01/08/governor-newsom-announces-new-2-7-billion-covid-19-emergency-response-package/.

[8] Office of the Governor. "Governor Newsom Announces Plans to Lift Pandemic Executive Orders as California Fully Reopens." June 11, 2021. Accessed December 9, 2024. https://www.gov.ca.gov/2021/06/11/as-california-fully-reopens-governor-newsom-announces-plans-to-lift-pandemic-executive-orders/.

[9] Office of the Governor. "Governor Newsome Marks End of California's COVID-19 State of Emergency." February 28, 2023. Accessed December 9, 2024. https://www.gov.ca.gov/2023/02/28/governor-newsom-marks-end-of-californias-covid-19-state-of-emergency/.



Impacts

As of February 2023, California had confirmed 11,105,535 COVID-19 cases and lost over 100,000 lives to the disease.[10] Communities already facing systemic inequities experienced heightened impacts, including an 11% higher death rate among Latinos, an 83% higher rate among Pacific Islanders, and a 20% higher rate among Black Californians. Those earning below $40,000 faced a 15% higher likelihood of infection.[11] Individuals with pre-existing health conditions, negative social determinants of health such as food insecurity, housing instability, or lack of health insurance, and limited access to paid leave or worker protections faced disproportionate impacts from COVID-19.[12]

The state experienced significant economic impacts due to COVID-19. Over 2.5 million Californians lost their jobs during the pandemic. Many local and small businesses experienced financial hardships, especially within the service and hospitality industries. By mid-2020, over 61,000 businesses closed.[13] Federal and state funding provided crucial support, alleviating some of the worst economic impacts. Despite the job market recovery, small businesses and workers faced lingering consequences.

The pandemic caused widespread and long-lasting societal impacts. The loss of loved ones forever changed families, and children faced significant learning loss, particularly in economically disadvantaged communities. Permanent business closures forced transitions in jobs and careers. Mental health effects gradually emerged among healthcare workers, first responders, and the broader community. Californians continued to navigate the pandemic's implications, underscoring its lasting societal impacts.

The pandemic response required collaborative approaches and the formation of many new and improved partnerships that could be leveraged for future emergencies. The state reviewed, maintained, and strengthened processes and plans while investing in new capabilities with jurisdictional partners.

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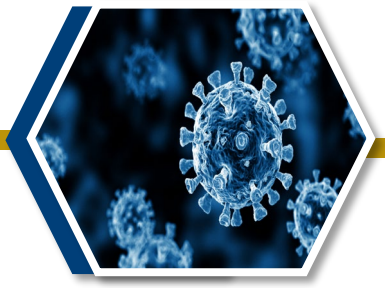
[10] CDPH. "COVID-19 Updates for February 23," February 23, 2023. Accessed December 5, 2024. https://www.cdph.ca.gov/Programs/OPA/Pages/NR23-012.aspx.

[11] State of California. "California for All, California's Commitment to Health Equity." November 10, 2022. Accessed July 2023. https://covid19.ca.gov/equity/#community-impact.

[12] State of California. "California for All, California's Commitment to Health Equity." November 10, 2022. Accessed July 2023. https://covid19.ca.gov/equity/#community-impact.

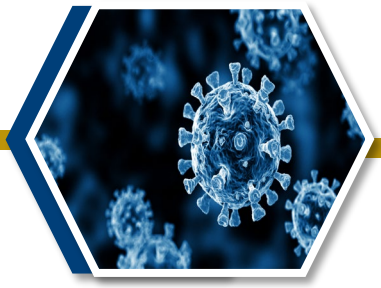
[13] Bohn, Sarah. "How Did California's Economy Recover from COVID – What Comes Next?" March 9, 2022. Accessed December 9, 2024. https://www.ppic.org/blog/how-did-californias-economy-recover-from-covid-and-what-comes-next/.



We **protect** lives and property, **build** capabilities, and **support** our communities for a resilient California.

The state embodied Cal OES's mission, "We protect lives and property, build capabilities, and support our communities for a resilient California," by continuing to serve its residents through ongoing response efforts.[14] It collaborated with local, state, tribal, and federal partners to address evolving challenges. The state's dynamic and flexible response stood out as a model for interdisciplinary collaboration, demonstrating the importance of adaptability and partnership in crisis management.

[14] State of California Green Buildings. "California Office of Emergency Services, Building and Infrastructure Resilience." N.d. Accessed December 9, 2024. https://www.green.ca.gov/buildings/department/CAL%20OES.



TIMELINE

JANUARY 2020

28 The State Operations Center activated at Level 3 to coordinate California's response.

29 Repatriation flights carrying U.S. citizens from affected areas arrived in California.

31 The U.S. Department of Health and Human Services declared a Public Health Emergency.

APRIL 2020

1 The governor announced the closure of public schools for the remainder of the school year.

3 The state launched *Project Roomkey* to provide safe isolation for individuals experiencing homelessness.

4 The state introduced the COVID-19 supplies website to streamline access to critical resources.

12 California, Oregon, and Washington announced the Western States Pact to coordinate reopening and COVID-19 control. Colorado and Nevada later joined.

24 The Governor's Office announced the *Great Plates Delivered* Program.

MARCH 2020

4 The Governor's Office declared a State of Emergency.

9 The Grand Princess cruise ship docked at the Port of Oakland to disembark passengers.

12 California activated its first Alternate Care Site in San Carlos to address healthcare surge capacity.

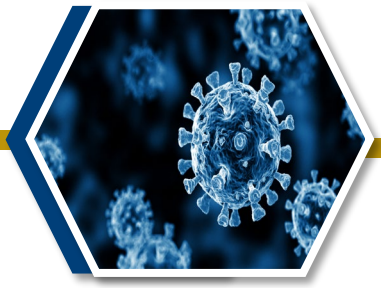
13 The Trump Administration declared a nationwide emergency.

19 The Governor's Office issued a statewide Stay at Home Order to reduce transmission.

22 The governor requested and received approval for a Presidential Major Disaster Declaration.

MAY 2020

22 The state launched the *California Connected* contact tracing program and public awareness campaign to reduce transmission.



JULY 2020

16 The Governor's Office announced *Project Homekey*, the next phase of *Project Roomkey,* to protect Californians experiencing homelessness.

OCTOBER 2020

19 The Governor's Office convened the Western States Scientific Safety Review Workgroup to independently review the safety and efficacy of COVID-19 vaccines approved by the FDA.

DECEMBER 2020

14 The Governor's Office launched the *Vaccinate All 58* campaign for equitable vaccine distribution as the first vaccines arrived. Concurrently, the Western States Scientific Safety Review Workgroup recommended the Pfizer-BioNTech vaccine for public use.

30 The Governor's Office unveiled California's *Safe Schools for All Plan*, aiming to facilitate the safe return to in-person instruction.

FEBRUARY 2021

16 The state opened mass vaccination sites at the Oakland Coliseum and California State University, Los Angeles.

AUGUST 2020

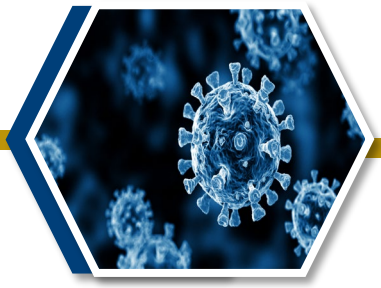
30 The Governor's Office implemented the *Blueprint for a Safer Economy* to reduce COVID-19 statewide, setting criteria for adjusting activity restrictions.

NOVEMBER 2020

30 The Governor's Office announced immediate assistance for businesses impacted by COVID-19, including temporary tax relief and $500 million in grants.

JANUARY 2021

25 The state launched *My Turn*, an online platform enabling residents to check vaccine eligibility and schedule appointments.



APRIL 2021

1 The state received the Johnson & Johnson COVID-19 vaccine as it expanded vaccine eligibility to individuals aged 50 and over.

15 The state expanded COVID-19 vaccine eligibility to all individuals aged 16 and older.

16 The Governor signed legislation to support workers displaced by the pandemic.

26 The state sent COVID-19 supplies to India to assist in combating severe outbreaks.

JUNE 2021

15 The Governor's Office lifted the Stay at Home Order and retired the county tier system, fully reopening California's economy.

22 The state sent additional COVID-19 Supplies to South Asian Countries.

OCTOBER 2021

1 California became the first state to announce plans to add the COVID-19 vaccine to the list of required vaccinations for in-person school attendance.

8 The Governor signed a COVID-19 recovery package under the *California Comeback Plan* to provide targeted support for small businesses.

MARCH 2021

15 The state introduced the *COVID-19 Rent Relief Program* to support income-eligible renters and landlords affected by the pandemic.

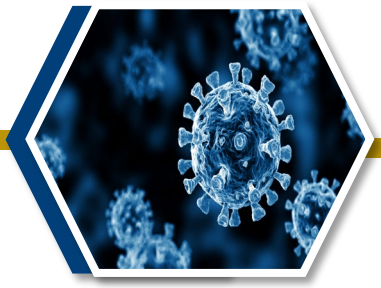
MAY 2021

9 The state expanded COVID-19 vaccine eligibility to individuals aged 12 to 15.

14 The Governor's Office unveiled the $100 billion California *Comeback Plan,* the largest economic recovery package in the state's history, aimed at addressing key challenges and providing immediate relief.

JULY 2021

9 The Great Plates Delivered program ended.



JANUARY 2022

7 The governor activated the California National Guard to expand COVID-19 testing statewide.

8 The Governor's Office announced a $2.7 billion package to enhance testing, vaccinations, and support for schools and workers.

MARCH 2022

21 Cal OES provided 200,000 COVID-19 testing kits to support high-risk communities.

26 The state delivered 14.3 million COVID-19 tests to schools for students and staff returning from spring break.

DECEMBER 2022

22 The state expanded access to at-home COVID-19 test kits for K-12 public school students returning from winter break.

OCTOBER 2021

29 The FDA expanded COVID-19 vaccine eligibility to all individuals aged 5-11

FEBRUARY 2022

17 The Governor's Office introduced the SMARTER Plan, outlining California's strategy for managing COVID-19 with an emphasis on equity, preparedness, and flexibility.

AUGUST 2022

25 The state distributed 13.5 million COVID-19 test kits and pieces of personal protective equipment to schools.

FEBRUARY 2023

28 The Governor's Office terminated California's COVID-19 State of Emergency, concluding the statewide emergency response.

CHAPTER 1: RESPONSE STRUCTURE AND COORDINATION

CHAPTER INTRODUCTION

California recognized early that COVID-19 would have statewide impacts requiring an immediate and unified response. As the virus spread rapidly across borders, local resource needs surpassed the capacity of individual jurisdictions. Competition for scarce resources strained mutual aid systems, while concurrent disasters like wildfires further exacerbated operational and resource challenges. The state enacted executive orders and guidance to ensure consistency across counties, mitigate virus transmission, and prioritize areas with the greatest need.

The state centralized decision-making by operating from the SOC for over two years. Under the governor's authority, the Cal OES Director led the Unified Coordination Group (UCG), which included state secretaries, agency leaders, and key partners from the private sector and community organizations. Co-locating the SOC with the Medical and Health Coordination Center (MHCC) unified emergency management and public health responses, combining Cal OES's coordination authority with public health expertise. Partnerships with private technology companies enabled SOC staff to transition to virtual platforms, facilitating real-time information sharing and collaboration. These tools helped the state track outbreaks, monitor resources, and adjust strategies based on the latest data.

A science-driven approach guided the state's response, using the Standardized Emergency Management System (SEMS) as a structural framework to address evolving challenges and resource needs. Unlike most disasters led by local jurisdictions, this pandemic required a state-led, top-down approach. This centralized decision-making and resource prioritization but presented challenges for local agencies. Regular coordination calls with local agencies and partners helped enhance coordination over time. Lessons learned from the COVID-19 pandemic offer valuable insights for future responses to disasters with statewide impacts.

State Response Structure and Coordination Priorities

State Response Structure

- Co-located all state government operations at the SOC, including the Governor's Office.
- Established the UCG to unify decision-making across state agencies and partners.
- Used Cal OES's expanded authorities under the Emergency Services Act (ESA) to rapidly mobilize resources on an unprecedented scale.
- Integrated the MHCC into the SOC for the first time, improving coordination between emergency management and public health medical response.
- Leveraged SEMS' functionality to adapt response operations for statewide coordination and resource allocation.
- Formed task forces to address and coordinate critical resource needs in specific mission areas.

Statewide Coordination

- Took early action to manage the repatriation of American citizens exposed to the virus abroad.
- Supported CDPH and CalHHS in delivering and coordinating public health efforts.
- Communicated regularly with local governments and state agencies.
- Supported hospital systems and expanded surge capacity.
- Increased testing and contact tracing capabilities.
- Conducted continuity of operations planning at state agencies and departments.
- Enhanced coordination, capacity, and planning to respond to and recover from simultaneous events, including COVID-19, wildfires, Public Safety Power Shutoffs, and other disasters.

FINDINGS

This chapter highlights the state's successes and lessons learned in establishing its response structure and coordinating operations. The State Response Structure section addresses the UCG, integration of state operations at the SOC, and task forces that managed multi-agency priorities. The Statewide Coordination section examines how agencies and partners collaborated within this framework to enable efficient information flow and decision-making.

1.1 State Response Structure

The state unified emergency management and public health operations early in the pandemic to address the complexities of COVID-19. The UCG established a centralized framework for decision-making, policy development, and resource management. The MHCC integrated with the SOC under Emergency Support Function 8 (ESF-8), fostering joint operations and collaboration.

This integration streamlined response efforts by consolidating leadership, aligning strategies, and addressing operational needs. Task forces addressed mission-specific priorities, enhancing the state's capacity to adapt to the pandemic's evolving demands.

1.1.1 Unified Response Operations

Strength

Strength 1: State leadership quickly recognized that COVID-19 posed a statewide threat and mobilized unified response operations.

On January 28, 2020, Cal OES activated the SOC to Level 3 and consolidated state operations. While SEMS typically prioritizes local-level decision-making, state leadership identified the need for immediate statewide action. Cal OES exercised its authority under the ESA to coordinate response operations and initiate emergency procurements. The Governor's Office issued executive orders to implement unified medical countermeasures statewide (refer to Chapter 4 for details on the medical response).

Figure 1. UCG coordinating response efforts. *Source: Cal OES.*

The state established the UCG to streamline decision-making, coordinate agencies, and define the chain of command and executive-level span of control.[15] The UCG is a best practice that began during the Oroville Dam Spillway Incident in 2017. The group included the Governor's Office, Directors of other state agencies, and federal agency officials. Director Ghilarducci chaired the UCG and served as the principal coordinator of the state's response. State Secretaries, Agency Directors, and their designees were assigned to participate in UCG meetings at the SOC, with an option to dial in remotely. This made

[15] Stakeholder Interview

the SOC a central coordinating point for state operations, aligning state agency leaders in developing policy and making strategic decisions.[16] The state conducted unified planning from the SOC, facilitating decision-making and aligning strategies. The state established 19 multi-agency task forces to provide lines of effort supporting the SOC and UCG coordinating efforts statewide.[17]

The SOC integrated relevant agencies and partners to coordinate response operations and unify decision-making. The governor relocated his office to the SOC. The state also integrated the MHCC into the SOC under Emergency Support Function 8 (ESF-8). Key MHCC sections and CDPH leadership physically relocated to the SOC for the first time. The MHCC normally operates from CPHD Headquarters located 12 miles away from the SOC. The strategic decision to integrate emergency management and public health and medical management promoted streamlined operations and efficient response to emergent needs.

To align agency strategies and streamline decision-making, the SOC engaged non-traditional partners, such as the California Department of Human Resources; the California Department of Insurance; the California Franchise Tax Board; ABC; BCSH; CalHHS; the California Department of Rehabilitation; CDPH; and CDSS.[18]

The state enhanced coordination and resource flow by involving all response partners in key steps. One key action involved coordinating calls with regional, local, and tribal government representatives; federal elected officials; AFN community leaders; NGO; Community Based Organizations (CBOs); and other key stakeholders to involve them in planning and policy development.

UCG staff developed tools to inform state leaders on state and federal executive orders, guidance, and response timelines. Those tools included a UCG action tracker spreadsheet, which consisted of a list of websites on state guidance and policies for ease of access during the response, and a daily action plan, later expanded to a briefing report, which provided updates on daily priorities, scheduled meetings, calls, press conferences, and reporting deadlines.[19]

The state held regular meetings with multiple state agencies to ensure cross-disciplinary coordination, provide subject matter expertise, and share critical situational awareness updates. This first-of-its-kind effort brought together state agencies to work

[16] Stakeholder Hotwash
[17] Stakeholder Hotwash
[18] Stakeholder Hotwash
[19] UCG Action Items Tracker Spreadsheet

collaboratively on identifying and prioritizing gaps.[20] Those meetings helped the state to develop appropriate guidance, initiatives, and information for the public, covering topics such as social distancing, testing, vaccination, PPE and masking, and housing and social services programs.[21]

Areas for Improvement and Recommendations

Area for Improvement 1: Integrating Medical and Health Coordination Center staff into the State Operations Center required extensive collaboration and training, which posed a significant learning curve.

The physical and organizational merger of the MHCC into the SOC caused communication gaps and operational delays. Although both operated under the UCG, the SOC and MHCC did not consistently share situational reports, leading to conflicting messages and reinforcing the perception among state staff that the SOC and MHCC functioned as separate response structures.[22]

Disjointed communication affected MHCC staff at the SOC, many of whom lacked emergency experience and training in SEMS or Incident Command System (ICS).[23] MHCC staff required time to adapt to their roles and bridge communication gaps. Similarly, emergency management staff needed to familiarize themselves with the public health system's structure, including local operations and Medical Health resource request processes.[24]

Leadership meetings gradually incorporated medical and health functions into Incident Action Plans and the SOC organizational chart. These meetings facilitated the assignment of MHCC staff to SOC sections, including logistics, operations, and planning. This integration process required time as emergency managers and MHCC staff aligned their systems in this complex environment.[25]

Recommendation: Establish and operationalize the Medical and Health Coordination Center in collaboration with Emergency Support Function-8 stakeholders and provide targeted training for large-scale incidents requiring public health emergency support.

- Develop and implement training modules for MHCC staff on SEMS, ICS, and SOC operations.

[20] Stakeholder Hotwash
[21] Stakeholder Interview
[22] Stakeholder Interview
[23] Stakeholder Interview
[24] Stakeholder Interview
[25] Stakeholder Interview

- Conduct cross-training sessions for public health and emergency management teams to enhance mutual understanding of protocols and response plans.
- Define operational roles, create public health-focused organizational charts, and develop tailored Incident Action Plans for medical and health responses.
- Conduct large-scale public health exercises to strengthen MHCC-SOC integration and foster collaboration with ESF-8 stakeholders.

Area for Improvement 2: Responding to the pandemic required state-level decision-making that balanced local considerations and coordinated with community stakeholders.

The pandemic required a coordinated statewide response from the outset. While SEMS is inherently flexible, this response represented a significant shift from how local agencies historically interacted with the state. Local agency feedback for this AAR highlighted a disconnect regarding SEMS application to statewide incidents. By applying lessons learned from the COVID-19 response, the state can engage local agencies to review SEMS doctrine and align expectations.

Local officials reported that state guidelines often conflicted with their on-the-ground experiences, making it difficult to understand the rationale behind state decisions. Local agencies also struggled to implement state programs as quickly as they were announced. For example, local governments informed Cal OES Coastal Region staff that they felt "left out" of coordination and planning led by the Housing and Social Services Task Force.[26] They perceived state guidance as being "pushed down" to Operational Areas (OAs) without sufficient engagement or incorporation of OA perspectives into decision-making. Local agencies shared similar concerns about the deployment of California National Guard assistance for food banks, the *Great Plates Delivered* program, and the distribution of PPE to businesses.[27] The state improved information flow by conducting regular OA calls and keeping local jurisdictions updated. Local agencies still often needed to adapt to implement the state's guidelines and programs as they were being announced.[28]

[26] Regional Hotwash

[27] Housing and Social Services Task Force. COVID-19 AAR Questionnaire

[28] Stakeholder Interview

Recommendation: Codify lessons learned from the COVID-19 pandemic into emergency planning, Standardized Emergency Management System doctrine, and training to prepare for future statewide responses.

- Engage local governments and community partners in planning statewide responses to better incorporate local perspectives and manage expectations for communication and operations.
- Update SEMS doctrine and training to highlight its adaptability and codify COVID-19 lessons learned for future statewide responses.

1.1.2 Task Forces

Strength

Strength 2: The state established 19 task forces to coordinate complex multi-agency efforts in key areas of the response.

The scale of the COVID-19 response required the UCG and SOC to delegate operations and decision-making. To engage stakeholders, the state established a larger, more formal structure to address priorities typically managed by individual agencies. Some task forces focused on operations, while others developed policy recommendations. By bringing together diverse perspectives, the task forces improved coordination and allowed state leaders to manage and track priorities effectively. The table below details the timeline and mission areas associated with each task force.

Table 1: Task Forces and Missions

Task Force	*Established*	*Mission*
Communications/Crisis Communications	March 2020	Ensured stakeholders received accessible, timely, and accurate information through internal reporting and informed the public via coordinated messaging from the Joint Information Center (JIC)
Corrections Facilities and Hospitals	March 2020	Mitigated and reduced COVID-19 exposures in all the CDCR program areas
Cybersecurity	March 2020	Maintained network reliability and security among state agencies
Economic Impact/Recovery	March 2020	Leveraged federal programs to assist businesses and individuals suffering economic losses
COVID-19 Enforcement	March 2020	Coordinated strategic, targeted enforcement actions and public education opportunities for businesses and entities that were out of compliance with public health orders

Future Opportunities	March 2020	Identified opportunities for longer-term improvements in key areas, including climate change, social policy, housing, and future work opportunities for the residents of California
Housing and Social Services	March 2020	Monitored social service programs, guided local agencies, and addressed resource gaps to support people more vulnerable to infection, complications, or other impacts
Innovation and Technology	March 2020	Configured data, predictive modeling, and website development for state agencies
Logistics and Commodity Movement	March 2020	Secured state property and sourced PPE internationally to support response operations throughout the state
Public Health and Medical	March 2020	Ensured continuity of public health operations throughout the state
Schools	March 2020	Monitored the ever-changing COVID-19 situation and assessed impacts on the statewide education system
Transportation and Critical Infrastructure	March 2020	Monitored the status of the 16 National Critical Infrastructure Sectors and reduced the depth and duration of adverse COVID-19 impacts across the state
Volunteer and Donations	March 2020	Coordinated volunteer and donation management among the private and non-profit sectors
Workforce Development and Surge Capacity	March 2020	Connected residents displaced due to COVID-19 with in-demand jobs in essential services and private sectors to meet increased needs.
Testing	May 2020	Coordinated statewide testing and lab capacity
Central Valley	July 2020	Coordinated with CBOs to mitigate healthcare impacts and prevent the spread of COVID-19 in the Central Valley region, with a primary focus on farm workers and the distribution of communications in languages other than English
Imperial	August 2020	Aligned cross-sector operations among task forces and coordinated with Mexico to support the COVID-19 response in Imperial County

Healthcare Surge	August 2020	Addressed and mitigated the COVID-19 case surge that threatened to overwhelm healthcare facilities throughout the state
Vaccine	September 2020	Coordinated statewide vaccine administration

Areas for Improvement and Recommendations

Area for Improvement 3: The introduction of task forces caused confusion and communication problems within the Incident Command System structure, disrupting roles, information sharing, and situational awareness.

The state's initial implementation of the task forces created confusion about their relationship to the overall ICS structure. At first, staff from the task forces, SOC, and Emergency Support Functions (CA-ESF) were unfamiliar with their roles and responsibilities in a joint task force/SOC environment.[29] Task forces commonly included positions like "Chair" and "Secretary," which ICS does not define.[30]

The direct communication between the task forces and the UCG disrupted situational awareness and information sharing among SOC and field staff. Agency executives were members of the UCG and chaired task forces. They often issued directives to task force staff and reported directly to the UCG, bypassing the Operations Section in the SOC. Consequently, SOC staff struggled to gather real-time situational updates from task forces to address field staff inquiries.

Over time, the task force members and SOC staff developed expertise in their roles and established a clear structure, which contributed to improved coordination.

Recommendation: Standardize Task Force roles within the Incident Command System structure of the State Operations Center.

- Develop job action sheets for task force positions aligning with ICS terminology, guidelines, and organizational charts.
- Provide training modules for pre-established task force representatives, SOC, and UCG staff to support task force integration within the ICS and SEMS framework.
- Establish clear reporting procedures for task forces through the Operations Section within the SOC.
- Activate task forces during regular exercises.

[29] HSD-STAC – CIP, ART, STRAT. COVID-19 AAR Questionnaire Responses
[30] HSD-STAC – CIP, ART, STRAT. COVID-19 AAR Questionnaire Responses

Area for Improvement 4: The limited number of coordinators for the 19 task forces hindered information flow, resulting in overlapping responsibilities.

With just two coordinators overseeing 19 task forces, state agencies and task force coordinators often duplicated efforts. For example, the Schools Task Force and CDE independently developed policies and procedures on school safety.[31] Similarly, inadequate coordination between task force coordinators and the Cal OES Office of Access and Functional Needs (OAFN) staff at times restricted their capacity to integrate AFN considerations into planning, policy, and response efforts.[32]

Recommendation: Expand Task Force Coordinators' resources to establish an appropriate span of control.

- Assess the workload and responsibilities of each task force to allocate the appropriate number of coordinators and manage the span of control.
- Develop job action sheets for task force coordinators aligning with ICS terminology, guidelines, and organizational charts.
- Adopt a plan or procedure to include collaboration mechanisms, such as regular meetings and information-sharing platforms, between task force coordination and relevant state responders, including OAFN.
- Exercise information sharing and coordination plans and procedures for operationalizing future response efforts.

1.2 Statewide Coordination

The state coordinated public health, emergency management, and operational priorities to address evolving pandemic challenges. Early in the response, it co-located the SOC and MHCC to centralize operations and unify systems. Task forces addressed key mission areas, including logistics, public health, and social services. Communication efforts were supported by the Joint Information Center (JIC), which centralized messaging and provided updates to stakeholders and the public. These efforts helped the state align resources and implement strategies to address the pandemic and concurrent disasters.

[31] Live Edit Sessions

[32] Live Edit Sessions

1.2.2 Initial Response Coordination

Strengths

Strength 1: The state coordinated with federal and private sector partners to repatriate, transport, and quarantine over 4,262 U.S. citizens traveling abroad.

On January 25, 2020, the federal government prepared to repatriate 808 U.S. citizens from Hubei Province, China, with 195 going to March Air Reserve Base in Riverside County. Initially, the passengers agreed to a voluntary 72-hour stay in special housing at the military base. On January 31, 2020, the CDC used USDHHS authority to issue 14-day federal quarantine orders for repatriated passengers. The March Air Reserve Base provided secure facilities and infrastructure to isolate and quarantine repatriated individuals. The state coordinated response efforts and allocated agency resources, such as mobilizing existing relationships among local governments, health departments, and emergency services to coordinate civilian ambulance and healthcare support for the base quarantine facilities.[33]

On February 17, 2020, a U.S. government charter plane carrying 437 U.S. passengers from the Diamond Princess cruise ship, which previously docked in Yokohama, Japan, landed at Travis Air Force Base to begin a 14-day quarantine. On March 9, 2020, the state coordinated the release of these passengers using buses to San Francisco International Airport and Sacramento International Airport.[34]

On February 21, the Grand Princess cruise ship set sail for a round trip from San Francisco to Mexico with a planned return on March 7, 2020. However, on March 4, 2020, Placer County public health officials announced the COVID-19-related death of an elderly resident who had tested positive after traveling on the Grand Princess from February 11 to 21.[35] This marked the first COVID-19 death in the state.[36] On March 4, the state facilitated the transport of the CDC response team to the Grand Princess cruise ship to collect specimens from 45 symptomatic passengers and crew members.[37] These

[33] Stakeholder Interview

[34] Travis Air Force Base. "Travis AFB continued support to HHS, Grand Princess Repatriation." March 10, 2020. Accessed December 9, 2024. https://www.travis.af.mil/News/Article/2107527/travis-afb-continued-support-to-hhs-grand-princess-repatriation/.

[35] Placer County. "Placer County announces death of patient with COVID-19." March 4, 2020. Accessed December 9, 2024. https://www.placer.ca.gov/6438/Death-of-patient-with-COVID-19.

[36] Placer County. "Placer County announces death of patient with COVID-19." March 4, 2020. Accessed December 9, 2024. https://www.placer.ca.gov/6438/Death-of-patient-with-COVID-19.

[37] CDC. "Public Health Responses to COVID-19 Outbreaks on Cruise Ships – Worldwide, February-March 2020." March 27, 2020. Accessed December 9, 2024. https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm.

specialists tested individuals before they were allowed onshore.[38] The state, in collaboration with multiple agencies, then safely disembarked and quarantined the passengers and crew of the Grand Princess ship. On March 7, 2020, the Grand Princess was rerouted to dock in Oakland on the following day with 21 confirmed COVID-19 cases among its approximately 3,500 passengers and crew.[39] Upon arrival, passengers and crew were transferred to the Travis Air Force Base for a 14-day quarantine period or isolation. Cal OES Maritime collaborated closely with the Port of Oakland, the U.S. Coast Guard, Princess Cruise Lines, and other partners to deploy existing resources and fill resource gaps by locating local services and supplies.[40,41]

Strength 2: Locations for the isolation and quarantine of repatriated Americans were quickly identified.

The state supported federal partners in establishing sites to receive, screen, and provide care to repatriated Americans returning under quarantine. Within four days of the first case identified in California, state, federal, and local agencies set up the first quarantine site at the March Air Reserve Base in Riverside County.

The state and its federal and local partners quickly pivoted to prepare the base for the passengers' arrival and quarantine. The first return flight's original destination was Ontario International Airport in San Bernardino County. State agencies working on repatriation efforts established medical receiving stations and quarantine accommodations within 48 hours.[42] The state also collaborated with San Bernadino County to activate the *Emergency Repatriation Plan* and establish the California Emergency Repatriation Center Organization. The state conducted just-in-time repatriation training with agencies to prepare for 200 passengers.[43] During the repatriation flight to the airport, the CDC announced it would divert to March Air

[38] CDC. "Public Health Responses to COVID-19 Outbreaks on Cruise Ships – Worldwide, February-March 2020." March 27, 2020. Accessed December 9, 2024. https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm.

[39] Travis Air Force Base. "HHS completes federal quarantine efforts for Grand Princess passengers at Travis AFB." April 1, 2020. Accessed December 9, 2024. https://www.travis.af.mil/News/Article/2134053/hhs-completes-federal-quarantine-efforts-for-grand-princess-passengers-at-travi/.

[40] Cal OES. "Federal and State Partners Protect the Community of Oakland while Supporting the Safe Return of Passengers from the Grand Princess Cruise Ship." March 9, 2020. Accessed December 9, 2024. https://news.caloes.ca.gov/federal-and-state-partners-protect-the-community-of-oakland-while-supporting-the-safe-return-of-passengers-from-the-grand-princess-cruise-ship/.

[41] Cal OES. "COVID-19 AAR Questionnaire 2020 Grand Princess," May 2020 (est).

[42] Steve Scauzillo. "Inland Officials Remember Flight from Coronavirus Epicenter in China One Year Later." January 28, 2021. Accessed on December 9, 2024. https://www.pe.com/2021/01/28/inland-officials-remember-airlift-from-coronavirus-epicenter-in-china-one-year-later/.

[43] Survey Response

Reserve Base in Riverside County.[44] Within a week of the first repatriation flight, the state and its partners established additional quarantine sites at Travis Air Force Base in Solano County and the Marine Corps Air Station Miramar in San Diego County modeled after the first site at March Air Reserve Base. These additional sites were hubs for repatriating cruise ship passengers during February and March 2020.

Areas for Improvement and Recommendations

Area for Improvement 1: The Emergency Repatriation Plan did not address public health emergency considerations.

On January 25, 2020, the state and the Administration for Children and Families collaborated to prepare for the arrival of repatriates at Ontario International Airport. The state activated the *Emergency Repatriation Plan* and coordinated local response to identify lodging options, including an airport hangar, convention center, and local hotels near the airport. On January 27, 2020, the CDC deemed the state's housing plan for repatriates inadequate, as the plan did not include pandemic-specific considerations, such as safely separating contagious populations.[45] Additionally, the state was unprepared for the level of pushback from local governments in coordinating lodging efforts and releasing individuals who had completed their quarantine requirements. On January 28, 2020, USDHHS, in collaboration with the Department of Defense, decided to move the quarantine location of repatriates from the Ontario location to the March Air Reserve base. This change led to a staff shortage for repatriation efforts, as most state personnel did not relocate to the Base.[46]

The Plan did not adequately account for the complexity of repatriating citizens from many countries via cruise ships and airplanes simultaneously, along with the ensuing isolation and quarantine requirements.[47] The Administration for Children and Families participated in the state's 2018 exercise of the Plan, but the exercise did not include pandemic considerations.

Recommendation: Revise and expand the State Repatriation Plan to include public health emergency considerations and lessons learned from COVID-19.

- Develop guidance for isolating and quarantining exposed populations while ensuring access to medical care.

[44] USDHHS, Office of Inspector General. "FDA repeatedly adapted emergency use authorization policies to address the need for COVID-19 testing." September 21, 2022. Accessed on December 9, 2024. https://oig.hhs.gov/documents/evaluation/2617/OEI-01-20-00380-Complete%20Report.pdf.

[45] Live Edit Session

[46] GAO. Report 21-334

[47] Live Edit Session

- Plan contingencies for quarantine site changes, including staff reallocation and logistics protocols.
- Conduct regular pandemic-focused exercises with the Administration for Children and Families and other key agencies to validate the updated repatriation plan.
- Enhance training program modules for state personnel involved in repatriation efforts, integrating pandemic-specific modules.

Area for Improvement 2: Challenges arose in repatriating citizens due to complexities in navigating federal and international partners, processes, and guidance.

The state encountered difficulties in identifying, locating, and communicating with individuals needing repatriation. It faced challenges responding to foreign governments' travel restrictions and securing alternatives for cruise ships struggling to dock, refuel, and disembark passengers and crews at ports worldwide.[48]

Stakeholders reported coordination challenges with federal partners during planning for the first cruise ship arrivals. Response partners struggled to determine which agency should assume the lead role, particularly for international crews and passengers.[49] Ports in different counties added another layer of complexity, requiring the state to navigate various policies and procedures specific to each port.

The influx of repatriates strained the state's healthcare infrastructure.[50] Inconsistent stay at home orders issued by other states also complicated the transportation of individuals. Transportation efforts required careful navigation to ensure the safe and orderly return of citizens while adhering to diverse regional guidelines.

Recommendation: Exercise the revised State Emergency Repatriation Plan in collaboration with local, state, and federal partners, incorporating scenarios related to public health emergencies.

- Include foreign consulates, federal agencies, and local partners in repatriation exercises.
- Review international regulations and processes to identify barriers from past responses and mitigate future challenges.

[48] GAO. Report 21-334
[49] Stakeholder Interview
[50] Stakeholder Interview

1.2.3 Coordination Calls

Strength

Strength 3: The state conducted coordination calls with organizations and entities to engage them in planning and policy development.

Coordination calls brought together participants from various sectors, such as state, local, and tribal governments, federal elected officials, AFN community leaders, NGOs, CBOs, and other key stakeholders. These calls facilitated the exchange of diverse perspectives and provided critical information, enhancing situational awareness. For example, the state implemented a weekly California AFN leadership coordination call early in the COVID-19 response.[51] Participants included state departments, local jurisdictions, CBOs, NGOs, and various associations, focusing on addressing the needs of people with AFN and those at greater risk from the pandemic. The calls incorporated closed captioning, sign language interpretation, and other accommodations to support accessibility.

Cal OES partnered with the California State Association of Counties and the League of California Cities to expand local government participation.[52] Beginning in April 2020, the Cal OES Office of Legislative and External Affairs conducted statewide coordination calls to provide updates to local, state, federal, and tribal elected and non-elected members and staff on state response and recovery activities. These calls began with updates from preidentified state agency speakers and representatives from Cal OES response, recovery, and tribal affairs. Each call concluded with a question-and-answer session. At the height of the response, the Office of Legislative and External Affairs facilitated calls with 400–500 participants. They continued until the State of Emergency ended in February 2023.

Several other state offices conducted coordination calls during the response. The Office of Tribal Coordination organized weekly Tribal Assistance Coordination Group calls with tribal nations. The Office of International Affairs held virtual calls with over 100 CBOs supporting farm workers, immigrants, undocumented individuals, and Mexican Consulates. EMSA facilitated coordination calls with Cal OES, the Regional Disaster Medical Health Coordinators and Specialists Program, and local stakeholders statewide.[53] CDPH conducted regular Coordination Group calls with skilled nursing facilities (SNFs), hospitals, the Healthcare-Associated Infections Group, and public

[51] Stakeholder Hotwash
[52] OLEA COVID-19 Narrative
[53] Stakeholder Hotwash

health officers. These meetings provided stakeholders with the latest information and opportunities to directly engage with experts and agency representatives.[54]

Area for Improvement and Recommendations

Area for Improvement 3: Operational Area Coordination Group calls with the State Operations Center often lacked participation from appropriate state agency personnel and did not always allow additional Operational Area personnel to attend.

OA Emergency Managers noted the ineffectiveness of coordination calls, often due to the absence of relevant state agencies or their tendency to announce a program and then leave the call. Even though call participants were provided a list of state agencies, these agencies did not consistently attend the calls. In addition, subject matter experts from OAs and regional Cal OES Emergency Services Coordinators were not always invited. The local and regional staff that were able to attend often lacked the necessary expertise to ask pertinent questions within the limited time available.

Recommendation: Develop a plan or procedure for coordination group calls involving Operational Areas during emergencies.

- Expand speaker representation from state agencies to provide comprehensive and timely updates during coordination calls.
- Facilitate interactive sessions during calls, allowing for question-and-answer sessions or open forums to encourage stakeholder engagement.
- Implement a structured communication plan for timely information dissemination between coordination calls using newsletters, email, or online portals.
- Establish mechanisms to encourage input and feedback from local and regional government representatives.
- Invite regional Cal OES Emergency Services Coordinators to attend coordination calls.

[54] CDPH. COVID-19 AAR. October 2022.

1.2.4 State Employee Coordination

Strength

Strength 4: The state redirected staff to support emergency operations by leveraging the authorities granted by Government Code, Title 1, Section 3100.

Figure 2. U.S. Forest Service employee working at the Oakland Coliseum vaccination site. *Source: Cal OES.*

The state urgently required a sizeable workforce to address the pandemic's widespread impacts. Disaster Service Workers, designated under California Government Code Title 1, Section 3100, played an important role. This Code designates all government employees as Disaster Service Workers, compelling their involvement in disaster-related activities as directed by their superiors or by law. The state redirected public agency personnel to support contact tracing, testing, vaccination, food banks, and roles in EOCs and Department Operations Centers (DOCs). The program's flexibility in deploying workers to critical areas during personnel shortages supported the continuity of essential operations.

Areas for Improvement and Recommendations

Area for Improvement 4: State staff often received contradictory workplace safety guidance from agencies.

State staff often encountered conflicting workplace safety guidance, requiring later clarification by the UCG. Initial workplace guidance from California Division of Occupational Safety and Health (Cal/OSHA) and CDPH on COVID-19 protections contradicted one another, and Cal/OSHA's recommendations for using contaminated N95 respirators conflicted with FDA and CDC guidelines.[55,56] These inconsistencies caused confusion and conflict among staff and were reported across all response levels, from state agencies to local jurisdictions.[57] Staff struggled to maintain trust and confidence among partners and communities, particularly when partner feedback was not incorporated into state decisions.[58]

[55] Stakeholder Interview
[56] Task Force AAR
[57] Stakeholder Hotwash
[58] Stakeholder Interview

Recommendation: Unify workplace safety guidance across state agencies.

- Establish a centralized task force or workgroup involving Cal/OSHA, CDPH, and other stakeholders to create consistent workplace safety guidance.
- Align state guidance with federal updates, including FDA and CDC standards, to prevent contradictions.
- Implement centralized approval and dissemination mechanisms through the JIC to ensure clear communication for both internal and external audiences.

Area for Improvement 5: The absence of formal Incident Command System training for inexperienced staff hindered operational flow at the State Operations Center level.

Although the SOC adopted an ICS organizational structure, many personnel lacked formal ICS training. State agencies redirected staff to support response operations, including SOC roles, but some representatives lacked SEMS and ICS training or SOC onboarding. This inexperience disrupted communication channels, leading to improper information flow and resource request challenges.

Due to high staff turnover and the urgency to fill vacancies, Emergency Hires (E-Hires) underwent a less intensive screening and interview process. As a result, some E-Hires began working without a comprehensive understanding of emergency management principles. Many were less effective in their roles because of misaligned skills and responsibilities, resulting from limited or no screening.[59] E-hires were limited to 60 days, with a later executive order increasing the period to 180 days.[60] With most E-Hires also requiring on-the-job training, the SOC staff was heavily impacted by having to continually train new E-Hires even with the extended period.[61] Integrating E-Hires earlier would have enabled proper training and support for the temporary staff. As acknowledged by one stakeholder, "We did not bring in limited-term staff early enough, and it was a lesson learned."

Recommendation: Develop comprehensive training and a structured onboarding process for all personnel involved in emergency response roles.

- Establish a statewide policy requiring all new hires involved in emergency response roles, including E-hires, to complete certain SEMS and IS (100, 200, 700, and 800) courses.
- Implement standardized Just-In-Time Training (JITT) for SOC roles, with clear communication and reporting protocols.

[59] Stakeholder Interview
[60] Stakeholder Interview
[61] Stakeholder Interview and Hotwash

- Enhance screening and hiring processes to align candidates' skills with response needs.
- Integrate limited-term staff early on in response to facilitate proper training and support for temporary staff.

Area for Improvement 6: Staff attrition in state agencies was driven by long workdays, response conditions, and high retirement rates leading to an understaffed workforce.

Prolonged workdays and extended response efforts led to staff attrition and retirements, leaving the state's response understaffed and reducing institutional knowledge. Agencies like CDCR and CDPH's Center for Health Care Quality experienced high retirement rates, creating vacancies that were challenging to fill.[62] The overwhelmed state hiring system struggled to keep pace with vacancies. One stakeholder observed that even under ideal conditions, it would take 60-90 days for someone to start. Cal OES had a 21% vacancy rate.[63]

With the state workforce understaffed, the remaining staff needed mental health support to cope with stress and burnout.[64] In the SOC, staff became fatigued after multiple years of working extended shifts for long periods of time.[65] State staff also struggled with the concern of potential virus exposure at work and fear that they would expose family members.[66] To counteract this stress and concern, Cal OES enacted strict safety protocols, brought in comfort animals on several occasions, and stood up an EAP booth for staff.

Recommendation: Implement measures that support employee well-being and streamline Human Resources emergency hiring processes.

- Reform and expedite hiring procedures to reduce vacancy rates in critical agencies, aiming for faster recruitment and onboarding timelines.
- Expand mental health support programs for state responders, offering access to counseling and stress management resources.
- Introduce flexible work policies to accommodate staff needs, promoting work-life balance and reducing stress levels.
- Implement structured staff rotation schedules and mandatory rest periods to prevent burnout and fatigue.

[62] CDPH. COVID-19 AAR and CalPROTECT Report
[63] Stakeholder Interview
[64] Stakeholder Interview
[65] Stakeholder Interview
[66] Stakeholder Interview

- Establish succession planning to retain institutional knowledge amid high retirement rates.

1.2.5 Just-in-Time Training

Strength

Strength 5: Cal OES California Specialized Training Institute transitioned its training to virtual platforms, establishing Just-in-Time Training that strengthened Emergency Operations Center staffing and reached over 34,000 responders.

While quarantines and isolation were reducing staffing levels in state DOCs and local EOCs and DOCs, two pressing factors drove the need to fill EOC positions.[67] The widespread occurrence of the virus caused substantial personnel shortages. Also, government measures, such as the stay at home order and physical distancing guidelines, intensified staffing challenges. The lack of necessary infrastructure and expertise to operate a virtual EOC only added to the difficulties, leaving EOCs understaffed.

To further support the surge in demand, California Specialized Training Institute (CSTI) organized JITT in-person and virtual sessions. In 2020, CSTI transitioned its emergency management course from classroom-led instruction into a Virtual Instructor-led Training environment, reaching over 34,000 responders.[68] This transition enabled local responders to continue operating without jeopardizing their health. Another example occurred when the SOC established JITT through CSTI to address issues with SEMS and ICS familiarity among inexperienced staff. JITT training provided a structured pathway for training to fill the vacant EOC positions, ensuring that EOC operations remained resilient and effective.[69]

Figure 3. CSTI logo. *Source: CSTI website.*

The CSTI's *EOC Position Credentialing Program* contributed to strengthening local EOC staffing across the state by providing a standardized path for individuals to qualify for specific roles within the EOC.[70] Temporary and other agency staff lacking previous

[67] Live Edit Session

[68] Cal OES. "Type III EOC Position Credentialing Standards." January 2022. Accessed on December 9, 2024. https://www.caloes.ca.gov/wp-content/uploads/Type-III-Task-Book-v3-revision1-2022.pdf.

[69] Live Edit Session

[70] Cal OES. "Type III EOC Position Credentialing Standards." January 2022. Accessed on December 9, 2024. https://www.caloes.ca.gov/wp-content/uploads/Type-III-Task-Book-v3-revision1-2022.pdf.

emergency management experience encountered a steep learning curve, and concurrent disasters further strained available response staff and capabilities. The program provided staff qualifications and certifications to enhance the local EOC and DOC response capabilities to ease the strain and meet SEMS/National Incident Management System requirements. CSTI ramped up its credentialing course delivery to meet the increased demand. During the training, staff were trained in SEMS, Emergency Management Mutual Aid, and Emergency Management Assistance Compact.

CHAPTER 2: STATE GUIDANCE AND POLICIES

CHAPTER INTRODUCTION

Government agencies acted decisively to curb the spread of COVID-19 and coordinate a statewide response. The ESA expanded the governor's authority to enact policy decisions during the declared disaster and enhanced Cal OES' role in coordinating the response and mobilizing resources. State and local health officials exercised their expanded authority to issue public health orders and take emergency actions during the crisis.[71] The state implemented lockdowns, travel restrictions, and safety protocols as mitigation measures. Public health and emergency management leaders worked closely in the UCG, fostering greater coordination in policy decisions.

State officials relied on scientific experts and projections from the California Communicable Diseases Assessment Tool (CalCAT) to guide policy decisions. Information on the virus and its spread shifted rapidly, especially in the early days of the pandemic. Staff faced challenges in updating systems and providing policymakers with the most up-to-date medical data. The state remained committed to using high-quality data to inform statewide initiatives while customizing approaches to address the distinct needs of each county. Rising mortality and infection rates prompted the state to adopt a more uniform and expedited approach to guidance development. Over time, the state allowed for local adjustments, enabling counties to implement measures aligned with their unique situations. The state can build on lessons learned from COVID-19 to tailor policy decisions for local needs during future pandemics.

State officials prioritized equity in their policy decisions, recognizing that pandemics disproportionately affect minority groups, individuals with lower incomes, people with AFN, older adults, and those underserved by the healthcare system. The state prioritized PPE, testing, vaccination, and other medical equipment for people at greater risk of infection or serious complications. Cal OES played an instrumental role in integrating AFN considerations into policy decisions.

[71] California Health and Safety Code § 101040

State Guidance and Policy Priorities

State Declaration

- Identified the first confirmed COVID-19 case on January 26, 2020.
- Declared a State of Emergency on March 4, 2020.

Data Modeling and Forecasting

- Established a system to monitor the spread of the virus and medical countermeasures, track test results, cases, close contacts, and vaccinations.
- Adopted a data and science-driven approach to inform public health decisions.
- Used data modeling and forecasting to promote healthy hygiene practices, social distancing, and mask-wearing.

Executive Orders & Guidance

- Issued isolation and quarantine guidance for confirmed cases and close contacts.
- Promoted health and safety for priority populations through social distancing and stay at home orders.
- Coordinated across agencies for targeted enforcement of guidance, executive orders, and nonpharmaceutical interventions.
- Provided accurate, timely, and accessible information concerning testing, vaccination, and reopening public spaces.

Equity and Inclusion

- Incorporated equity into guidance and policies for testing, PPE, and vaccine distribution.
- Prioritized high-risk groups for vaccination.
- Implemented protections for Californians at higher risk, including older adults, frontline workers, people with AFN, individuals experiencing homelessness, and those in congregate settings.

End of Emergency Declaration

- Issued a proclamation terminating California's COVID-19 State of Emergency on February 28, 2023.

FINDINGS

This section offers an overview of the state's guidance and policies, covering key events. It delves into the state's data-driven decision making and its commitment to equity and inclusion to serve all Californians effectively.

2.1 Policy Decision-Making

The rapid escalation and statewide impact of the pandemic required the state to adopt a centralized decision-making approach. Decisions relied on the latest science and data, with scientific projections guiding the implementation of guidance and executive orders for testing, contact tracing, and vaccination. As infection rates and healthcare system impacts rose, the state issued broader guidance to mitigate statewide spread. When rates declined, the state tailored guidance to reflect the specific needs of each county and sector. Adjustments included loosening stay at home orders, adapting sector-specific guidance, and implementing targeted reopening strategies. The state adapted guidance based on real-time data. The centralized approach created disparities in policy implementation across counties, prompting county health officers to issue supplementary jurisdiction-specific orders. Many local governments felt excluded from decision-making and planning processes due to this centralization.

2.1.1 Data Modeling and Forecasting

Strength

Strength 1: Data modeling and forecasting shaped key decisions, guidance, and executive orders during the response.

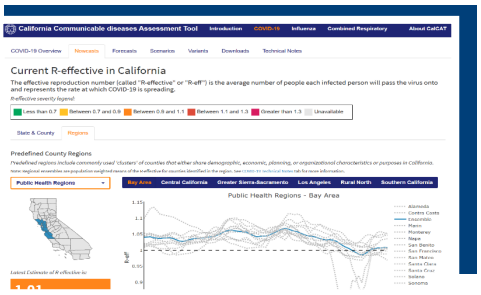


Figure 4. Screenshot of CalCAT website. *Source: CalCAT website.*

In March 2020, the state implemented CalCAT to estimate COVID-19 and influenza metrics. CalCAT incorporated models from academic partners to forecast trajectory, including case numbers, fatalities, and hospitalization rates. CalCAT data supported comparisons and understanding of pandemic trends.

Data-driven insights from CalCAT informed the state's public health policies and played a foundational role in the decision to issue a statewide stay at home order. CalCAT provided "nowcasts," or estimates of cases at a given moment utilizing real-time data, forecasts, and longer-range scenario models for a variety of COVID-19

indicators at the state, regional, and county scales. CalCAT's models evaluated transmission trends and projected hospital and intensive care unit capacity. This information, combined with other evidence and policy considerations, informed the implementation of stay at home orders and statewide mask mandates.[72] The state used these models to inform procurement strategies and provide critical insights into resource needs such as PPE. CalCAT's projections were also used to inform reopening strategies and staffing decisions for schools and businesses.

Employing these modeling tools, the state took a proactive approach that addressed immediate needs and informed long-term planning. The emphasis on data is a testament to the state's commitment to science, precision, and responsiveness, ensuring the health and safety of its residents.[73]

Area for Improvement and Recommendations

Area for Improvement 1: The state faced challenges with its data systems related to developing and updating public health guidance.

In the pandemic's initial stages, the state's reliance on older data systems, specifically the California Immunization Registry (CAIR2) and the California Reportable Disease Information Exchange (CalREDIE), delayed the processing and dissemination of COVID-19 data. CAIR2, designed for tracking patient immunization records, and CalREDIE, responsible for collecting surveillance data, struggled to accommodate the high volume and complexity of data required for tracking real-time data on COVID-19 test results, hospitalization rates, and vaccination records. These challenges caused delays in processing data for decision-making, which affected the state's ability to provide timely updates and issue health guidance and executive orders.[74]

For example, CalCAT's forecasts occasionally displayed a flattening curve, which suggested the possibility of easing restrictions. However, this apparent stabilization often resulted from reporting lags rather than an actual decrease in case numbers. These challenges impacted the issuance of accurate public health guidelines as the state made decisions based on preliminary data, then had to quickly revise upon receiving more current and accurate data.[75]

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[72] White, L.A., McCorvie, R., Crow, D. et al. "Assessing the accuracy of California county level COVID-19 hospitalization forecasts to inform public policy decision making." *BMC Public Health* 23 (2023): 782. https://doi.org/10.1186/s12889-023-15649-0.

[73] White, L.A., McCorvie, R., Crow, D. et al. "Assessing the accuracy of California county level COVID-19 hospitalization forecasts to inform public policy decision making." *BMC Public Health* 23 (2023): 782. https://doi.org/10.1186/s12889-023-15649-0.

[74] Stakeholder Interview

[75] Stakeholder Interview

Recommendation: Invest in upgrading data system capabilities to handle high volumes and complex health data.

- Upgrade legacy systems to scalable, cloud-based platforms capable of integrating diverse data sources.
- Implement data validation protocols to improve the accuracy of new data systems.
- Provide training to state health officials and data analysts to ensure the workforce is equipped to handle new systems and make informed decisions based on the latest data.

2.1.2 Executive Orders

Strength

Strength 2: The state issued 76 executive orders, representing the broadest use of executive authority in California's emergency history to drive effective public health measures, distribute resources, and support high-risk and underserved communities statewide.

Following the declaration of a State of Emergency under Government Code Section 8625 under the California ESA, the Governor's Office gained authority to issue executive orders. The pandemic's nature necessitated a broad application of the ESA. This legal framework enabled the Governor's Office to rapidly respond to the evolving situation. The governor, with the support of a team of experts and scientists, signed 76 executive orders throughout the response. The orders addressed a wide range of measures, including guidance for health and safety, testing, vaccination, schools, state licensed facilities, renters, homeowners, unhoused, etc.

State agencies, including Cal OES, displayed creativity in resolving and mitigating issues as they arose. For instance, when a policy or executive order proved effective, the state often expanded upon it. Conversely, when a new policy or initiative did not work as intended, the state made quick adaptations to it. According to a stakeholder, problem-solving commenced immediately once an issue was brought to the UCG, showcasing the state's proactive approach in dealing with the pandemic.[76]

[76] Stakeholder interview

2.1.3 Guidance

Strengths

Strength 3: The state showed adaptability to evolving scientific insights in its COVID-19 guidance.

To address the rapidly changing pandemic landscape, the state actively issued guidance rooted in real-time data and the latest scientific findings. For example, early in the pandemic, the state recommended against widespread public mask use, consistent with the prevailing scientific understanding. However, as new studies confirmed that masks effectively reduce virus transmission, the state quickly revised its guidelines, encouraging universal mask-wearing to protect public health.

The state also continuously adapted its policies on social distancing, school and business operations, and workplace protocols to align with shifts in transmission rates and infection patterns across regions. By regularly updating its guidance based on emerging evidence, the state aimed to mitigate the pandemic's impact, prevent infections, and save lives. This data-driven, flexible approach allowed the state to respond proactively to evolving knowledge about the virus, supporting a more effective and targeted public health response.

Strength 4: Policies related to non-pharmaceutical interventions were rapidly issued once they proved effective in reducing transmission rates, in the absence of other available interventions.

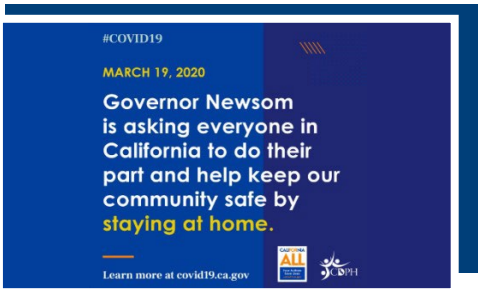

Figure 5. Social media post from the California Governor's page on March 19, 2020. *Source: California Governor Facebook.*

In early 2020, the state issued guidance for non-pharmaceutical interventions, or non-medical measures, to mitigate the spread. These policies included postponing or canceling gatherings of more than 250 individuals, and for higher-risk groups, limiting gatherings to no more than ten individuals unless social distancing was imposed by the host.[77] Despite these measures, cases continued to increase across the state. This prompted the Governor's Office to issue the first stay at home order on March 19, 2020. Under the

[77] Office of the Governor. "California Public Health Experts: Mass Gatherings Should be Postponed or Canceled Statewide to Slow the Spread of COVID-19." March 11, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/03/11/california-public-health-experts-mass-gatherings-should-be-postponed-or-canceled-statewide-to-slow-the-spread-of-covid-19/.

order, Californians were advised to stay at home unless they met one or both of the following conditions:

- They needed to access necessary food, prescriptions, or healthcare services.
- They worked in one of California's 16 critical infrastructure sectors vital to the physical or economic security, public health, and safety of California.[78]

Stay at home orders and physical distancing were the best-known measures to protect lives before testing became widely available and treatment protocols were developed.

Area for Improvement and Recommendations

Area for Improvement 2: Contradictory guidance from state agencies led to confusion and challenges in areas like workplace protections, assisted living facilities, medical support, and alignment between state and federal guidelines.

At the onset of the response, some state agencies issued contradictory guidance. For example, Cal/OSHA and the CDPH initially presented contradictory recommendations regarding COVID-19 workplace protections. Similarly, conflicting CDPH and CDSS directives on SNFs and assisted living facilities resulted in stakeholder confusion concerning housing requirements for COVID-19 patients. This created uncertainty in managing COVID-19 cases within these facilities, made providing adequate medical support and treatment difficult, and compounded the burden on local emergency departments. The changing guidance from the CDC also caused a lag in aligning state and federal guidance.

Recommendation: Coordinate with state agencies to produce consistent guidance, ensuring uniformity in messaging and requirements.

- Form a working group which includes members of all state agencies involved in the response and is tasked with developing and producing guidance reflecting a single unified voice. Ensure this working group can quickly and efficiently adapt guidance to reflect changing federal guidance or information.
- Assign a single entity, like the JIC, to review and finalize all agency guidance documents related to response operations and improve consistency in messaging and requirements.

[78] Office of the Governor. "Governor Gavin Newsom Issues Stay at home Order." March 19, 2020. Accessed July 2023. https://www.gov.ca.gov/2020/03/19/governor-gavin-newsom-issues-stay at home-order/.

2.1.4 Centralized Approach

Strength

Strength 5: Response and recovery guidance provided each county with opportunities to tailor strategies to meet community-specific needs.

The Governor's Office introduced *The Blueprint for a Safer Economy* guidance on August 28, 2020, demonstrating the state's commitment to customizing county-specific guidance and policies. This framework established color-coded tiers (Purple, Red, Orange, and Yellow) based on COVID-19 prevalence and community spread, setting criteria for loosening or tightening activity restrictions.

Figure 6. Social media post depicting Placer County moving into Orange Tier. *Source: Placer County Government Facebook.*

CDPH issued the "*Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe*" plan, outlining a "Tier Framework" to guide business reopening in each county. This framework outlined the measures each county must meet based on indicators of disease burden, testing, and health equity. A health equity metric took effect on October 6, 2020, allowing counties some flexibility in implementing health protocols based on transmission levels, vaccination rates, and other local factors. The California Health Equity Metric helped counties tailor efforts to reduce COVID-19 cases while addressing local needs and impacts.

Area for Improvement and Recommendations

Area for Improvement 3: A centralized approach created challenges in implementing one-size-fits-all guidance at the local level.

The unprecedented public health threat required rapid decision-making grounded in the latest data and science. Despite efforts like the California Health Equity Metric, the state's centralized approach often struggled to address the diverse needs of counties. This created challenges for local governments in applying policies that aligned with their specific circumstances. For example, Health Officers in San Diego and Los Angeles Counties issued more stringent restrictions to address the unique needs of their populations, illustrating the varying demands across regions.

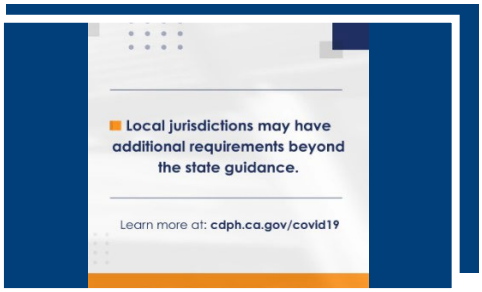

Figure 7. Social Media post from the CDPH's page on March 1, 2022. *Source: CDPH Facebook.*

Local governments reported feeling excluded from decision-making under the centralized model, leading to challenges in implementing policies in California's diverse communities. The rapidly evolving nature of COVID-19 left little time for collaborative workgroup discussions that could have incorporated county input. This was particularly evident in policies affecting local businesses and public spaces. Some rural counties with lower infection rates had the capacity to safely keep businesses and public areas open but were required to follow the same restrictions applied to densely populated urban areas with higher infection rates.[79]

The *Blueprint for a Safer Economy*, introduced months into the response, enabled a more tailored approach by allowing counties to align restrictions with local infection rates and resource availability. This system gave counties the flexibility to implement public health measures suited to their specific needs. For rural counties with lower infection rates, the Blueprint allowed adjustments to restrictions that minimized unnecessary economic and social disruption while maintaining public health and safety.

Recommendation: Develop a procedure to gather real-time feedback from local jurisdictions on the implementation of statewide policies.

- Hold regular debriefings with local jurisdictions to collect reports on policy successes and areas for improvement to inform response efforts.
- Improve transparency in decision-making processes by providing detailed insights into the factors influencing decisions, including data-driven and scientific considerations.

[79] LAO. "An Initial Look at Effects of the COVID-19 Pandemic on Local Government Fiscal Condition." May 2021. Accessed December 9, 2024. https://lao.ca.gov/reports/2021/4428/COVID-19-Fiscal-Effects-Local-Gov-051221.pdf

2.2 Equity and Inclusion

California significantly strengthened its public health response and effectively managed the pandemic by prioritizing equity and inclusion. By emphasizing accessibility standards, the state ensured fair and inclusive resource allocations, ranging from testing sites, vaccination distribution, to financial aid. The state's response also focused on "California for All" initiatives, targeting specific goals for housing, health, inclusion, and access to quality care.

2.2.1 Access and Functional Needs

Strengths

Strength 1: Access and functional needs considerations were incorporated into policies and initiatives to promote equitable and inclusive resource access.

The state's OAFN championed the priorities of individuals with AFN. AFN Coordinators in the UCG and SOC embedded AFN considerations into all operational decisions. The OAFN maintained a representative on several task forces and actively engaged with the Governor's Office and other senior executives. Stakeholders acknowledged the state's focus on making accessibility a primary objective.[80]

Cal OES hosted state AFN Leadership Coordination Calls, bringing together leaders from state agencies and community partners to discuss AFN considerations and requirements for response and recovery efforts. These calls were open to the public and provided direct access to state leadership. For instance, during those coordination calls, Cal OES Logistics and Operations teams requested support for AFN-specific resources. This prompted the OAFN's rapid coordination with the SOC to provide PPE to CBOs serving AFN populations. Through partnering with CBOs, the state distributed over one billion units of PPE to the AFN community.

Cal OES incorporated inclusivity and accessibility into policies across the state's response. This included adapting stay at home orders to allow individuals with disabilities to access caregivers and support personnel. The OAFN also focused on making prevention information accessible in various formats, including sign language, Braille, and easy-to-read materials. Efforts included making emergency housing and quarantine facilities accessible for individuals with limited mobility or mental health needs.

[80] Stakeholder Interview

Cal OES published comprehensive playbooks that focused on pandemic accessibility considerations. These guides addressed the transportation sector and drive-thru medical sites, providing detailed strategies for accommodating individuals with AFN. These guides included tips for vaccinating individuals with AFN and supporting their relatives.

Cal OES launched initiatives that enhanced testing and vaccine accessibility for individuals with AFN. Free at-home COVID-19 test kits were distributed to people who were at higher risk of infection or serious symptoms. Mobile vaccination programs implemented on-site vaccinations in rural communities and provided home-based vaccination and testing services.

The state improved the accessibility of COVID-19 health resources by using the My Turn website and American Sign Language (ASL) interpreters. This helped connect resources with people who are medically underserved, racial and ethnic minority groups, and those at higher risk of infection and serious symptoms. As reported by a stakeholder, "there were a lot of strengths, like employing the use of the My Turn website to make at least 16 languages for vaccination registration available to the public."[81]

Strength 2: Physical accessibility resources were prioritized at vaccine and testing sites, ensuring compliance with Americans with Disabilities Act procedures.

Although testing and vaccine sites were often in pop-up locations and outside of buildings designed in compliance with the *Americans with Disabilities Act (ADA)*, the state prioritized making these spaces accessible for all. Parking lots and other open spaces were converted into *ADA*-compliant vaccine and testing sites. The state provided manual wheelchairs and a variety of chairs, both with arm rests and others without, as a consideration for those who may need arm rests to push down and help themselves stand. Isolation areas were set up for those needing a resting space at sites or with sensory related considerations. Many sites were climate controlled, and signage was included to address how to request additional accommodation for those who needed it.[82]

[81] Stakeholder Interview

[82] Stakeholder Interview

Area for Improvement and Recommendations

Area for Improvement 1: Californians with disabilities raised concerns about the state's vaccine distribution plan.

In December 2020, the Governor's Office announced the state's vaccine distribution plan, sparking concerns among Californians with disabilities. The plan's focus on age-based eligibility, rather than individual risk levels, led to concerns among at-risk populations. Individuals under 65, particularly those with disabilities or chronic health conditions, were at a significantly higher risk of severe illness compared to some older adults.[83]

The age-based prioritization strategy appeared to overlook the complex needs and challenges of people with disabilities. For many in this community, the risk of exposure to COVID-19 was amplified by factors such as the need for in-person caregiving, reliance on public transportation, and the inability to practice social distancing due to their living conditions or health requirements. Delayed vaccine access led to prolonged isolation, disrupted essential services, and heightened anxiety about health and safety for these individuals.[84]

Recommendation: Develop and implement strategies to ensure vaccine distribution plans account for disability access and equity beyond age-based eligibility criteria.

- Conduct a risk assessment of factors that lead to higher rates of infection, serious symptoms, or other differential impacts and incorporate into future medical countermeasure prioritizations.
- Identify strategies for strengthening healthcare access and trust with people who are medically underserved.
- Engage community partners directly in future pandemic planning, including people who are medically underserved, racial and ethnic minority groups, and those at higher risk of infection and serious symptoms.
- Outline tiered/score-based process to enhance the equitable distribution of vaccines and pharmaceuticals to the public.

[83] Stakeholder Interview

[84] Stakeholder Interview

CHAPTER 3: COMMUNICATIONS

CHAPTER INTRODUCTION

Communication emerged as one of the most critical priorities and formidable challenges during the pandemic. In the early stages, the rapid spread and deadly impact of COVID-19 fueled widespread fear and uncertainty. Scientists uncovered new insights about the virus daily, prompting frequent updates to policies and guidance. The virus's broad impact required swift state-level decisions and clear communication with the public. However, misinformation and disinformation, coupled with systemic issues like disparities in healthcare access for minority populations and people with AFN, deepened public distrust in government messaging.

Figure 8. Governor Newsom and state health officials hold a press conference on March 15, 2020. *Source: Office of Governor.*

The state responded by prioritizing timely, accurate, and accessible communication for all Californians. Novel public health strategies delivered culturally relevant information, while regular press conferences hosted by the Governor's Office built public trust and empowered individuals to make informed health decisions. These press conferences highlighted the state's science-driven decision-making, allowing community members to hear directly from leaders. By collaborating with CBOs, tailoring messages to harder-to-reach populations, and providing information in regionally prevalent languages, the state laid the groundwork for a more inclusive and effective response. Lessons learned from these efforts will inform future communication strategies during emergencies.

State officials streamlined communication channels to share critical information, public health guidance, and real-time updates promptly. The JIC played a central role in coordinating response activities, disseminating updates, and mobilizing public engagement. However, the urgency to communicate quickly sometimes resulted in tradeoffs in coordination before announcements. To address this, state leadership broadened internal discussions to include more state agencies and local government representatives. These efforts improved communication strategies and strengthened the state's ability to address public concerns during the pandemic.

The state leveraged traditional and digital media to keep Californians informed about public health developments, safety protocols, and available resources. Collaborations

with social media platforms like TikTok, Facebook, and Instagram expanded communication reach, connecting with younger audiences and those without traditional media access. Diverse methods, including videos, graphics, toolkits, billboards, and text messages, ensured inclusivity and accessibility, aligning messaging with Californians' varying learning styles, languages, and cultural backgrounds.

State Communication Priorities

Coordinated Messaging

- Delivered accessible, timely, and accurate information to stakeholders through internal reporting and the JIC.
- Created a strategy for consistent and proactive public messaging.
- Maintained and updated the CDPH website content, establishing it as the state's primary online information hub.
- Sustained uninterrupted operations of Public Safety Communications infrastructure.
- Reinforced the state's overall messaging by sharing the Governor's Office updates and live streams.

Equitable Public Messaging

- Created multilingual videos and messages in English, Japanese, Korean, Spanish, and Tagalog.
- Provided ASL interpretation for all videos, press conferences, and livestreams.

Crisis Communications

- Collaborated with telecommunications partners and the Cybersecurity and Infrastructure Security Agency's National Coordinating Center for Communications to align crisis messaging and address critical communication.
- Monitored the statewide 9-1-1 system and facilitated restoral and reporting procedures.

Public Health Messaging

- Delivered timely, science-based updates on the virus's spread and impact.
- Encouraged preventive hygiene measures such as handwashing.
- Emphasized social distancing and mask-wearing to reduce virus transmission.
- Announced stay at home orders, providing guidance for essential activities and businesses.
- Connected the public with resources, including testing, PPE, and vaccines.
- Coordinated efforts with experts to address vaccine hesitancy and misinformation.

FINDINGS

This chapter explores the critical role of communication in emergency response, focusing on coordinated messaging and inclusive public messaging strategies. The Coordinated Messaging section examines the JIC's operations and information-sharing protocols, highlighting the importance of unified communication. The Whole Community Public Messaging section outlines diverse approaches such as press conferences, social media partnerships, and culturally tailored outreach, emphasizing the state's inclusive and comprehensive communication efforts.

3.1 Coordinated Messaging

The state's JIC coordinated communication efforts and functioned as a centralized hub for managing information during the response. Communications teams synthesized extensive information from various sources into clear, actionable messages for response partners and the public. Early in the pandemic, PIOs across the state proactively directed information flow and coordinated messaging efforts with state agencies and local jurisdictions. PIOs managed media inquiries and requests while disseminating critical guidance for the public. Using real-time data, communication staff developed messages addressing COVID-19's virulence and mortality rates.

The state expanded its communication reach by leveraging multiple platforms and engaging diverse stakeholders. Virtual tools streamlined messaging and minimized delays. Routine conference calls fostered cross-functional coordination and improved decision-making by engaging experts from various sectors.

The JIC prioritized accessibility by expanding outreach to high-risk populations through diverse communication strategies. A key initiative included integrating specialized expertise within the JIC's framework. This involved adding a certified deaf interpreter and a disaster response interpreter, who supported communication with people who are deaf or hard of hearing. These interpreters enhanced accessibility during press briefings and ensured assistive technology compatibility for website content, setting a standard for inclusive communication.

The state encountered challenges connecting with local agencies and the public due to delays in activating the JIC. Early in the response, the lack of a centralized information repository led to redundant and inconsistent messaging. Rapid changes in virus data and the urgency to issue guidance often left little time for advance notice to agency staff, local governments, or community partners.

3.1.1 Joint Information Center

Strength

Strength 1: The Joint Information Center integrated a certified deaf interpreter and disaster response interpreter, improving accessibility and establishing inclusive communication practices for people with access and functional needs.

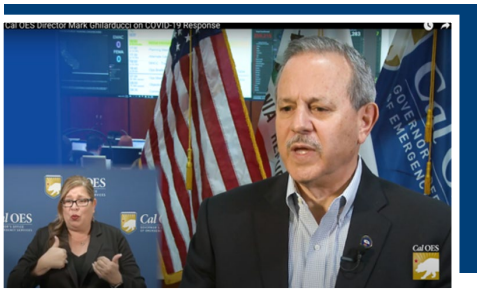

Figure 9. Press conference with Former Director Ghilarducci, including ASL interpretation. *Source: Cal OES.*

To facilitate communication with people who are deaf and hard of hearing, the state incorporated an expert in deaf culture and ASL into the JIC.[85] This individual held dual roles as a certified deaf interpreter and disaster response interpreter. They provided ASL interpretation at the Governor's press briefings, promoted compliance with accessibility standards for screen readers, and helped to ensure that all website content was accessible to individuals who relied on assistive technology. They were also certified through the state's Disaster Response Interpreter (DRI) Program, with specific training in response and recovery activities.[86] Including ASL interpreters in press briefings established them as a standard practice for agencies statewide.[87] This commitment to accessibility demonstrates a dedication to serving all Californians and has set a precedent for future emergency response efforts.

Area for Improvement and Recommendations

Area for Improvement 1: The delayed mobilization of the Joint Information Center at the pandemic's onset resulted in redundant messaging.

The state activated the JIC on March 2, 2020, approximately five weeks after identifying its first COVID-19 case. In the interim, the absence of a centralized hub complicated coordination and delayed streamlined communication efforts. Managing the influx of information, parsing relevant insights, and relaying them to partners and the public proved challenging. Agencies often issued public information independently, resulting in uncoordinated messaging. Redundant message relay efforts across multiple briefings diminished communication effectiveness with the public and response partners.[88]

[85] OAFN. COVID-19 AAR Questionnaire, September 2020

[86] Cal OES. "Communication." N.d. Accessed December 9, 2024. https://www.caloes.ca.gov/office-of-the-director/policy-administration/access-functional-needs/communication/

[87] Stakeholder Questionnaire

[88] Stakeholder Interview

Recommendation: Set a clear threshold for Joint Information Center activation during an emergency response.

- Determine EOC activation levels that trigger JIC mobilization under the *State Emergency Plan*.
- Develop a protocol for scaling JIC operations according to the incident size and scope, including the need for a virtual JIC and contingency staffing.
- Develop unified protocols for state agencies, including Cal OES and CDPH, to streamline public messaging.
- Standardize agency information dissemination through centralized communication platforms.

3.1.2 Information Sharing

Strength

Strength 2: Interagency communication methods evolved during the pandemic, enabling faster distribution of critical information and resolution of emerging issues.

After addressing initial challenges, responders across all government levels streamlined information flow through a combination of established and innovative methods. Coordination calls, virtual meetings, video conferencing tools, and cloud-based document management systems enhanced communication among healthcare facilities, law enforcement, health departments, Medical Health Operational Area Coordinators (MHOACs), and tribal communities.[89] To manage the increasing volume and complexity of information, the state introduced web-based data dashboards, providing real-time insights that improved situational awareness and workflow efficiency.

Daily statewide OA conference calls were a primary method of communication, providing regular opportunities for stakeholders to report on operational status. Weekly coordination calls offered a platform for in-depth discussion and collaborative brainstorming among various state agencies, including CalHHS, CDPH, the California Department of Rehabilitation, and California Department of Housing and Community Development.[90] The OAFN regularly hosted meetings to discuss the concerns and priorities of people with mobility issues, sensory or cognitive impairments, chronic medical conditions, and other diverse needs.[91] This initiative, designated as the *State Access and Functional Needs Leadership Coordination Call*, offered a unique

[89] Stakeholder Interview

[90] Stakeholder Interview

[91] Stakeholder Questionnaire

opportunity for community leaders and stakeholders to engage in meaningful discussions about accessibility and inclusion, paving the way for enhanced decision-making and strategic planning. Coordination calls played a critical role in sharing guidance and addressing misinformation as policies evolved.

Area for Improvement and Recommendations

Area for Improvement 2: The state's decision to prioritize communication policy and guidance without lead time to local officials left them unprepared to address public questions.

The pandemic presented challenges to information sharing between state and local governments working to implement policy guidance. The novel and evolving nature of the virus often rendered information obsolete within days of being issued. Public health officials needed to modify guidance rapidly, leaving little time to connect with local officials prior to broadcasting the message to the public. These unavoidable shifts in guidance left local officials without the context needed to communicate policy decisions to their constituents at times.[92] Local EOC staff often had little knowledge of press conference announcements, sometimes receiving only a brief notice 30 minutes prior to public announcements. While regular interagency coordination calls fostered coordination and situational awareness, inconsistencies in messaging across different calls led to confusion at the grassroots level. Stakeholders trying to navigate this information at the local level sometimes received incomplete or contradictory details about policies or programs.

Despite the state's best efforts to bring local officials up to speed on information changes, county and city staff often found themselves working to keep pace with information released during press conferences from the Governor's Office. One example of this challenge was the state's announcement of the *Great Plates Delivered* program.[93] The state's April 2020 announcement of this food delivery program, without prior notice to jurisdictions, required local agencies to adapt and mobilize resources. Local governments lacked time to prepare answers to anticipated questions or provide guidance. As a result, residents felt confused or frustrated with local authorities.[94]

Local responders expressed frustration with a perceived lack of coordination on state agency-run conference calls, which were frequently scheduled to occur simultaneously or at the close of workdays or work weeks. The urgency to share information and

[92] Stakeholder Interview
[93] Stakeholder Interview
[94] Stakeholder Interview

operational protocols complicated coordination efforts. Releases often provided counties little time to prepare or offer feedback before the information became public. Consequently, local government staff encountered inquiries with scarce information at their disposal, hindering their ability to provide comprehensive responses.

Recommendation: Create an information prioritization system and notification protocol to enhance communication with local officials and response partners.

- Prioritize the release of critical life safety information while scheduling less urgent updates to provide response partners with preparation time. Develop and distribute concise fact sheets summarizing key points or policy changes.
- Coordinate with state agencies to align regular call schedules, avoiding overlaps and enhancing participation. Utilize JIC resources to maintain and share a unified call schedule.
- Establish dedicated feedback channels for partners to share insights on recently released and upcoming guidance, fostering a collaborative response framework.

3.2 Whole Community Public Messaging

Communicating with the whole community during a pandemic is key to slowing the spread of the virus and protecting people most vulnerable to its impacts. State officials used press conferences, social media, toolkits, and traditional media to keep Californians informed. Over time, the state expanded its use of translations, accessibility features, and inclusive tools, significantly broadening the reach and impact of public health messaging.

3.2.1 Press Conferences

Strength

Strength 1: The Governor's Office held regular press conferences, which aired live on local stations and streamed on social media.

Regular press conferences from the Governor's Office provided guidance and updates on response initiatives. Early in the response, the Governor's Office recognized the need to share real-time and transparent information.[95] The governor's press conferences became a reliable method for sharing new or updated information and guidance quickly. These press conferences delivered direct and consistent communication from state leadership. The press conferences were initially broadcast on local television

[95] RFI Response

channels and later expanded to live-streaming on popular social media platforms such as Facebook and YouTube. Broadcasting on social media aimed to reach a wider audience in combination with traditional media.[96]

3.2.2 Social Media Partnerships

Strength

Strength 2: The Governor's Office and state agencies partnered with social media companies to launch a public awareness campaign, widely disseminating critical information, resources, and health guidelines.

Figure 10. Social media post about social distancing. *Source: Cal OES Facebook.*

Social media was a valuable tool for sharing public health guidance and combatting misinformation. On March 29, 2020, the Governor's Office announced a partnership with leading social media companies to support the COVID-19 public awareness campaign. The partnership shared content across digital platforms, radio, television, and outdoor advertising. Companies such as Google, Facebook, Instagram, X (formerly Twitter), TikTok, and Spotify made advertising space available to help ensure Californians received critical messages.[97] The campaign provided information about essential resources and services that remained open in addition to providing guidance on how to stay healthy. The state used multiple strategies to make information more accessible, including shareable social media graphics and videos.[98]

[96] Stakeholder Hotwash

[97] Office of the Governor. "California's leading digital and media platforms, businesses, and celebrities' partner with the state to amplify covid-19 "stay home. save lives." public awareness campaign." 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/03/29/californias-leading-digital-and-media-platforms-businesses-and-celebrities-partner-with-the-state-to-amplify-covid-19-stay-home-save-lives-public-awareness-campaign.

[98] Office of the Governor. "California's leading digital and media platforms, businesses, and celebrities' partner with the state to amplify covid-19 "stay home. save lives." public awareness campaign." 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/03/29/californias-leading-digital-and-media-platforms-businesses-and-celebrities-partner-with-the-state-to-amplify-covid-19-stay-home-save-lives-public-awareness-campaign.

3.2.3 Equitable Public Messaging

Strengths

Strength 3: The state provided inclusive guidance through multiple platforms to reach diverse audiences.

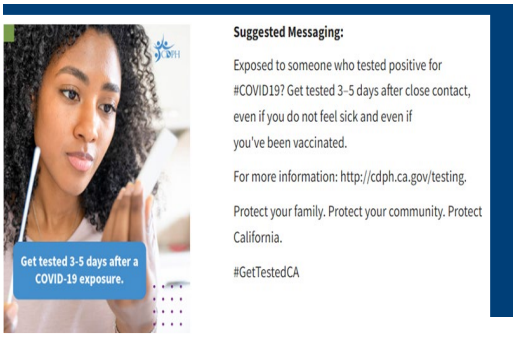

Figure 11. Example of CDPH Communications Toolkit material. *Source: CDPH website.*

State agencies provided local jurisdictions with presentations, graphics, toolkits, and other resources from press conferences and statewide campaigns to maintain consistent messaging.[99] Local agencies tailored this information to their jurisdictions while referencing state-provided materials. The Communications/Crisis Communications Task Force supported local PIOs with COVID-19 graphics, public service announcement toolkits, *Listos California* resources, and Mixteco language resources. The task force also facilitated coordination calls, shared significant news releases, and amplified testing site information on social media.[100] In November 2021, Cal OES issued guidance on diverse marketing and accessible formats to improve vaccination rates for people with AFN, drawing on lessons learned during mass vaccination efforts. The state later published an *Inclusive Planning Blueprint for Addressing Access and Functional Needs at Mass Testing/Vaccination Sites*.[101]

Information was distributed via social media, radio, billboards, commercials, apps, phone calls, texts, emails, flyers, and newspapers. The multi-channel messaging approach reached Californians from a wide array of demographic backgrounds and differing language preferences and abilities. ASL interpreters translated press briefings in real time, aligning with the state's Whole Community approach to emergency planning and response. These actions supported direct access to information for diverse populations, including people with AFN and those with Limited English Proficiency.

[99] Stakeholder Interview

[100] UCG Briefing Report. August 9, 2020.

[101] Cal OES. "Inclusive Planning Blueprint for Addressing Access and Functional Needs at Mass Testing/Vaccination Sites." November 2021. Accessed December 9, 2024. https://www.caloes.ca.gov/wp-content/uploads/AFN/Documents/AFN-Library/Cal-OES-Inclusive-Planning-Blueprint-for-Addressing-AFN-at-Mass-Vaccination-and-Testing-Sites.pdf.

Strength 4: Leaders prioritized equitable, accessible communication by sharing up-to-date scientific information about the virus and establishing a call center to address public inquiries.

Accessible communication fostered public trust and reached diverse audiences during the pandemic. The Governor's Office regularly provided critical updates on COVID-19's spread, transmission, morbidity and mortality rates, and available support services. This information was shared through press releases and a centralized online resource where Californians could find the latest pandemic updates, public health guidance, testing and vaccination locations, school safety protocols, public assistance programs, housing resources, and travel guidelines. To make these resources truly equitable, the state distributed public information in multiple languages and formats to meet the needs of California's diverse communities.[102]

To further support equitable access to information, the state established a call center dedicated to answering public questions and addressing concerns. This call center played a vital role in reaching Californians without reliable internet access and provided personalized responses to specific queries. Through this science-driven approach, the state connected Californians with resources to better understand COVID-19's nature, its impacts, and critical measures to prevent its spread, reaching diverse communities across the state.

Strength 5: Listos California enhanced inclusive communications with people at increased risk to the pandemic's impacts through both direct communication and coordinated efforts among Non-Governmental Organizations, state agencies, and local partners.

Launched by Cal OES, *Listos California* is a statewide campaign that improved emergency preparedness among the state's diverse communities, providing crucial pandemic safety and disaster preparedness information to millions of Californians who might not otherwise have access. Introduced in 2019, the initiative marked the first comprehensive effort aimed at helping communities at higher risk during disasters, such as wildfires, earthquakes, floods, and pandemics. *Listos California* collaborates with NGOs and state agencies to ensure preparedness messages are shared broadly by trusted representatives. The campaign connects with the community

Figure 12. *Listos California* Logo. *Source: Listos Facebook.*

[102]CDPH. "COVID-19 Multilingual Resources." 2023.

through local CBOs that maintain strong relationships with their neighbors and a deep understanding of their specific needs and languages.

Within days of the Governor's Office declaration, *Listos California* ramped up outreach efforts and incorporated pandemic-specific information into its materials. It shared pandemic campaign messages from the Governor's Office, and adapted them with webinars, web-based training, and physical delivery of pandemic education materials to additional populations of socially vulnerable Californians. The campaign partnered with state agencies to facilitate the distribution of new health resources to populations, including immigrants, people with disabilities, and individuals experiencing homelessness. *Listos California* reached over 16 million Californians with information and activities related to COVID-19 and its impacts.[103]

Strength 6: The state deployed a public communications strategy to promote vaccine safety, combat misinformation, and encourage equitable vaccination access among all Californians.

Vaccinate ALL 58
Together we can end the pandemic.

Figure 13. Vaccinate All 58 Campaign Logo. Source: State of California website.

The arrival of COVID-19 vaccines marked a pivotal moment in the state's pandemic response. The state prioritized equitable access to vaccine information for all Californians, regardless of language, socioeconomic status, or geographic location. In December 2020, the Governor's Office launched the *Vaccinate All 58* campaign to facilitate a fair, organized distribution across the state's 58 counties. As part of the Vaccine Task Force, this campaign focused on overcoming community-specific barriers to vaccination and provided information in multiple languages and accessible formats.

The *Vaccinate All 58* campaign incorporated strategies to reach communities directly, addressing misinformation and vaccine hesitancy in ways that respected California's diversity. From March 2021 to February 2023, weekly newsletters in English and Spanish delivered regular updates. The *Let's Get to ImmUnity* campaign extended this outreach with a free, multilingual toolkit that included flyers, social media content, and influencer-driven messaging on platforms like TikTok, Instagram, and YouTube.[104] By prioritizing transparency and accessibility, the state connected underserved populations with

[103] Listos California. "Listos California Impact Report." May 2021. https://www.listoscalifornia.org/wp-content/uploads/2021/06/Listos-California-Impact-Report.pdf.

[104] CDPH. "CDPH Launches Let's Get to ImmUnity Campaign to Boost COVID-19 Vaccine Acceptance." March 17, 2021. Accessed December 9, 2024. https://www.cdph.ca.gov/Programs/OPA/Pages/NR21-091.aspx.

vaccine resources, achieving a 74.2% full vaccination rate by the end of 2022, surpassing the national average of 68.9%.[105]

Area for Improvement and Recommendations

Area for Improvement 1: The state faced challenges in reaching target audiences with key messages during the response.

Public health emergencies highlight systemic inequalities in access to healthcare and information, as well as distrust in government among certain communities. This can dampen the impact of vital messaging from the government or wider public health sources. As the response unfolded, the state adapted its communication methods to better connect with these communities. For example, the Central Valley Task Force found that television and radio messaging was more effective than printed materials for certain Spanish-speaking populations in the region. The task force attributed this to lower literacy rates and a lack of trust in the government.

Communications teams managed heavy workloads to deliver lifesaving information and adapt to evolving guidance. As a result, information was sometimes incomplete or hard to understand. For example, Cal OES learned some In-Home Support Service (IHSS) providers did not show up to assist their clients because they were unclear whether they were essential employees under the stay at home order. This was later clarified in the Governor's Office briefings.

Challenges intensified when federal guidance lacked clarity or required interpretation. Statewide PIOs struggled to keep up with changes in federal guidance and pandemic considerations, often having to respond quickly without sufficient time or support. As the response progressed, the state solidified regular communication with counties and the public, prioritized equity, and addressed misinformation and disinformation.

Recommendation: Expand targeted communication strategies using diverse media platforms, community networks, and culturally appropriate outreach to improve message delivery and audience engagement.

- Engage trusted community organizations during both planning and response to inform and amplify public messaging to historically underserved communities.
- Increase engagement with community organizations to disseminate information to those lacking access to traditional communication forms like television, radio, and the internet.

[105] CDC. "COVID data tracker." Accessed July 2023. https://covid.cdc.gov/covid-data-tracker

- Issue messages in accessible, understandable formats, such as holding a press conference and launching a video campaign with engaging visuals and simple language to explain new requirements.

CHAPTER 4: MEDICAL AND HEALTH SERVICES

CHAPTER INTRODUCTION

COVID-19 presented a global medical crisis which placed health professionals at the forefront of the response, providing care for those infected with COVID-19 and offering scientific expertise to inform emergency actions and policy decisions. The state adopted a unified approach early in the pandemic, integrating public health and emergency management response structures. The state rapidly expanded testing capacity, implementing programs designed to identify COVID-19 cases, detect infections early, isolate affected individuals, monitor virus transmission, and guide public health strategies.

To support the medical and health services response, the state issued executive orders, policies, and guidance to adapt regulations and expand healthcare capacity. For example, the state temporarily modified regulations, enabling healthcare facilities to expand capacity while balancing public safety and healthcare demands. As the pandemic progressed, the *Blueprint for a Safer Economy* provided a tiered system for reopening businesses based on local COVID-19 conditions. CDPH also issued infection control guidance for healthcare and long-term care facilities (LTCFs), equipping healthcare professionals with critical directives. These actions supported the state's ability to manage the pandemic's impacts, strengthen healthcare system resilience, and provide science-based guidance to providers and the public.

Figure 14. Social media post aligned to the state's face covering mandate. *Source: California Governor Facebook.*

Public health agencies at state and local levels coordinated information campaigns to educate Californians on preventative measures, testing, and vaccination efforts. Partnerships with medical and health services across the state enhanced the capacity to address immediate challenges and established a foundation for a resilient healthcare system ready to navigate future emergencies.

State Medical and Health Priorities

Early Detection and Surveillance

- Monitored updates from international health organizations such as WHO, CDC, and USDHHS.
- Confirmed California's first COVID-19 case on January 26, 2020.
- Established systems to monitor cases and identify potential outbreaks.
- Set up testing sites across the state to facilitate testing for symptomatic individuals.

Containment and Isolation

- Implemented isolation and quarantine guidance for confirmed cases and close contacts.
- Partnered with local officials to conduct contact tracing for individuals exposed to confirmed cases.
- Collaborated with healthcare facilities to isolate and treat severe cases.
- Implemented stay at home orders and expanded access to testing in vulnerable communities to reduce transmission risks.

Data Modeling and Forecasting

- Used data and scientific insights to guide public health decisions.
- Promoted healthy hygiene practices, social distancing, and face covering using data modeling and forecasting.

Healthcare System Readiness

- Secured essential medical supplies amidst resource scarcity.
- Expanded hospital capacity by requesting Federal Medical Stations (FMSs) and creating Alternate Care Sites (ACSs).
- Improved infection control practices and supported LTCFs in strengthening prevention measures to limit virus spread among residents and staff at higher risk of severe outcomes.

Community Engagement

- Partnered with local communities to promote preventative measures and address resource gaps.
- Addressed public concerns and supported those at high risk of infection.

Vaccination Campaign

- Distributed and administered vaccines equitably as they became available.
- Prioritized high-risk groups for vaccination.

FINDINGS

This section examines medical and health services, focusing on testing, contact tracing, medical coordination, vaccination, and mass fatality management.

4.1 Testing

Reliable and timely COVID-19 testing played a pivotal role in managing the public health response and protecting high-risk communities. At the onset of the pandemic, the state faced challenges in scaling up testing efforts due to a national shortage of federal testing kits and delays in establishing supply chains.[106] Despite these obstacles, the state rapidly established a sophisticated testing infrastructure to address the needs of all Californians.

The state leveraged SEMS to coordinate testing resources among local public health agencies through the Testing Task Force (TTF). The centralized command structure under SEMS provided logistical support and staffing, reducing bottlenecks and delays at testing sites.[107] Early challenges provided valuable lessons that improved efficiency and enabled testing operations to adjust in real time.[108] The state established the TTF to enhance coordination and allocate testing resources to local communities, which included representatives from key health organizations and state agencies. This collaboration improved testing speed and the dissemination of results to individuals.[109]

Equity remained a cornerstone of the state's testing strategy. Early deployment of mobile testing units provided access to individuals in underserved areas and communities with limited testing infrastructure.[110] These mobile units significantly expanded community coverage, reduced disparities in testing availability, and supported health equity throughout the state.

[106] CDPH. "COVID-19 AAR – Testing." July 2024.

[107] Stakeholder Interview

[108] Stakeholder Interview

[109] CDPH. "COVID-19 AAR – Testing." July 2024 and Stakeholder Hotwash

[110] CDPH. "COVID-19 AAR – Testing." July 2024 and Stakeholder Interview

4.1.1 Testing Task Force

Strength

Strength 1: The Testing Task Force expanded capacity and addressed scaling challenges, central to the state's testing efforts.

The TTF was established in March 2020 by the Governor's Office, CalHHS, and Cal OES. The TTF acted quickly to implement widespread testing measures just weeks after the first cases appeared in the state, working to overcome a lack of existing infrastructure and limited resources.[111] Despite these challenges, the TTF successfully coordinated with state agencies and local partners to mobilize over 6,700 testing sites across the state.[112] Their agile response included a strategic shift from solely offering polymerase chain reaction (PCR) testing to incorporating antigen tests as they became available, enabling faster and more widespread testing. Throughout the pandemic, the TTF facilitated the administration of over 14 million PCR tests and distributed 107 million over-the-counter antigen tests.[113]

The TTF held weekly calls and provided a dedicated email address for direct communication, supporting clear coordination across all testing sites. This fostered consistent interaction with stakeholders and helped align testing operations. The TTF also embraced a continuous improvement mindset, adapting testing strategies based on real-time feedback and making adjustments to meet the evolving demands.[114]

Areas for Improvement and Recommendations

Area for Improvement 1: The rapid increase in demand challenged the state's ability to effectively adapt and operationalize testing resources.

Decades of underfunding left the state's public health labs primarily functioning as reference labs with limited capacity for high-volume testing. These labs were not equipped to manage the rapid scale-up needed during the COVID-19 response, which exposed deep resource limitations. As testing needs surged, the labs encountered critical shortages of essential supplies like pipettes, reagents, and plastics, which stalled lab operations and constrained testing throughput.

[111] CDPH. "COVID-19 AAR – Testing." July 2024.
[112] CDPH. "COVID-19 AAR – Testing." July 2024.
[113] CDPH. "COVID-19 AAR – Testing." July 2024.
[114] CDPH. "COVID-19 AAR – Testing." July 2024 and Stakeholder Hotwash

Test result delays of seven to ten days hindered testing's effectiveness as a real-time public health tool. Delayed results impeded case tracking, contact tracing, and timely isolation, which allowed COVID-19 to spread more freely. The centralized supply chain struggled to allocate resources efficiently to labs with the greatest need, further slowing response efforts in heavily impacted areas.[115]

Recommendation: Strengthen the state's public health lab infrastructure and establish resilient supply chain protocols to enhance testing response capabilities.

- Develop public/private partnerships with commercial labs to quickly accommodate high-volume testing, to support public health labs maintain their reference capability.
- Develop a strategic reserve of critical supplies (pipettes, reagents, plastics) to reduce reliance on external suppliers during surges.
- Establish a prioritized supply chain protocol to quickly allocate resources to the most impacted labs, improving turnaround times.
- Explore capability building options or funding to expand lab capacity and ensure readiness for future public health needs.

Area for Improvement 2: Relying on contractors without public health expertise hindered the Testing Task Force's operational effectiveness and policy clarity.

To address staffing gaps, the TTF rapidly onboarded contractors from various organizations who took on critical roles in project and program management, training, analysis, and reporting. However, due to the urgent demand, the TTF faced challenges hiring contractors with expertise in public health, laboratory science, and clinical testing. This led to gaps in the contractors' understanding of technical public health protocols and reduced their ability to contribute effectively to high-stakes decision-making processes.[116]

Contractors contributed to program management and reporting but lacked role clarity in policy discussions. This caused misalignment between TTF staff and contractors, as some viewed contractors as overly influential in policy decisions, a role traditionally held by state experts. TTF staff noted confusion stemming from contractors' limited technical expertise in managing large-scale testing, particularly for nuanced approaches in antigen testing. The absence of specialized knowledge among contractors led to occasional misunderstandings, with some contractors proposing or supporting policies that did not fully align with TTF's strategic goals.[117]

[115] CDPH. "COVID-19 AAR – Testing." July 2024.
[116] CDPH. "COVID-19 AAR – Testing." July 2024.
[117] CDPH. "COVID-19 AAR – Testing." July 2024.

Recommendation: Develop a clear contract that defines qualifications, roles, and responsibilities of the contractors. Include structured onboarding and integration protocols to ensure their expertise aligns with their roles.

- Create guidelines and communication channels to integrate contractors into policy discussions while avoiding misalignment with state staff.
- Prioritize recruiting contractors with expertise in public health, laboratory science, or clinical testing to improve contributions to policy discussions and operational decisions.
- Screen candidates for technical backgrounds that align with high-demand testing roles to match qualifications with operational needs.
- Create onboarding guidelines and communication channels to define contractor roles in policy, decision-making, and technical support.
- Develop job action sheets within the ICS framework to define contractor roles during onboarding.

4.1.2 Testing Sites

Strengths

Strength 2: The California National Guard supported the rapid establishment and operation of COVID-19 testing sites across the state.

The state experienced a critical staffing shortage during the pandemic due to the prolonged and overwhelming demands placed on essential services. Despite reassigning personnel from other state agencies, the shortage persisted, necessitating the activation of the California National Guard. This enabled the rapid establishment and operation of over 200 vendor-run and 3,400 state-supported PCR community testing sites, including 182 locations in non-rural counties and 45 in rural counties.

The California National Guard also supported the deployment of buses and traveling teams, expanding the state's testing capacity.[118] During the Omicron surge from December 2021 through January 2022, when staffing shortages became even more acute, the California National Guard increased testing by an additional 100,000 tests per week and conducted 298,538 tests.[119]

[118] CDPH. "COVID-19 AAR – Testing." July 2024.

[119] CDPH. "COVID-19 AAR – Testing." July 2024 and Stakeholder Email. August 10, 2023.

Strength 3: Innovative solutions and targeted guidance effectively enhanced accessibility to COVID-19 testing.

In May 2020, the state launched a user-friendly testing website that improved accessibility by helping residents find nearby testing sites. This website featured an interactive map and sections like "How to get tested," which empowered residents to make informed decisions.[120] The TTF developed the California COVID-19 Courier Network to further expand access. The network added over 110 drop-box locations across the state and facilitated the transportation of PCR samples from community-based testing sites. The TTF's actions improved the timelines of sample delivery, particularly from rural and underserved areas.

The TTF modified state-run PCR sites to allow walk-up appointments, expanding beyond drive-through and pre-scheduled options. These modifications directly addressed equity barriers by providing access for individuals without vehicles or those who encountered difficulties with digital literacy. For example, walk-up appointments served rural areas where public transportation was limited and assisted residents with irregular work schedules who could not pre-schedule appointments. Walk-up sites also allowed people to access testing without a vehicle or internet access.

The TTF also launched a free At-Home/Over-the-Counter antigen testing program that distributed over 107 million test kits. This program provided a no-cost testing option for uninsured, underinsured, and underserved populations. The TTF also integrated telehealth into its *Test-to-Treat* initiative, enabling individuals who tested positive to quickly access COVID-19 therapeutics, which further enhanced both the accessibility and effectiveness of the testing program.[121]

4.1.3 Laboratory Infrastructure

Strength

Strength 4: The Valencia Branch Lab significantly bolstered California's COVID-19 testing capacity.

State leadership established the Valencia Branch Lab (VBL) under an accelerated timeline to meet the urgent demand for increased testing. Early challenges with quality control and testing accuracy were addressed through targeted adjustments.[122]

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[120] Cal OES News. "State Launches California COVID-19 Testing Sites Website." May 6, 2020, Accessed December 9, 2024.https://news.caloes.ca.gov/state-launches-california-covid-19-testing-sites-website/.

[121] CDPH. "COVID-19 AAR – Testing." July 2024.

[122] CDPH. "COVID-19 AAR – Testing." July 2024.

The VBL processed up to 150,000 PCR diagnostic tests daily, significantly increasing the state's testing capacity. By partnering with vendors to secure resources, the lab addressed earlier supply chain challenges and stabilized the testing material supply. The VBL also improved testing turnaround times to approximately 48 hours, contributing to the state's overall testing efficiency.[123]

A public-private partnership expanded the state's testing capacity by 75% through the VBL, providing greater operational control. The lab also introduced a technology platform that improved PCR registration, reporting, and logistics management, enhancing overall testing efficiency.[124]

4.2 Contact Tracing

Contact tracing and case investigation served as vital tools to reduce virus transmission. The state redirected up to 10,000 employees, trained through the Virtual Training Academy (VTA), to support local health departments. Contact tracers engaged individuals who tested positive and their close contacts, ensuring access to testing and care.

The state collaborated with local health departments, academia, and the private sector to develop CalCONNECT, a digital tracing system empowering text-based communication via the CalCONNECT Virtual Assistant. CA Notify, a digital exposure notification technology formed through collaboration with private firms and academia, alerted users about potential exposures. These efforts aided in curbing virus transmission and responding to cases across the state.

4.2.1 California Connected Program

Strengths

Strength 1: Innovative partnerships supported the development and evolution of the California Connected program, strengthening case investigation and contact tracing efforts.

On May 22, 2020, the Governor's Office launched *California Connected*, the state's contact tracing program and public awareness campaign. Public health workers reached individuals who tested positive for COVID-19 and their close contacts,

[123] CDPH. "COVID-19 AAR – Testing." July 2024.

[124] CDPH. "COVID-19 AAR – Testing." July 2024.

connecting them with testing and medical care.[125] The program succeeded through partnerships among the Governor's Office, CDPH, local public health departments, and the University of California campuses in San Francisco and Los Angeles. Together, they established the VTA, an online platform for training contact tracers and case investigators.

Figure 15. *California Connected* logo. *Source: California Connected website.*

The state collaborated with Google, Apple, and the University of California, San Diego, to develop CalCONNECT, a digital contact tracing technology. Private consulting firms contributed to creating technology solutions that supported statewide case investigation and contact tracing, mobilizing 10,000 contact tracers.[126] Recognizing the critical role of case investigation, *California Connected* expanded to include this component.

The technology was designed with local needs in mind, involving local health departments as end users and co-creators. In July 2020, the state established a Governance Council and launched an online exchange forum to gather feedback from local health departments. The Council met twice weekly to support the development of CalCONNECT through collaboration.[127]

In August 2020, CDPH introduced the CalCONNECT Virtual Assistant, a text-based messaging tool to improve public health communication. Initially, contact tracing relied on phone calls, but the rising volume of cases created challenges. The Virtual Assistant sent text alerts about upcoming contact tracer calls and later allowed contacts to complete a short survey via text, streamlining the process.[128]

Refinements continued with input from local health jurisdictions. In April 2021, CalCONNECT integrated with California's immunization registry, CAIR2, allowing contact tracers to view individuals' vaccination status and prioritize unvaccinated individuals. This integration marked a significant milestone in improving the state's public health response.[129]

[125] CDPH. "COVID-19 AAR – Four Chapters." October 2022.
[126] CDPH." COVID-19 AAR – Four Chapters". October 2022.
[127] CDPH. "COVID-19 AAR – Four Chapters." October 2022.
[128] CDPH. "COVID-19 AAR – Four Chapters." October 2022.
[129] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

Strength 2: The state redirected employees to build contact tracing capacity at the local level.

In April 2020, CDPH reported a need for 31,400 contact tracers, case investigators, and supervisory and administrative staff statewide.[130] The estimate was based on a survey in which local health departments projected the number of staff they needed to contact every person testing positive within their jurisdiction. While more than 10,000 existing local health department staff were immediately called upon to learn and conduct contact tracing, an additional workforce was necessary.[131]

The following month, the state launched a plan to create a pool of up to 10,000 redirected state employees from various state agencies to supplement local health department staffing.[132] Leadership from the California Department of Human Resources, GovOps, and CDPH's Human Resources Division held multiple meetings to develop a process for expanding the workforce. All state departments were required to identify 5% of employees for redirection to the contact tracing program.[133] These staff members would undergo training at the VTA to become contact tracers and case investigators. After they had completed the training, CDPH assigned the redirected staff to the local health departments who had submitted requests through their MHOAC program. CDPH then virtually deployed the redirected staff to local health departments, where they conducted remote contact tracing for their counties.

The VTA provided support to over 2,000 state staff redirected from more than 100 different state departments. The redirected state workforce program ended on June 30, 2022, and *California Connected* teams concluded their work on July 30, 2022.[134]

Strength 3: The state partnered with California Universities to virtually train redirected workers as contact tracers and case investigators.

Redirected state employees had to be trained prior to assisting locals with case investigation and contact tracing efforts. The VTA consisted of six new courses, many of them in English and Spanish, along with a skills-based lab component to prepare redirected state workers for contact tracing. Additionally, the VTA leveraged existing university resources and professional networks to enhance state workers' interviewing skills in small group settings. This included providing state workers with access to

[130] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

[131] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

[132] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

[133] Cal HR. "Contact Tracer Assignment Information for State Departments." May 28, 2020. Accessed December 9, 2024. https://www.calhr.ca.gov/Documents/contact-tracer-assignment-information-for-state-departments.pdf.

[134] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

educational platforms and skilled course facilitators. Between the program's 2020 inception and October 2022, over 11,000 learners completed VTA courses, and almost 30,000 attendees have participated in its continuing education and peer-to-peer Townhall and Communities of Practice sessions.[135]

Strength 4: CA Notify, a digital exposure notification technology, was implemented to complement California Connected's contact tracing efforts.

The state launched *CA Notify*, a cutting-edge contact tracing solution, in collaboration with private technology firms and academia. *CA Notify* was a free digital exposure notification system offering an opt-in feature for users to receive notifications if they were recently within six feet of someone who had tested positive for COVID-19. As of October 2022, over 17.2 million Californians had activated the technology, and the tool had sent an estimated 1.23 million exposure notifications.[136]

Figure 16. CA Notify social media post encouraging people to sign up for exposure notifications. *Source: State of California website.*

Area for Improvement and Recommendations

Area for Improvement 1: California Connected program encountered administrative challenges during its development and operation.

The *California Connected* program struggled to adequately staff its contact tracing efforts. The program heavily relied on redirected state workers but lacked crucial support services in HR, budgetary management, and administration to manage this workforce. Initial attempts to manage redirected staff using tools like Excel proved unsuccessful, leading to frustration among workers and their respective departments. It became clear that establishing program infrastructure before beginning was essential, emphasizing the crucial need for proper preparation.

The state encountered unforeseen technological difficulties in transitioning redirected staff to a remote work environment, hindered by a lack of essential technology skills, remote setup, and familiarity with collaboration tools. There were also not enough managers for the expanding contact tracing workforce, necessitating state-level oversight due to restrictions on county-level managers.

[135] CDPH. "COVID-19 AAR – Four Chapters." October 2022.
[136] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

Recommendation: Develop an infrastructure plan for implementing programs similar to California Connected.

- Conduct a comprehensive assessment and gap analysis of the infrastructure needed for the *California Connected* program, detailing anticipated needs for supervisors, case investigators, technical specialists, and support staff, with a focus on scalability.
- Develop a staffing plan to anticipate needs and align with program goals.
- Establish clear guidelines on potential redirections by including criteria for selecting employees and the process for transitioning them into new roles.
- Identify staffing leads responsible for overseeing the deployment of staffing strategies and addressing related challenges.

4.3 Medical Coordination

As global competition for scarce medical resources intensified, the state implemented strategies to address supply chain disruptions and mitigate resource and staffing shortages. EMSA released emergency reserves of PPE, including N95 masks, to support healthcare facilities. During the state's initial surge, medical facilities activated mass casualty surge strategies to expand patient treatment capacity.

As confirmed cases surged statewide, the state activated ACSs and requested FMSs to support local medical facilities. FMSs are mobile units equipped with beds, supplies, and medications to provide care for up to 250 individuals. Due to initial incomplete deliveries, officials disassembled FMS kits to supplement hospital capacities and meet escalating medical demands.

To address staffing shortages, the state mobilized the California National Guard and expanded the pool of available medical professionals. The Governor's Office issued Executive Orders to manage medical surges, focusing on maintaining staffing levels and supplementing health facilities with critical supplies.

4.3.1 Scarce Medical and Health Resources

Strength

Strength 1: The state coordinated the distribution of biomedical equipment and personal protective equipment to address supply chain challenges.

The pandemic caused a global surge in demand, resulting in critical shortages of medical supplies. The state prioritized securing resources for healthcare facilities, essential workers, and critical infrastructure. On April 1, 2020, the governor signed

Executive Order N-41-20, allocating emergency funds for PPE, medical equipment, and other resources to support surging healthcare demands.[137]

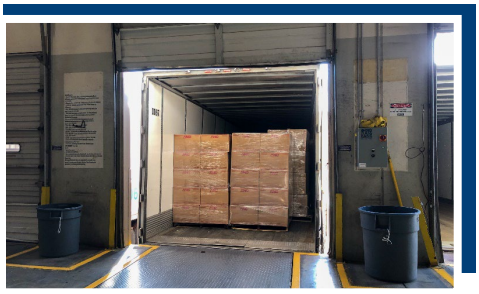

Figure 17. Cal OES warehouse receiving a shipment of donated PPE. *Source: Cal OES.*

Cal OES led logistics operations, leveraging its capacity and expanded authority under the ESA. The state quickly distributed biomedical equipment and PPE to address local shortages and supply chain gaps. On April 4, 2020, the state launched a one-stop website, allowing businesses to donate, sell, or manufacture critical medical supplies, including ventilators, N95 respirators, and testing materials.[138] These efforts bolstered the state's supply of essential equipment, supporting public health and safety.

Cal OES collaborated with CDPH to purchase and store biomedical equipment, including ventilators, pulse oximeters, N95 masks, face shields, gowns, and gloves.[139] The Logistics and Commodity Movement Task Force worked with CDPH's Occupational Health Branch to procure PPE, particularly N95 masks. CDPH established specifications for state purchases, advised on resource procurement, and developed PPE guidelines. Cal OES distributed these resources to requesting counties.[140] The *CDPH COVID-19 AAR* contains more specific information on the procurement and distribution of PPE for medical surge.

In March 2020, the Logistics and Commodity Movement Task Force devised a statewide strategy to procure PPE and medical supplies. The strategy established purchasing goals, which included 500 million N95 masks, 500 million surgical masks, 100 million surgical gowns, 500 million nitrile gloves, 200 million face shields, and 10 million goggles, among other items.[141] DGS led the bulk procurement team, which included buyers from DGS, EMSA, California Department of Forestry and Fire Protection (CAL FIRE), California Department of Transportation (Caltrans), and CDPH. The state entered into over 200

[137] Executive Department, State of California. "Executive Order N-41-20." April 1, 2020. Accessed July 2023. https://www.gov.ca.gov/wp-content/uploads/2020/04/4.1.20-EO-N-41-20.pdf.

[138] Office of the Governor. "Governor Newsom Launches One-Stop Website for Donations & Sales of Essential Medical Supplies in Fight Against COVID-19." April 4, 2020. Accessed December 9,2024. https://www.gov.ca.gov/2020/04/04/governor-newsom-launches-one-stop-website-for-donations-sales-of-essential-medical-supplies-in-fight-against-covid-19/.

[139] CDPH. "COVID-19 AAR Chapter."

[140] CDPH. "COVID-19 AAR Chapter."

[141] DGS. "2020 Year in Review." Accessed July 2023. https://www.dgs.ca.gov/-/media/Divisions/DGS/Strategic-Plan/DGS-2020YearInReview-ADA.pdf?la=en&hash=4B426C8785696CD16D540DA91D7D8B844BC92BE1.

contracts for over $2 billion in goods.[142] On June 8, 2020, the state contracted BYD North America to produce and ship 150 million N95 masks for distribution to healthcare workers and those requiring respiratory-style masks.[143] Increased demand for ventilators led to the establishment of a contract with Meditech to provide ventilators for statewide use. After the state sent the requested resources to counties, the counties distributed them to their local partners.[144]

Chapter 5: Logistics provides more detailed information on logistics operations and purchasing goals during the state's COVID-19 response.

4.3.2 Medical Surge Capacity

Strengths

Strength 2: The state promptly activated Alternate Care Sites when the healthcare systems' demands exceeded capacity.

Medical facilities prepared for patient surges by canceling elective surgeries, discharging stable patients, reducing room occupancy, and repurposing spaces for extra patient care. Some facilities used modular tents to augment treatment or triage spaces.[145]

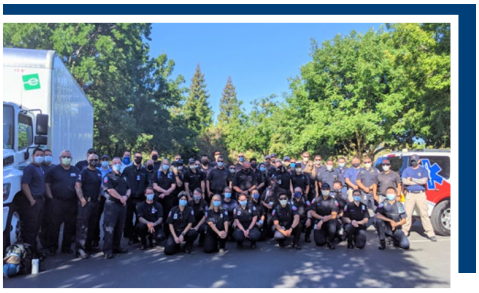

Figure 18. EMSA helped provide logistical support alongside Cal OES, DGS, Cal Fire, and CDPH. *Source: EMSA Facebook.*

Cal OES, DGS, CAL FIRE, CDPH, and EMSA collaborated to provide logistical support for ACSs, designed to care for patients needing less critical care than hospitals provided. Imperial, Fresno, Orange, and Sacramento Counties had the highest

> "This statewide implementation of ACSs marked a significant first in the state's response efforts, providing valuable best practices and lessons learned for future planning and implementation of alternate care services."
> - Stakeholder Hotwash

[142] DGS. "2020 Year in Review." Accessed July 2023. https://www.dgs.ca.gov/-/media/Divisions/DGS/Strategic-Plan/DGS-2020YearInReview-ADA.pdf?la=en&hash=4B426C8785696CD16D540DA91D7D8B844BC92BE1.

[143] Office of the Governor. "Governor Newsom Announces Federal Health and Safety Certification of Life-Saving N95 Maks." June 8, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/06/08/governor-newsom-announces-federal-health-and-safety-certification-of-life-saving-n95-masks/.

[144] Office of the Governor. "Governor Newsom Announces Federal Health and Safety Certification of Life-Saving N95 Maks." June 8, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/06/08/governor-newsom-announces-federal-health-and-safety-certification-of-life-saving-n95-masks/.

[145] Stakeholder Hotwash

participation, with over 1,300 patients.[146] Some ACSs in Riverside and Sacramento Counties also offered drive-through testing and monoclonal antibody infusions. ACSs opened during periods of increased demand and remained on standby to meet future surges.

Further details on ACSs and medical surge operations can be found in the *CDPH COVID-19 AAR*[147] and *EMSA COVID-19 AAR*. [148]

Strength 3: Federal medical station supplies expanded hospital capacity during the response.

Figure 19. "Field hospitals in a box" palleted supplies staged at the Dixon warehouse. *Source: Cal OES.*

The state created portable "field hospitals in a box" by separating supplies from the FMS and supplementing them with EMSA resources. These field hospitals were deployed statewide.[149] DGS assembled a procurement team to purchase goods and support ACS and FMS site operations.[150]

The FMS included essential medical resources for public health emergencies and disasters, such as pharmaceuticals, medical instruments, wound care items, and PPE (e.g., masks, gloves, gowns, and face shields). It also provided medical equipment, including ventilators, portable oxygen concentrators, defibrillators, infusion pumps, and diagnostic tools like test kits and reagents. Communication tools, such as radios and satellite phones, supported coordination among healthcare providers and emergency responders.

Access to such supplies and the ability to establish the "field hospital in a box" provided much-needed hospital decompression in early surges when protocols for care were still unclear. It also allowed for additional space when isolation became a critical component of patient care.

[146] CDPH. "COVID-19 AAR – Medical Surge." October 2022.

[147] CDPH. "COVID-19 AAR – Medical Surge." October 2022.

[148] EMSA. "COVID-19 AAR."

[149] Stakeholder Hotwash

[150] Logistics and Commodities Task Force. "After Action Review." October 12, 2020.

Area for Improvement and Recommendations

Area for Improvement 1: Alternate Care Sites were underutilized due to evolving pandemic needs, guidelines, and resources.

Evolving pandemic conditions led to challenges in maximizing the utility of ACSs. Patient needs changed over time, and health resource demands fluctuated. Factors such as evolving COVID-19 knowledge, treatment guidelines, local case variability, and healthcare infrastructure impacted ACS utilization. Resource allocation strategies designed for worst-case scenarios sometimes left ACSs underutilized in less-impacted counties, even where they could have provided value. Transportation shortages and insufficiently trained staff hindered patient transfers from hospitals to ACSs. Patients often preferred hospital care, even when ACSs were available.

Based on Los Angeles County's population, the state requested United States Naval Ships (USNS) Mercy in anticipation of a surge of thousands of COVID-19 patients in March and April 2020. While having a capacity of 1,000 beds, USNS Mercy only cared for 77 patients over seven and a half weeks. Integrating medical staff and appropriate infectious disease protocols into the ship presented challenges. Additionally, a lack of effective inventory control from warehouse to end-user complicated the distribution of essential medical supplies and equipment onboard.[151]

Standardized equipment and resource shortages in state-provided ACS models hindered local jurisdictions' ability to plan, set up, and operate the sites.[152] The diversity in the physical setup, scope of services, and associated costs resulted in unequal access to health services for Californians across jurisdictions. Some areas struggled to find ACS locations that met accessibility and storage requirements, while others faced challenges in transporting patients to the ACSs.[153]

Recommendation: Develop state models for expanding current space in medical facilities to accommodate potential surges in patient care demand.

- Work with local partners to identify strategies and resources needed to successfully expand existing space for patient care.

[151] Cal OES. "Interim 2020 COVID-19 Pandemic (January – August) After Action/Corrective Action Report." December 2020.
[152] Stakeholder Interview
[153] Stakeholder Interview

- Identify best practices and develop guidance to expand space in medical facilities. Incorporate guidance on patient intake methods, public access requirements, and AFN accommodations.
- Work with local jurisdictions to identify all pre-determined locations and support jurisdictions in identifying alternate locations.
- Conduct functional exercises with local jurisdictions to simulate expansion and management of additional resources.
- Set up statewide contracts for medical and wraparound service support for use during future disaster responses.
- Create a structured feedback mechanism to systematically collect local jurisdiction and stakeholders' feedback on receiving and utilizing the FMS cache.
- Conduct an assessment of "field hospitals in a box" resources used during the pandemic. This assessment should aim to develop a comprehensive list of necessary supplies required to support additional patients.

4.3.3 Medical Professional Shortage

Strength

Strength 4: The state increased medical personnel available to local jurisdictions and healthcare systems.

The state expanded medical personnel by deploying specialized teams and establishing the California Health Corps. Deployments included California Medical Assistance Teams (CAL-MATs), the California National Guard, EMSA, and other medical volunteers to assist with medical surge missions.[154] These resources, vital from the early response stages, supported the repatriation and transportation of cruise ship passengers to the Asilomar Quarantine facility.

Figure 20. California Health Corps social media hiring advertisement. *Source: Cal OES Facebook.*

A state contracted private company and CAL-MAT provided infection control training to bolster staffing levels. They began their efforts in Tulare County and later expanded

[154] Stakeholder Hotwash and Stakeholder Interview

statewide, with a particular focus on SNFs.[155] The California National Guard was deployed to support medical facilities at the county level and state ACSs. EMSA provided staffing and resource support for the administration of monoclonal antibody sites across the state. The collaborative efforts of the California National Guard, California Health Corps, CAL-MAT, and EMSA supported vaccination and contact tracing operations, relieve pressure on hospitals, and enhance the quality of care in SNFs.

The state took additional measures to increase medical provider availability. These included expanding Paramedics' and Emergency Medical Technicians' (EMT) scopes of practice to work in settings such as hospitals and SNFs and allowing out-of-state medical providers to offer their services in California. In March 2020, the state approved approximately 81,700 out-of-state waivers, allowing medical professionals from other states to practice within California.[156] This process temporarily waived licensing, certification, and standard scope-of-practice requirements typically necessary for out-of-state providers. This strategy increased the number of responders available to support local jurisdictions.

The *CDPH COVID-19 AAR* and *EMSA COVID-19 AAR* provide additional information regarding Medical Surge, Medical Professionals, and Volunteers.[157]

Areas for Improvement and Recommendations

Area for Improvement 2: The healthcare demand swiftly depleted the pre-pandemic workforce and volunteer capacity.

Local jurisdictions and public health systems submitted staffing requests through the MHOAC program to address critical shortages. Then state deployed resources, including medical registries, Disaster Healthcare Volunteers, and the Medical Reserve Corps (MRC), to meet mutual aid requests, but the overwhelming demand quickly depleted these staffing resources.[158]

Economic and workforce factors had already constrained staffing in healthcare facilities and SNFs before the pandemic. When COVID-19 required a sudden increase in trained medical personnel to support the surge, the existing workforce and volunteer

[155] Cal OES. "Interim 2020 COVID-19 Pandemic (January – August) After Action/Corrective Action Report." December 2020.

[156] California Board of Registered Nursing." Coronavirus Information Updates." Accessed December 9, 2024. https://www.rn.ca.gov/coronavirus.shtml.

[157] CDPH. COVID-19 AAR – Medical Surge, October 2022 and EMSA. "COVID-19 AAR."

[158] Stakeholder Interview

capacity were insufficient to meet the demand. CDPH scaled up internal staffing to support surge operations by contracting with multiple staffing agencies. In early spring 2020, CDPH created a deployment team to oversee and track staff deployments statewide.[159] The state and local jurisdictions used temporary staffing agencies to fill vacant healthcare provider positions and provide short-term medical surge staffing. CDPH deployed over 21,000 supplemental staff across California to support facilities during the medical surges, including the Omicron surge of winter 2021/2022.[160] During surge periods, the state deployed 3,000 to 10,000 staff across more than 700 facilities, clinics, and therapeutic sites from over 10 staffing agencies.[161]

Recommendation: Establish partnerships with educational institutions and healthcare organizations to create targeted and accelerated healthcare training programs.

- Recruit individuals from diverse backgrounds or career paths to transition or upskill into healthcare roles.
- Support training initiatives in high-demand healthcare fields such as nursing.

Area for Improvement 3: Staffing contracts with inflated costs created barriers for statewide supplemental healthcare and medical support.

While the expanded availability of contract staff reduced some pressure on medical facilities to meet surge demands, staffing agencies capitalized on the need to fill these positions. LTCFs and hospitals had to negotiate staffing contracts with inflated costs. They faced a choice between closing units or paying inflated staffing agency costs, risking significant budgetary impact. Some staffing agencies raised prices and mandated a minimum number of staff or contracted hours, while others advertised services they could not provide.

Initially, the state did not employ regulation or statewide contract management to lower financial barriers for organizations that could not afford the increased costs. While the state passed executive orders to ban overcharging for other pandemic resources, inflated costs among staffing agencies providing medical surge support remained an issue throughout the pandemic. Smaller and rural jurisdictions faced greater impacts due to fewer available resources compared to larger jurisdictions.

[159] CDPH. "COVID-19 AAR." October 2022.
[160] CDPH. "COVID-19 AAR." October 2022.
[161] CDPH. "COVID-19 AAR." October 2022.

Recommendation: Negotiate and regulate fair pricing for health and medical surge staff and resources for emergencies during steady state.

- Implement a system for healthcare facilities to report cases of inflated costs or unfair pricing practices by staffing agencies, allowing for timely intervention and enforcement of regulations.
- Collaborate with industry stakeholders to establish fair and transparent pricing practices for emergency staffing.

Area for Improvement 4: Contracted healthcare personnel were often undertrained and lacked an adequate supply of personal protective equipment.

The state hired contracted healthcare personnel from third-party vendors to support local public health efforts in testing and vaccination. Although intended to ease operational pressures, these contractors introduced unforeseen challenges. Contracted personnel often arrived undertrained, lacked proper fit-testing, and did not have sufficient PPE, compromising their ability to work safely and effectively.

Burnout and concerns about virus transmission among contracted staff further exacerbated these issues, leading to absenteeism and delays in testing and vaccination sites. Local jurisdictions frequently stepped in to fill these gaps by providing additional training, sourcing PPE, or, in some cases, terminating contracts. Instead of reducing workloads, these contractors added to local responsibilities, requiring jurisdictions to manage site logistics, address complaints, and coordinate resources.[162]

Recommendation: Strengthen oversight of state-contracted healthcare personnel by improving training programs and distribution protocols for protective equipment.

- Develop and implement a standardized, training program for state-contracted healthcare personnel prior to deployment. Include requirements for fit-testing and proper use of PPE to promote safe working conditions.
- Establish a certification or vetting process for staffing agencies contracted by the state to maintain compliance with training, equipment, and quality standards.
- Require state agencies to provide contracted personnel with adequate PPE supplies and enforce adherence to safety protocols.

[162] Stakeholder Interview

4.3.4 Long-term Care Surge

Strength

Strength 5: The state implemented protective measures for staff and individuals in Long-Term Care Facilities.

In response to early 2020 outbreaks of COVID-19 in California's SNFs and other congregate care settings, known as the "SNF Surge," the state strengthened infection prevention and control practices. As infection rates increased and outbreaks grew, the state supported these facilities in adopting preventative measures to combat COVID-19's spread.

On April 10, 2020, the Governor's Office introduced comprehensive COVID-19 preventive measures to protect over 1,224 SNFs and 7,461 residential care facilities, along with their residents and staff. These measures included limiting visitors and training staff in infection control. The state trained and deployed 600 nurses to support compliance with COVID-19 guidelines at these facilities.[163] State staff conducted daily calls with nursing homes to identify needs and receive early warnings of symptomatic patients. To manage capacity, the state decompressed facilities and established locations specifically for COVID-19-positive patients. The Governor's Office announced that the USNS Mercy would take non-COVID-19 patients to decompress SNFs in the Los Angeles area.[164]

Other measures included prioritizing testing for patients discharged from hospitals to SNFs, ensuring those who tested positive were transferred to facilities equipped to care for them while protecting COVID-19-negative residents.[165] The state also focused on providing PPE to facilities at higher risk of COVID-19 outbreaks.

To support medical staff, the state implemented measures to alleviate burdens on certified nurse assistants, licensed vocational nurses, and other critical staff at SNFs.

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[163] Office of the Governor. "Governor Newsom Outlines Steps to Protect Residents and Employees of California Nursing Home & Residential Care Facilities." Apr 10, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/04/10/governor-newsom-outlines-steps-to-protect-residents-and-employees-of-california-nursing-home-residential-care-facilities/.

[164] Office of the Governor. "Governor Newsom Outlines Steps to Protect Residents and Employees of California Nursing Home & Residential Care Facilities." Apr 10, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/04/10/governor-newsom-outlines-steps-to-protect-residents-and-employees-of-california-nursing-home-residential-care-facilities/.

[165] Office of the Governor. "Governor Newsom Outlines Steps to Protect Residents and Employees of California Nursing Home & Residential Care Facilities." Apr 10, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/04/10/governor-newsom-outlines-steps-to-protect-residents-and-employees-of-california-nursing-home-residential-care-facilities/.

Facebook donated $25 million to provide $500 stipends to up to 50,000 SNF workers.[166] The state also offered free or low-cost hotel accommodations for workers exposed to COVID-19 or testing positive but not requiring hospitalization.

4.4 Vaccinations

The state began preparing for COVID-19 vaccinations as soon as vaccines entered development in early 2020. Preparations included monitoring vaccine progress, reviewing federal guidance from agencies like the CDC, and developing comprehensive distribution plans. By mid-2020, the state identified priority groups for vaccination, such as healthcare workers and individuals at high risk of severe illness, focusing on reaching those most vulnerable. Public awareness and education campaigns were launched early to build confidence in the vaccines. Following the FDA's Emergency Use Authorization and subsequent approval of COVID-19 vaccines, the state launched its vaccination program in December 2020, prioritizing healthcare workers and residents of LTCFs.[167] These efforts continued into 2021 and beyond, emphasizing expanded access, increased vaccination rates, and flexible distribution strategies to meet evolving needs.

Insufficient federal communication and fragmented distribution infrastructure created challenges in deploying COVID-19 vaccines at the state and local levels. The state established the Community Vaccine Advisory Committee (CVAC), a diverse panel that guided equitable vaccine distribution and effective communication strategies. By December 2020, local entities began administering vaccines to their communities. Collaboration between the state, local jurisdictions, CBOs, and public-private partners supported the vaccination of hundreds of thousands of Californians, primarily through mass vaccination sites and drive-through facilities. As demand at mass vaccination sites plateaued, the state and counties shifted their focus to mobile vaccination clinics, targeting specific demographic groups to increase access and coverage.

[166] Office of the Governor. "Governor Newsom Outlines Steps to Protect Residents and Employees of California Nursing Home & Residential Care Facilities." Apr 10, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/04/10/governor-newsom-outlines-steps-to-protect-residents-and-employees-of-california-nursing-home-residential-care-facilities/.

[167] Office of the Governor. "Governor Newsom Launches "Vaccinate all 58" Campaign based on Safety and Equity as First Vaccines Arrive to California." December 14, 2020. Accessed December 9, 2024 https://www.gov.ca.gov/2020/12/14/governor-newsom-launches-vaccinate-all-58-campaign-based-on-safety-and-equity-as-first-vaccines-arrive-to-california/.

4.4.1 Federal Vaccine Rollout

Area for Improvement and Recommendations

Area for Improvement 1: Communication delays and breakdowns between the state and the federal government hindered effective planning for the mass vaccination sites.

The federal government collaborated with the state to distribute vaccine doses and establish vaccination programs.[168] However, delays and communication breakdowns between the state and federal government disrupted logistical planning, including vaccine distribution, availability, storage, and appointment scheduling. Uncertainties in vaccine allocation, including defining priority groups, made it difficult to manage public expectations and address questions about eligibility.

Inconsistent information from the federal government about the number, type, and arrival dates of vaccine doses prevented the state and local jurisdictions from scheduling appointments effectively. This created patient flow and staffing challenges for vaccination programs.[169] Limited information on doses allocated to pharmacies and health centers further complicated decisions about distributing vaccines to sites with constrained supply.

Recommendation: Conduct regular full-scale exercises with federal and local partners to simulate federal/state vaccine distribution and administration.

- Include objectives focused on enhancing communication and information sharing to strengthen intergovernmental planning.
- Work with federal and local stakeholders to develop effective plans for mass vaccination sites, including clear state guidelines.

4.4.2 State Vaccine Rollout

Strength

Strength 1: The Western States Scientific Review Workgroup addressed vaccine hesitancy and built public confidence in COVID-19 vaccines.

The state created the COVID-19 Scientific Safety Review Workgroup to address potential vaccine hesitancy. In May 2020, the federal government launched *Operation Warp Speed* to accelerate vaccine approval and production. The FDA announced

[168] GAO. "Federal and State Coordination in the COVID-19 Vaccination Response, 2021. GAO-22-104457." November 04, 2021.Accessed December 9, 2024. https://www.gao.gov/products/gao-22-104457.
[169] Stakeholder Hotwash

vaccines must demonstrate at least 50% effectiveness to secure approval. Concerns about public skepticism of accelerated vaccine development prompted the Governor's Office in October 2020 to convene the Workgroup, composed of immunization and public health experts, for an additional safety review before state authorization.[170]

The Workgroup expanded to include experts from Washington, Oregon, and Nevada, becoming the Western States Scientific Safety Review Workgroup. The group independently evaluated the safety and efficacy of COVID-19 vaccines authorized for emergency use by the FDA, reviewed trials and evidence, and offered recommendations to uphold public confidence in vaccination efforts. Members participating in FDA and CDC committees provided valuable insights into the Workgroup.[171]

The Workgroup operated on a compressed timeline, aligning its meetings with the federal review cycle. Following FDA approval, the CDC issued guidelines, prompting the Workgroup to convene immediately, develop recommendations, and prepare statements for state leadership within days. Western States' Governors issued joint statements endorsing the vaccines, expediting public administration efforts.[172]

4.4.3 MyCAvax

Strength

Strength 2: The state launched myCAvax to streamline vaccine delivery to providers.

In late 2020, the state and CDPH prepared for COVID-19 vaccine distribution by enhancing existing systems and creating new tools for provider enrollment, vaccine allocation, ordering, distribution, administration, and reporting.[173] The state developed myCAvax, a statewide vaccine management application, to replace PrepMod/COVIDReadi. This system managed provider enrollment, vaccine allocation, order tracking, and shipment monitoring. Additionally, the state enhanced CAIR2, the existing immunization registry, to integrate with the new system.[174]

State staff and contractors collaborated to implement, train, and support myCAvax. Teams provided updates through regular communication with providers and local

[170] CDPH. "COVID-19 AAR – Four Chapters." October 2022.
[171] CDPH. "COVID-19 AAR – Four Chapters." October 2022.
[172] CDPH. "COVID-19 AAR – Four Chapters." October 2022.
[173] CDPH. "COVID-19 AAR – Vaccines."
[174] CDPH. "COVID-19 AAR – Vaccines."

health jurisdictions, hosting weekly webinars and "office hours" to address system-related questions.[175]

The myCAvax team responded to the pandemic's dynamic challenges by introducing functionalities on an accelerated timeline. By January 2023, myCAvax supported over 9,000 providers and facilitated orders exceeding 59 million vaccine doses.[176]

Area for Improvement and Recommendations

Area for Improvement 2: The state struggled to simultaneously roll out PrepMod/COVIDReadi and rapidly develop its replacement, myCAvax.

When myCAvax was not ready in December 2020, the state temporarily used PrepMod/COVIDReadi to bridge the gap for provider enrollment while myCAvax was under development.[177] CDPH quickly configured and rebranded PrepMod to meet immediate needs. Enrollment followed a tiered approach aligned with CDC guidelines, prioritizing acute care facilities, healthcare centers, and local health jurisdictions. However, a small CDPH team of two to three staff faced difficulties managing the time-intensive task of verifying medical licenses, a feature PrepMod lacked.[178]

Between January and February 2021, CDPH transitioned provider enrollment to myCAvax, requiring account transfers and training for staff and providers. Early iterations of myCAvax lacked some functionalities, necessitating ongoing enhancements. While enrollment moved to myCAvax, vaccine ordering continued in PrepMod, creating challenges as staff managed both systems simultaneously.[179]

Recommendation: Evaluate myCAvax's performance to prepare for future challenges posed by pandemics and infectious disease responses.

- Conduct a thorough assessment of the existing vaccine management system to ensure it is scalable and flexible, accommodating challenges in vaccine supply, distribution, and administration protocols.
- Involve local health jurisdictions and other key stakeholders in the training and implementation of the system.
- Prioritize interoperability with relevant state and federal partners and systems such as electronic health records to streamline data sharing and reporting.

[175] CDPH. "COVID-19 AAR – Vaccines."
[176] CDPH. "COVID-19 AAR – Vaccines."
[177] CDPH. "COVID-19 AAR – Vaccines."
[178] CDPH. "COVID-19 AAR – Vaccines."
[179] CDPH. "COVID-19 AAR – Vaccines."

- Ensure the system can support different vaccine distribution scenarios to prepare for future infectious disease responses.

4.4.4 My Turn

Strength

Strength 3: The state developed and implemented the My Turn Portal to manage vaccine eligibility and appointments.

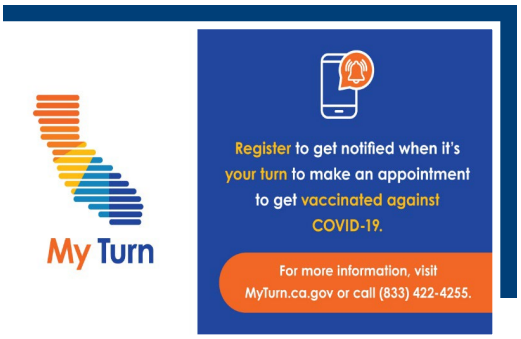

Figure 21. *My Turn logo and* advertisement to sign up. *Source: My Turn website.*

Facing unprecedented vaccine demand, the state developed the My Turn system to manage vaccine rollout effectively. Existing systems could not accommodate the scale and complexity required for efficient vaccine distribution.[180]

Launched on January 25, 2021, with a $50 million investment, My Turn provided accessible vaccine information, enabled appointment scheduling, and streamlined the upload of vaccination records. Providers used the platform to manage clinics and report patient data, which simplified vaccination administration.[181]

Despite early technical challenges, My Turn centralized vaccine registration and supply management, supporting public health outreach by sending targeted text messages about vaccine eligibility.[182] The platform allowed self-attestation of eligibility, removing identification or proof requirements and reducing barriers to vaccination.

As vaccine availability increased, My Turn became a critical tool for individuals to locate nearby vaccination sites, schedule follow-up doses, and receive reminders.[183] Jurisdictions relied on the system to share vaccine administration data, manage supplies, and reallocate doses to eligible providers.[184] To address inequities, the state used My Turn data to implement a vaccine equity metric in March 2021. This metric, informed by the Healthy Places Index and demographic data, directed millions of

[180] CDPH. "COVID-19 AAR – Vaccines."
[181] CDPH. "COVID-19 AAR – Vaccines."
[182] Stakeholder Interview
[183] Stakeholder Hotwash
[184] Executive Department, State of California. "To Improve Statewide Vaccinations Governor Newsom Announces Actions to Simplify, Standardize and Address Supply Needs." January 25, 2021.

additional doses to the most affected quartiles. These efforts supported a data-driven approach to ensuring equitable vaccine distribution and improving accessibility for underserved communities.

Area for Improvement and Recommendations

Area for Improvement 3: The My Turn platform encountered several challenges during its initial rollout.

Initially, My Turn faced user challenges such as incomplete vaccine records and individuals arriving at incorrect locations or times for appointments. The platform lacked functionality to modify existing records, requiring administrators to create new ones, which slowed vaccine tracking. Users also encountered language barriers, website malfunctions, and periodic downtime caused by high user volume.[185] Providers could not directly create clinics in the system and instead relied on CDPH contractors to manage clinics using Excel spreadsheets.

My Turn's rapid rollout struggled to keep pace with changing vaccine eligibility criteria. Frequent updates to eligibility required significant programming adjustments, causing glitches and delays in reflecting current guidelines.[186] Technical issues also resulted in incomplete dose logging, with the platform capturing only 27% of daily vaccinations, falling short of the state's 24-hour reporting requirement.[187,188]

The public interface further limited functionality, restricting appointments to mass vaccination sites and certain county health departments, while excluding retail pharmacies and grocery stores receiving federal vaccine allocations. Limited system capacity for high-demand sites created a perceived shortage of appointments, leading to frustration during peak vaccination periods.[189] Although later system updates improved My Turn's functionality, stakeholders described the updates as insufficient and delayed. By the time improvements were fully implemented, most large-scale vaccine clinics had already concluded operations.[190]

[185] Stakeholder Interview

[186] Stakeholder Interview

[187] Stakeholder Interview

[188] CDPH. "COVID-19 Vaccination Plan." October 16, 2020. Accessed December 9, 2024 https://www.cdph.ca.gov/programs/cid/dcdc/cdph%20document%20library/covid-19/covid-19-vaccination-plan-california-interim-draft_v1.0.pdf.

[189] Stakeholder Interview

[190] Stakeholder Interview

Though the state implemented system updates and improved accessibility to address reported issues with My Turn over time, several stakeholders noted the implementation as "too little, too late."[191] They pointed out that by the time these enhancements were fully implemented, most of the larger vaccine clinics were concluding their operations.[192]

Recommendation: Enhance the functionality and accessibility of the My Turn Platform.

- Revamp the My Turn interface to facilitate smoother navigation and user-friendly scheduling of vaccine appointments. Ensure the platform's compatibility with multiple devices, languages, and accessibility features to cater to diverse user needs.
- Implement system upgrades to ensure accurate and real-time logging of all administered vaccine doses. Address glitches that cause underreporting of vaccination data by enhancing the system's capacity to capture and record all vaccination activities.
- Develop a flexible system to swiftly adapt to changing eligibility criteria.
- Expand My Turn to include a wider range of vaccination sites and increase slot availability.
- Create training on the use of My Turn and conduct this training with state, local, and private response partners regularly.
- Exercise the use of My Turn with state, local, and private response partners regularly to identify and mitigate technical and human error issues impacting system access and function.

4.4.5 Third Party Administrator

Strength

Strength 4: Blue Shield of California simplified and standardized the vaccination process, focusing on equity as the third-party administrator.

On January 27, 2021, the state selected Blue Shield of California to oversee its COVID-19 vaccination network as the third-party administrator (TPA). Blue Shield managed the vaccine provider network under state public health guidance, streamlining vaccine distribution by enrolling providers, allocating doses, tracking data, and standardizing processes.[193] The centralized approach required third-party vaccine vendors to operate

[191] Stakeholder Interview

[192] Stakeholder Interview

[193] Blue Shield of California. "Q&A: Blue Shield of California as the State of California's third-party administrator." March 19, 2021. Accessed December 9, 2024. https://news.blueshieldca.com/2021/03/19/q-a-blue-shield-of-california-as-the-state-of-californias-third-party-administrator

through a state-managed system rather than local agreements.[194] This network incorporated healthcare entities such as public health systems, pharmacies, hospitals, community health centers, and mobile sites, prioritizing high-volume providers to maximize efficiency and equity in vaccine distribution.[195]

Area for Improvement and Recommendations

Area for Improvement 4: The state announced the third-party administrator after many local entities had already developed vaccine provider management plans.

When the state announced Blue Shield as the TPA, many local entities were already implementing vaccine distribution plans and had identified eligible providers through existing agreements. The sudden shift introduced challenges for local jurisdictions that had spent months coordinating agreements with healthcare partners and organizing distribution events.[196] The state's policy restricted the use of these established agreements, leaving local jurisdictions with less time to adjust to the new requirements. This proved especially difficult in areas where few state-approved TPA providers had the capacity to support localized vaccination outreach.

Recommendation: Update the statewide mass vaccine distribution plan that incorporates lessons learned from the pandemic and addresses local needs.

- Collaborate with local response partners to identify best practices and lessons learned from the COVID-19 vaccination campaign. Use this input to update a statewide distribution plan that addresses vaccine storage, transportation, resource needs, Point of Dispensing (POD) site mobilization, and public communication strategies.
- Establish a working group to refine the plan, outline an implementation strategy, and conduct regular exercises to test its effectiveness.
- Collaborate with trusted local partners who bring community-specific knowledge and existing relationships from the COVID-19 vaccination effort to improve outreach and distribution.

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[194] CalHHS. "Newsom Administration Supplements Vaccine Delivery System; Announces Creation of Statewide Vaccine Delivery Network to Simplify and Standardize Vaccination Process with Equity as a Core Focus." January 26, 2021. Accessed December 9, 2024. https://www.chhs.ca.gov/blog/2021/01/26/newsom-administration-supplements-vaccine-delivery-system-announces-creation-of-statewide-vaccine-delivery-network-to-simplify-and-standardize-vaccination-process-with-equity-as-a-core-focus/.

[195] CalHHS. "Newsom Administration Supplements Vaccine Delivery System; Announces Creation of Statewide Vaccine Delivery Network to Simplify and Standardize Vaccination Process with Equity as a Core Focus." January 26, 2021. Accessed December 9, 2024. https://www.chhs.ca.gov/blog/2021/01/26/newsom-administration-supplements-vaccine-delivery-system-announces-creation-of-statewide-vaccine-delivery-network-to-simplify-and-standardize-vaccination-process-with-equity-as-a-core-focus/.

[196] Stakeholder Interview

4.4.6 State Vaccination Sites

Strengths

Strength 5: Mass vaccination sites were strategically located to enhance accessibility and efficiency in vaccine distribution.

In February 2021, the state launched its first mass vaccination sites in Oakland and Los Angeles, sponsored by Federal Emergency Management Agency (FEMA) in partnership with Cal OES and CDPH.[197] Federal and local partners collaborated with the state to identify site locations based on population diversity and vulnerability. These sites aimed to improve vaccine access for individuals at greater risk from the pandemic. During the first week of operations, 2,000-3,000 doses were administered daily, increasing to 8,000-9,000 doses per day by the second week.[198] Both sites operated under FEMA and Cal OES and concluded operations in mid-April 2021.[199]

Figure 22. National Guard member managing traffic at Oakland COVID-19 vaccination site. *Source: Cal OES.*

Cal OES Fire and Rescue led incident command for both sites as they became operational for vaccine distribution. The Los Angeles site relied on a trained army unit that established infrastructure, including backup generators for proper vaccine storage, while Department of Defense medical personnel administered vaccines.[200] The Oakland site involved collaboration among multiple stakeholders, with the California National Guard managing traffic and other federal and state agencies, such as Cal OES Fire and Rescue, CAL FIRE and Caltrans, providing additional support.[201]

Strength 6: Mobile and home-based vaccination clinics expanded access and equity by adapting to vaccination trends through a statewide initiative.

The state transitioned from mass vaccination sites to targeted mobile and home-based clinics, tailoring services to specific demographic needs.[202] Mobile vaccination clinics provided flexible options, while home-based programs deployed medical personnel to

[197] CDPH. "COVID-19 AAR – Vaccines."
[198] CDPH. "COVID-19 AAR – Vaccines."
[199] CDPH. "COVID-19 AAR – Vaccines."
[200] CDPH. "COVID-19 AAR – Vaccines."
[201] CDPH. "COVID-19 AAR – Vaccines."
[202] Stakeholder Interview

residential facilities and homes.[203] These initiatives supported individuals with AFN, expanding equitable vaccine access.

The equity-focused mobile vaccination strategy included pop-up clinics at accessible sites such as schools, churches, malls, and grocery stores. These events minimized barriers by offering language support, flexible hours, transportation, and walk-in services. The state partnered with community leaders, deployed medical strike teams, and prioritized underserved areas, including neighborhoods, food banks, and senior centers.[204] For example, some counties collaborated with local farms to vaccinate agricultural workers when they became eligible.[205]

4.4.7 Equitable Vaccine Administration

Strength

Strength 7: The Community Vaccine Advisory Committee guided equitable vaccine distribution and communication efforts.

The state established the CVAC, a group of 77 organizations representing tribal nations, labor unions, faith-based groups, and senior advocates, among others. The CVAC reflected California's diverse population and advised the Vaccine Task Force on equitable vaccine distribution and communication strategies. Members also strategized ways to share vaccine-related information, such as availability, safety, and effectiveness, with their communities.

Between late 2020 and mid-2021, CVAC held 15 meetings, producing extensive input and written recommendations for the Vaccine Task Force. The CVAC model highlighted how diverse community engagement could guide equitable public health responses during a crisis.

4.5 Mass Fatality Management

The pandemic's surge in fatalities overwhelmed the death care industry, even as California maintained one of the nation's lowest death rates. COVID-19 stretched the state's capacity for mass fatality management, revealing gaps in planning for large-

[203] Stakeholder Interview
[204] CDPH. "COVID-19 AAR – Vaccines."
[205] Stakeholder Interview

scale incidents.[206] Cal OES implemented the State of *California Coroners' Mutual Aid Plan* and coordinated efforts to supply critical equipment to counties. However, resource shortages and limited pre-planning for a global pandemic constrained counties' ability to manage the overwhelming loss of life effectively.

4.5.1 Mass Fatality Planning

Strength

Strength 1: Cal OES Law Enforcement Branch utilized the California Mass Fatality Management Guide to support the overwhelming loss of life during the pandemic.

The rising number of fatalities strained healthcare and funeral operations, exceeding the ability of coroners and medical examiners to hold bodies until burial services could be arranged. Cal OES Law Enforcement Branch addressed these challenges by applying the *California Mass Fatality Management Guide*, an annex to the *State of California Coroners' Mutual Aid Plan*. The guide offered a framework for an organized state response, providing guidance on handling mortality rates, maintaining respectful and timely decedent care, and minimizing disruptions to healthcare facilities.[207]

Area for Improvement and Recommendations

Area for Improvement 1: Fatality management planning lacked sufficient provisions to address infectious diseases and other incidents with statewide impacts.

Challenges during the COVID-19 response highlight the need for a more comprehensive plan to address incidents in times where traditional mutual aid is unavailable. While Cal OES did rely on the framework laid out in the *California Mass Fatality Management Guide*, stakeholders determined that the guide contained a vast amount of reference material that was not useful in a widespread pandemic-level operation where resources were scarce.[208]

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[206] Office of the Governor. "Governor Newsom Marks End of California's COVID-19 State of Emergency." February 28, 2023. Accessed December 9, 2024. https://www.gov.ca.gov/2023/02/28/governor-newsom-marks-end-of-californias-covid-19-state-of-emergency/

[207] Cal OES. "Plans in Place to Assist Counties Statewide with Rising Number of COVID-19 Decedents (UPDATED)." January 11, 2021. Accessed December 9, 2024. https://news.caloes.ca.gov/plans-in-place-to-assist-counties-statewide-with-rising-number-of-covid-19-decedents-updated/.

[208] Stakeholder Interview

Recommendation: Update, expand, train, and exercise the California Coroners' Mutual Aid Plan and its supplement, the California Mass Fatality Management Guide.

- Include a pandemic-specific fatality management section tailored for infectious disease outbreaks.
- Meet with response partners at the local and state level to discuss best practices and lessons learned from fatality management during the COVID-19 response.
- Engage stakeholders from various sectors to provide input and COVID-19 related insights during the plan development.
- Exercise the plan with jurisdictions to include agencies that would respond to a local, regional, and statewide fatality management incident.

4.5.2 Mass Fatality Resources

Strength

Strength 2: Cal OES coordinated the distribution of refrigerated trailers to support mass fatality management efforts across the state.

County officials, overwhelmed by the surge in fatalities, turned to Cal OES for refrigerated trailers to support mass fatality management efforts. Cal OES Law Enforcement Branch organized weekly regional conference calls with Area Coroner Coordinators to oversee the allocation of trailers and other resources, such as PPE and body bags, across the state. By January 11, 2021, Cal OES distributed 98 refrigerated trailers to counties. To improve functionality, Cal OES outfitted non-morgue trailers with shelving, doubling their capacity. Additionally, Cal OES leased 20 trailers to serve as temporary morgues in Imperial, Sonoma, San Bernardino, Riverside, Monterey, and Los Angeles Counties.[209]

Los Angeles County experienced the largest surge in fatalities, with over 11,000 COVID-19-related deaths, comprising 40% of the state's total as of January 15, 2021.[210] Cal OES collaborated with the county to establish a temporary morgue adjacent to the Los Angeles County Coroner's facility. Together, they deployed five 53-ft. trailers and additional ground refrigerated storage containers to address the county's needs.

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[209] Cal OES. "Plans in Place to Assist Counties Statewide with Rising Number of COVID-19 Decedents (UPDATED)." January 11, 2021. Accessed December 9, 2024. https://news.caloes.ca.gov/plans-in-place-to-assist-counties-statewide-with-rising-number-of-covid-19-decedents-updated/.

[210] Cal OES. "Plans in Place to Assist Counties Statewide with Rising Number of COVID-19 Decedents (UPDATED)." January 11, 2021. Accessed December 9, 2024. https://news.caloes.ca.gov/plans-in-place-to-assist-counties-statewide-with-rising-number-of-covid-19-decedents-updated/.

CHAPTER 5: LOGISTICS

CHAPTER INTRODUCTION

> "These actions marshal the **generosity and innovative spirit of Californians** to help us achieve two essential goals: getting more lifesaving supplies into our health care system and increasing our testing capacity."
> - Governor Newsom
> April 4, 2020

The state's response to COVID-19 became one of its largest logistical operations in history. It met unprecedented demands for PPE, specialized medical supplies, and vaccine distribution, reaching tens of millions of Californians. Coordination across sectors connected communities with critical resources while prioritizing equitable access. The state's strong contract execution and procurement systems supported not only California but extended aid to other states and nations.

State leaders adapted regulations and procurement processes to meet the scale and speed required for this emergency. Executive orders, policies, and streamlined guidance expedited resource mobilization for state and local partners. DGS issued procurement guidelines that safeguarded against exploitative practices, such as price gouging, while ensuring efficient supply delivery.

The private sector played a key role in the response. On April 4, 2020, the Governor's Office launched the COVID-19 supplies website, operational within 24 days of WHO's pandemic declaration.[211] This platform enabled businesses, organizations, and individuals to donate, sell, or manufacture essential medical supplies like N95 respirators and ventilators.[212] Innovative approaches, such as the California Manufacturers and Technology Association's *Safely Making California Marketplace*, created a uniform framework for vetted businesses to sell PPE. Additionally, the state engaged unconventional partners, including alcoholic beverage manufacturers, to produce

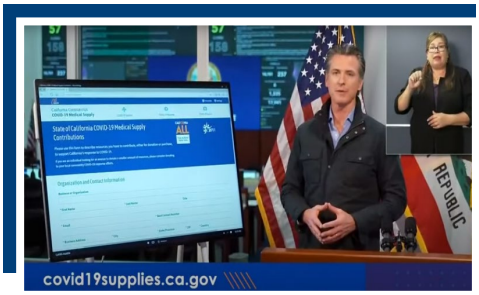

Figure 23. Governor Newsom announces the launch of COVID-19 supplies website on April 4, 2020. *Source: Office of the Governor*

[211] Cucinotta D, Vanelli M. "WHO Declares COVID-19 a Pandemic. Acta Biomed." March 2020 19;91(1):157-160. doi: 10.23750/abm.v91i1.9397.

[212] Cucinotta D, Vanelli M. "WHO Declares COVID-19 a Pandemic. Acta Biomed." March 2020 19;91(1):157-160. doi: 10.23750/abm.v91i1.9397.

hand sanitizer.[213] These collaborations streamlined resource availability and provided critical lessons about working with private partners during emergencies.

To manage the scale of operations, the state overhauled its logistics systems. In March 2020, the Logistics and Commodity Movement Task Force was established to distribute resources statewide. The state also partnered with Salesforce to implement a digital Customer Relationship Management platform, modernizing resource request management. This system facilitated coordination among agencies and local partners, contributing to an efficient logistical response. The state's innovations in logistics provide valuable lessons for future disaster preparedness.

State Logistics Priorities

Supply Chain Management

- Procured and distributed PPE and essential supplies to support response operations, such as healthcare facilities, educational institutions, and CBOs.
- Maintained a consistent supply of medical equipment and pharmaceuticals.
- Adapted inventory reporting methods to enhance resource tracking and coordination.
- Monitored and addressed disruptions in the supply chain.
- Coordinated with federal agencies to secure additional resources and support.
- Replenished strategic stockpiles for critical supplies and maintained seven warehouses for receiving, distributing, and storing supplies.

Testing Distribution

- Mobilized and demobilized testing sites.
- Coordinated the distribution of test kits.

Medical Material Management

- Deployed Battelle Mask Decontamination Systems to expand the PPE supply, support mission continuity, and aid healthcare systems.
- Mobilized and demobilized FMS and ACSs throughout the state.

Vaccine Distribution

- Developed a comprehensive vaccination distribution plan.
- Distributed vaccines to healthcare providers, LTCFs, and the public.
- Implemented a tracking system to monitor vaccine administration.

Recovery and Resilience

- Assessed the impact on logistics and healthcare infrastructure.
- Coordinated efforts to establish a new statewide multi-agency inventory system and standardized inventory reporting procedures.

[213] Stakeholder Interview

FINDINGS

This chapter explores the emergency response logistics functions, including resource procurement and management. It discusses acquiring resources from government and private sectors, using emergency contracts and Salesforce for efficient allocation. It also addresses warehouse and donation management and resource-sharing among agencies for effective coordination.

5.1 Resource Procurement

Medical supplies were scarce during the early stages of the pandemic. The state prioritized closing the gap between supply and demand. Federal resources from the SNS proved inadequate, with some supplies arriving expired or damaged. A shortage of ventilators made it challenging for healthcare facilities to treat COVID-19 cases. EMSA led efforts to procure and distribute ventilators, ultimately acquiring enough to support healthcare providers statewide.

The state collaborated with private sector partners to bridge supply gaps by working with vetted vendors and manufacturers through initiatives like the *Safely Making California Marketplace*, which facilitated the distribution of PPE across various sectors. Task forces also supported non-PPE industry companies in producing and donating essential goods like hand sanitizer and masks, increasing the availability of critical resources.

DGS managed contracts to secure supplies and distribute them to essential workers and medical facilities. The state implemented Salesforce to streamline resource management, transforming the resource request process into an automated, customer-centric system. This new system enhanced the efficiency of tracking and fulfilling resource requests, providing real-time metrics for informed decision-making. Despite initial challenges and confusion over ordering procedures, the Salesforce system improved resource allocation and reduced duplication of efforts, ultimately facilitating a more efficient response.

5.1.1 Government Resources

Strength

Strength 1: The Logistics and Commodity Movement Task Force facilitated and maintained the supply chain by acquiring critical resources for the state.

The task force coordinated the acquisition of critical supplies such as masks, hand sanitizer, and gloves for response partners. Working with the Army Corps of Engineers, the task force oversaw contracts to expand hospital capacity and capabilities. This collaboration, in partnership with EMSA, served as a testament to their comprehensive approach to managing the state's healthcare infrastructure.[214] The collaboration highlighted the task force's ability to coordinate a diverse range of resources, support various partner response efforts, and contribute to the expansion of medical facilities and public health capabilities.

As public health guidance on supplies and equipment evolved, the Logistics and Commodity Movement Task Force adapted its strategies to meet the demands of a dynamic response. For example, in April 2020, the FDA introduced a method to decontaminate N95 respirators using vaporized hydrogen peroxide gas plasma sterilization.[215] The task force worked with hospitals to implement this process, aligning efforts with the specific needs of healthcare organizations. The California National Guard significantly bolstered these operations by providing specialized expertise, logistical capabilities, and critical resources such as transportation and warehousing. Their involvement strengthened the task force's ability to scale operations, address supply chain challenges, and execute rapid deployments to meet the evolving needs of the response.[216]

Collaborating with CDE, the task force provided masks and hand sanitizer to educational partners. Distribution was based on the number of faculty and students to ensure equitable distribution of supplies. For more information on the items provided to the educational institutions, refer to Chapter 8: Education.

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[214] Stakeholder Interview

[215] U.S. Food and Drug Administration. "Coronavirus (COVID-19) Update: FDA Issues Emergency Use Authorization to Decontaminate Millions of N95 Respirators." April 12, 2020. Accessed December 9, 2024. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-emergency-use-authorization-decontaminate-millions-n95#:~:text=The%20U.S.%20Food%20and%20Drug,care%20workers%20in%20hospital%20settings.

[216] Stakeholder Interview

Area for Improvement and Recommendations

Area for Improvement 1: The lack of critical resources hampered the effectiveness of the state's response during the initial pandemic phase.

At the pandemic's onset, the state struggled to secure critical resources such as PPE from the SNS, which impacted its ability to respond effectively. In March 2020, the state requested resource support from USDHHS, including PPE and ventilators, to protect healthcare and frontline workers. However, the SNS allocation fell short, with only 75% of the requested supplies delivered, including expired and unusable N95 respirators.[217] The absence of functional ventilators further strained the response, leaving counties like Los Angeles dependent on refurbished ventilators, which delayed deployment during critical surges.[218]

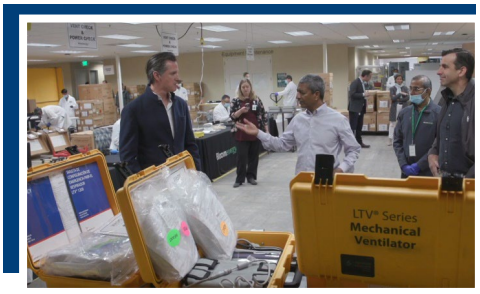


Figure 24. Governor Newsom, Mayor Liccardo, and Bloom Energy CEO KR Sridhar visit the ventilator refurbishing site in Sunnyvale. *Source: Cal OES.*

DGS procured 1,000 ventilators to address critical shortages, with EMSA supporting the effort through its procurement contracts.[219] These efforts, combined with additional contracts, enabled the state to acquire 15,602 ventilators by June 2022. The state's proactive measures mitigated resource gaps, ensuring healthcare providers could respond more effectively to the pandemic.[220] For more details on EMSA's efforts, refer to the *EMSA COVID-19 AAR*.

Recommendation: Maintain a state-level strategic stockpile and conduct routine assessments to identify gaps in critical supplies or scarce resources.

- Partner with vendors to secure essential supplies during shortages, ensuring compliance with procurement regulations.
- Conduct routine quality control checks to verify that supplies meet deployment standards.

[217] Cal OES. "Interim 2020 COVID-19 Pandemic (January – August) After Action/Corrective Action Report." December 2020.

[218] Cal OES. "Interim 2020 COVID-19 Pandemic (January – August) After Action/Corrective Action Report." December 2020.

[219] Stakeholder Hotwash

[220] CalHHS and Cal OES. "COVID-19 Situation Report, Report No. 494." June 29, 2022.

5.1.2 Private Sector Resources

Strengths

Strength 2: Private sector partners supported logistics operations by developing and distributing essential public health resources and supplies throughout the response.

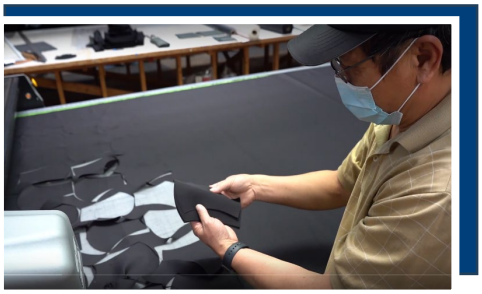


Figure 25. Screenshot of "Safely Making California" video, featuring a worker crafting non-medical grade masks. *Source: Safely Making California website.*

The scarcity of PPE and other medical resources presented challenges for the state. The state collaborated with private sector partners to address critical supply shortages and meet immediate requirements for essential resources.[221] As a result, companies in the region tackled the need and manufactured essential goods such as hand sanitizer and masks, often employing creative and innovative methods to meet the critical demand. For example, ABC authorized alcoholic beverage manufacturers to repurpose their equipment to produce hand sanitizer.[222] In addition, the state partnered with California's Manufacturing and Technology Association to launch the *Safely Making California Marketplace*, which enabled the vetting of private businesses to sell PPE to all sectors using a uniform procurement framework.[223] This effort bridged supply gaps and improved PPE accessibility across California during the early pandemic response.

Additional PPE procured via contracts with third-party vendors benefited the state in numerous ways. It reduced COVID-19 transmission and alleviated strain on healthcare systems and workers. It permitted businesses to operate safely, allowed the flow of goods and services in communities to resume, and protected essential workers. It also facilitated the safe reopening of schools, faith-based organizations, and other important community institutions.

[221] Cal OES. "Interim 2020 COVID-19 Pandemic (January – August) After Action/Corrective Action Report." December 2020.

[222] ABC. "Second Notice of Regulatory Relief." April 1, 2020. Accessed December 9, 2024. https://www.abc.ca.gov/abc-announces-that-bars-wineries-breweries-and-distilleries-will-be-able-to-sell-drinks-to-go/.

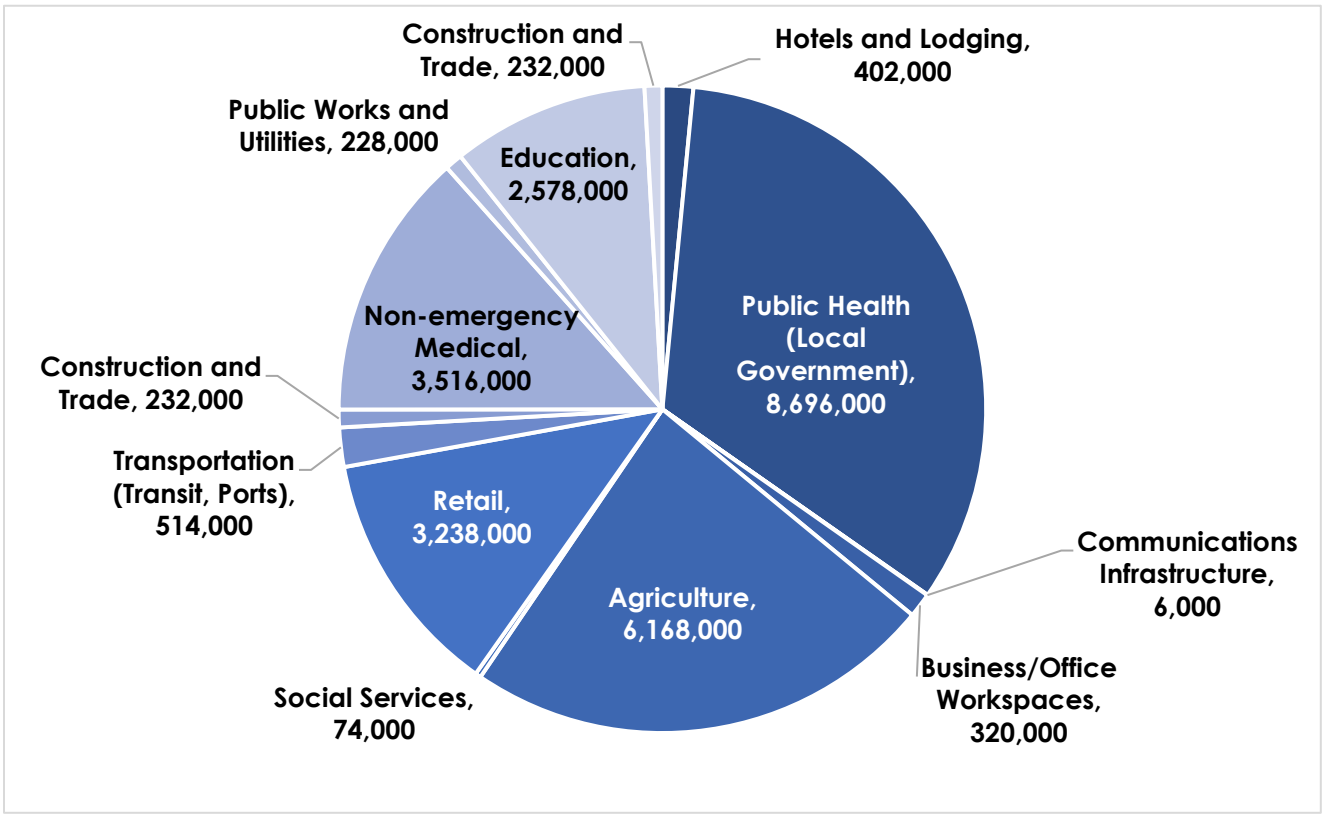
[223] Stakeholder Interview

Strength 3: The state collaborated with BYD North America to address scarce resource production and distribution across the state.

On June 8, 2020, the Governor's Office announced a partnership with BYD North America to procure large quantities of surgical and N95 masks. This partnership aimed at equipping frontline workers and responders with the necessary PPE for their response efforts.[224] The contract supported the state's broader effort to acquire and distribute critical PPE and emergency resources for public health and safety workers.

Figure 26. Nevada County PPE distribution. *Source: Cal OES.*

By June 8, 2020, the state's contract with BYD yielded more than 110 million masks, which were distributed to the following sectors in the chart below:[225]



[224] Office of the Governor. "Governor Newsom Announces Federal Health and Safety Certification of Life-Saving N95 Maks." June 8, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/06/08/governor-newsom-announces-federal-health-and-safety-certification-of-life-saving-n95-masks/.

[225] Office of the Governor. "Governor Newsom Announces Federal Health and Safety Certification of Life-Saving N95 Maks." June 8, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/06/08/governor-newsom-announces-federal-health-and-safety-certification-of-life-saving-n95-masks/.

The state distributed these masks to chambers of commerce statewide, nonprofit organizations, trade associations, faith-based groups, schools, counties, medical facilities, tribal nations, and 59 consulate general offices throughout the state. The state launched a PPE distribution program to coordinate large-scale delivery to essential workers statewide.[226]

5.1.3 Emergency Contracts

Strength

Strength 4: Emergency authority expedited the manufacturing and procurement of critical supplies.

The Governor's Office leveraged emergency authority under the ESA to expedite the procurement of critical supplies. Executive Order N-46-20 suspended specific revenue and taxation codes, along with provisions in the California Code of Regulations, to simplify contracting and purchasing processes for essential goods.[227] These measures encouraged private companies to collaborate with the state on vital public health initiatives. The state also expanded sole-source contracting, allowing faster acquisition of supplies during a time when traditional procurement methods proved insufficient.

Figure 27. Consumer warning for Executive Order prohibiting critical supplies price gouging.

Source: *California Department of Justice website.*

To prevent exploitative practices, Executive Order N-44-20 addressed price gouging. Signed on April 4, 2020, the order prohibited businesses from increasing prices on critical goods by more than 50% above their pre-pandemic cost of production. This protection extended to food, consumer goods, medical supplies, and other resources designated by the U.S. Secretary of Health and Human Services as scarce or threatened, pursuant to section 102 of the Defense Production Act, Title 50 U.S.C. § 4512, and waived time limitations under California Penal Code §396.[228] Initially set to expire in September 2020, the state extended the order multiple times to maintain market stability and protect Californians throughout the response.

[226] Stakeholder Interview

[227] Executive Department, State of California. "Executive Order N-46-20." April 7, 2020. https://www.gov.ca.gov/wp-content/uploads/2020/04/4.7.20-EO-N-46-20.pdf.

[228] Executive Department, State of California. "Executive Oder N-44-20." April 3, 2020. https://www.gov.ca.gov/wp-content/uploads/2020/04/4.3.20-EO-N-44-20.pdf.

5.1.4 Resource Management System

Strength

Strength 5: The resource management system streamlined coordination efforts, resulting in the delivery of over 1.8 billion items statewide.

The state adopted a resource management system, Salesforce, to overcome challenges in processing and fulfilling resource requests during the pandemic. This system replaced the outdated medical and health resource request process, which had relied on paper and email, by integrating it with the state's electronic emergency management platform.[229] This transition consolidated workflows, reduced redundancies, and enhanced supply tracking.

The resource management system processed over 40,000 resource requests and facilitated the distribution of more than 1.8 billion items, including PPE and healthcare supplies, to stakeholders statewide. State personnel used real-time dashboards to monitor inventory levels, funding allocations, and order statuses. These tools supported strategic purchasing decisions, anticipated resource gaps, and improved coordination throughout the response.[230]

The system linked resource requests to shipping vendors, streamlining fulfillment, and minimizing delays. By integrating the medical and health resource process with the emergency management platform, the state reduced duplicate requests and enhanced supply distribution efficiency to local and regional partners. This modernization addressed critical gaps in resource management, strengthening statewide coordination and response capabilities during the large-scale emergency.

Area for Improvement and Recommendations

Area for Improvement 2: Local agencies faced challenges navigating the state's multiple resource request procedures.

Local agencies struggled with submitting and processing resource requests due to the state's various systems and procedures. Under SEMS, resource requests followed distinct pathways: medical and health requests moved through MHOACs and RDMHC/S to the state level, while non-medical resources, such as law enforcement and fire services, were routed through local EOCs to regional centers and then to the SOC.

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[229] Cal OES. "Interim 2020 COVID-19 Pandemic (January – August) After Action/Corrective Action Report." December 2020.

[230] Stakeholder Interview

To address these inefficiencies, the state implemented a centralized resource management platform, integrating medical and non-medical resource requests while maintaining proper adjudication for medical needs. This platform reduced request duplication and improved the tracking and processing of resource needs.

Despite these advancements, local agencies often found the updated processes confusing. Some agencies submitted duplicate requests through multiple pathways, complicating resource allocation.[231] While the centralized system mitigated many operational challenges, the complexity of transitioning to the new procedures remained a significant barrier during the response.

Recommendation: Continue to develop and unify the framework across the separate ordering systems for Emergency Management, Medical and Health, Schools, Fire, and Law.

- Develop and distribute standardized guidelines offering clear, actionable steps for all stakeholders.
- Provide ongoing training for local agencies to effectively use the centralized system.
- Implement features such as automated detection of duplicate requests to streamline processes and minimize delays.

5.2 Resource and Donations Management

The state created a donation management system to coordinate contributions from foreign governments, private vendors, non-profits, and the public. This system provided donors with a centralized contact point and tracked all donations through the state's inventory system. Starting with a 10,000-square-foot warehouse, the state expanded its capacity to address increased demand for resources. The state's COVID-19 stockpile supported other states and extended international aid, including oxygen supplies to India and PPE to South Asian nations.

[231] Stakeholder Hotwash

5.2.1 Warehouse Management

Area for Improvement and Recommendations

Area for Improvement 1: Resource inventory management and distribution efforts revealed a need for acquiring a larger warehouse facility.

As the pandemic began, Cal OES relied on a single 10,000-square-foot warehouse and federal SNS resources to meet demand for essential PPE and supplies.[232] This reliance underscored the critical need for enhanced state-level resource management and larger dedicated stockpiles.

To address these challenges, the state partnered with UPS to manage seven strategically located warehouses, which became central hubs for resource storage and distribution. A tracking system provided by FedEx streamlined supply management and expedited order processing. The state rapidly expanded its response infrastructure to 2.5 million square feet, enabling effective distribution of critical resources statewide.

Figure 28. Warehouse featuring COVID-19 PPE donations. Source: *Cal OES.*

As demand for supplies stabilized during the recovery phase, the state reduced its operational footprint to 586,000 square feet, reflecting a dynamic response to shifting needs.[233] The expanded warehouse capacity supported the state's pandemic response and enabled aid to out-of-state partners and foreign nations. However, as operations normalized, the state reverted to its initial capacity, relinquishing the robust infrastructure developed during the response phase.

Recommendation: Establish and maintain dedicated, scalable warehouse operations facilities to address resource management challenges.

- Invest in scalable, dedicated warehouse facilities strategically located across the state, supported by regular space utilization assessments.
- Establish agreements with state agencies to share warehouse space, enabling cost-sharing and resource optimization.
- Formalize MOU/MOAs with logistics providers like UPS and FedEx to maintain surge capacity during emergencies.

[232] Stakeholder Hotwash

[233] Stakeholder Interview

- Conduct regular assessments and exercises to refine warehouse operations and ensure readiness for future emergencies.

5.2.2 Donations Management

Strength

Strength 1: The donations management system provided a single contact point to coordinate contributions.

The Logistics and Commodity Movement Task Force established a centralized donations management system at the state level, departing from the traditional local-level approach. This system coordinated contributions across California's 58 counties, allowing businesses and organizations to communicate directly with a single point of contact. Given the pandemic's statewide impact, this centralized approach enhanced efficiency and provided continuity for both donors and recipients.[234]

The Office of Private Sector and NGO Coordination led this effort through the Logistics and Commodity Movement Task Force and Contributions Workgroup.[235] The system tracked all donations in the state's inventory system and distributed supplies to local stakeholders based on documented needs and requests. By utilizing Salesforce for donation management, the state consolidated donation records, provided clear visibility into inventory levels, and generated real-time data for state dashboards. This functionality allowed state personnel to effectively allocate PPE and other critical supplies to meet stakeholder demands.

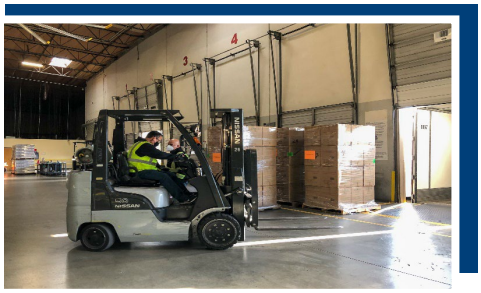

Figure 29. Forklift operator in the state warehouse. *Source: Cal OES.*

Donors included foreign governments, private vendors, non-profits, and the public, contributing critical items such as KN-90 and KN-95 masks, surgical masks, face shields, and hand sanitizer. While procurement met the majority of the state's needs, donations bolstered readiness and supported rapid response efforts.

[234] Stakeholder Interview

[235] The Office of Private Sector / NGO Coordination." COVID-19 After-Action Report Questionnaire." 2020.

5.2.3 Resource Sharing

Strength

Strength 2: The COVID-19 supply stockpile supported numerous out-of-state partners, including six other nations.

By June 2020, the state maintained a robust inventory of critical resources, enabling swift responses to internal surges while extending support to external partners. Cal OES collaborated with FEMA through the Emergency Management Assistance Compact to fulfill requests for life-saving equipment from other states.[236] This partnership facilitated the distribution of 17 million surgical masks and additional supplies to western states, strengthening regional efforts against COVID-19.[237]

In April 2021, California became the first U.S. state to provide aid to India during its severe COVID-19 outbreak. The state shipped 275 oxygen concentrators, 440 oxygen cylinders, 240 oxygen regulators, 210 pulse oximeters, and one deployable oxygen concentrator system. Coordinated through the U.S. Agency for International Development, these supplies targeted healthcare providers and frontline workers in high-need areas.[238]

In June 2021, Cal OES extended assistance to South Asia amid another surge in COVID-19 cases, providing 249,600 Rapid Diagnostic Tests, 96,000 goggles, and 450,000 isolation gowns.[239] While extending aid, the state maintained a strategic resource reserve to address potential new outbreaks domestically, demonstrating a balanced approach to resource management.

Figure 30. Warehouse staging COVID-19 PPE donations. Source: *Cal OES.*

[236] Stakeholder Interview

[237] Cal OES. "California Distributes Millions of Additional PPE to Out-of-State Partners." June 29, 2020. Accessed December 9, 2024. https://news.caloes.ca.gov/california-distributes-millions-of-additional-ppe-to-out-of-state-partners/

[238] Office of the Governor. "California Sends India COVID-19 Supplies to Combat Outbreak." April 26, 2021. Accessed December 9, 2024. https://www.gov.ca.gov/2021/04/26/california-sends-india-covid-19-supplies-to-combat-outbreak/

[239] Cal OES. "California to Send Additional COVID-19 Supplies to South Asian Countries." June 2021.Accessed December 9, 2024. https://news.caloes.ca.gov/california-to-send-additional-covid-19-supplies-to-south-asian-countries/

CHAPTER 6: SOCIAL SERVICES AND ECONOMIC RELIEF

CHAPTER INTRODUCTION

The COVID-19 pandemic abruptly disrupted daily life worldwide and created substantial socio-economic challenges, particularly for those facing heightened risks of infection and economic hardship. California experienced some of the earliest impacts in the United States, prompting the rapid implementation of innovative solutions to address the needs of its diverse population and economy. The state responded with extraordinary legislative measures, launching economic assistance programs for individuals who lost jobs, faced housing instability, or struggled to pay utility bills, as well as for small businesses critical to the state's economy. These legislative actions provided critical financial support and legal protections, mitigating the pandemic's impacts on lives and livelihoods.

The state coordinated its social services response to support extended operations and reduce community hardships. CDSS, leading the effort in collaboration with CDPH, delivered timely and equitable access to essential resources for those most affected by economic challenges. These joint efforts enabled the rapid mobilization of programs offering food assistance, housing services, and healthcare resources to those in need. The state introduced innovative relief initiatives such as *Project Roomkey*, *Project Homekey*, and *Housing for the Harvest*, which became some of the most impactful programs in its history.

Although relief programs aimed to assist all Californians and reduce hardship, implementation proved complicated. The desire to expedite aid occasionally caused confusion or unforeseen hurdles among those responsible for executing and managing these programs. California, like the rest of the nation, grappled with the widespread issue of fraudulent unemployment claims. Despite these challenges, the relief programs offered crucial and lifesaving assistance to many across the state.

State Social Services and Economic Relief Priorities

Financial Assistance

- Provided written guidance, technical assistance, and funding coordination to counties to support individuals experiencing homelessness.

- Facilitated access to the *CA COVID19 Rent Relief* program, covering unpaid rent or utilities for eligible renters and landlords affected by COVID-19-related financial hardships.
- Implemented the *Supplemental Paid Sick Leave*, allowing workers to take paid leave for COVID-19-related illness or caregiving responsibilities.
- Distributed *Golden State Stimulus Checks* to provide direct financial relief to low-income Californians.
- Offered *Pandemic Unemployment Assistance (PUA)* to provide financial assistance during pandemic.

Housing and Shelter Support

- Assisted counties in securing, equipping, and staffing properties, including hotels, motels, and trailers, through *Project Roomkey* and *Housing for the Harvest*.
- Provided clear communication about housing rights and resources to Californians, property owners, and local jurisdictions.
- Supported efforts to rehouse individuals previously sheltered in *Project Roomkey* facilities or other COVID-19-related interim housing.

Feeding Operations

- Supported food banks and local food systems in addressing food insecurity.
- Allocated funding and resources to support food banks, ensuring access to food for individuals facing supply shortages.

Case Management

- Provided technical assistance to social workers and case managers, ensuring the health and safety of Californians and clients.
- Addressed reports of abuse and neglect through protective services, including case management, supportive services, and care.

Public Health and Safety Monitoring

- Monitored service programs aligned with public health guidance to support local agencies in addressing resource gaps.

FINDINGS

This section offers an overview of the state's efforts to support economic relief and social services. It covers the state's economic relief initiatives, feeding operations, and non-congregate sheltering efforts.

6.1 Economic Relief

Lockdowns and social distancing measures severely disrupted sectors such as travel, hospitality, retail, and entertainment, causing widespread job losses, surging unemployment rates, and financial strain on small businesses. In response, the state launched legislative actions and relief initiatives, including the *Golden State Stimulus*, *Earned Income Tax Credit*, and *Small Business COVID-19 Relief Grant* Program. These programs provided direct financial assistance or tax credits without requiring applications, easing financial burdens and promoting stability for individuals and businesses. Initiatives like the *PUA* program injected substantial financial support into the economy, countering job losses and sustaining consumer spending power amid unprecedented unemployment rates.

6.1.1 Relief Programs

Strength

Strength 1: The state implemented a series of legislative actions and relief programs to promote economic stability.

The state acknowledged that layoffs, missed work, and lost income would leave many Californians unable to cover essential household expenses. On April 2, 2020, the governor signed Executive Order N-28-29, preventing water service shutoffs for consumers unable to pay due to pandemic-related financial hardship.[240] On August 31, 2020, legislation AB 3088 extended protections for tenants facing eviction and property owners at risk of foreclosure due to COVID-19's economic impacts. These measures applied to tenants who declared their inability to pay rent in full or in part because of the pandemic.[241]

[240] Office of the Governor. "Governor Newsom Issues Executive Order Protecting Homes, Small Businesses from Water Shutoffs." April 2, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/04/02/governor-newsom-issues-executive-order-protecting-homes-small-businesses-from-water-shutoffs/.

[241] Office of the Governor. "Governor Newsom Signs Statewide COVID-19 Tenant and Landlord Protection Legislation." August 31, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/08/31/governor-newsom-signs-statewide-covid-19-tenant-and-landlord-protection-legislation/.

> "People are trying to find jobs and make ends meet and **one of the greatest needs is to extend the evictions moratorium**—which includes maximizing the federal funds available to help the most tenants and landlords possible—so that they can count on a roof over their heads while their finances rebound."
> - Senate President Pro Tempore Toni G. Atkins on June 25, 2021

On January 29, 2021, the governor enacted the *COVID-19 Tenant Relief Act* (SB 92), extending eviction protections for struggling renters.[242] Recognizing the impact on landlords, the state enacted AB 832 on June 28, 2021, which provided financial assistance to landlords to cover unpaid rent while continuing protections for tenants.[243]

In February 2021, the state introduced a comprehensive package to address economic hardships faced by individuals, families, and businesses. Programs such as the *Golden State Stimulus, Earned Income Tax Credit, Small Business COVID-19 Relief Grant Program,* and *College Affordability* were instrumental in providing financial relief and fostering economic stability.

These efforts supported households across California, promoting equity and economic stability for those most in need.

Table 2: State Relief Programs and Purpose

Program	*Purpose/Activities*
Golden State Stimulus	The *Golden State Stimulus* provided stimulus payments to families and individuals who filed 2020 tax returns. The program supported those facing financial hardships during the pandemic, including low and middle-income Californians. The state provided two different stimulus payments, and individuals could qualify for one or both, depending on their income level.[244]
Earned Income Tax Credit	The *California Earned Income Tax Credit* provided a refundable cash-back benefit to low- and moderate-income Californians. When combined with the federal *Earned Income Tax Credit* and the *Young Child Tax Credit*, this program delivered significant financial support, offering

[242] BCSH. "COVID-19 Tenant Relief Act." https://www.bcsh.ca.gov/covidrelief /.

[243] BCSH. "Landlords – Protection Information." Accessed December 9, 2024. https://housing.ca.gov/landlord/protection_guidelines.html#:~:text=Many%20landlords%20have%20also%20felt,AB%20832%2C%20provides%20some%20relief.

[244] California Franchise Tax Board. "Golden State Stimulus." Accessed December 9, 2024. https://www.ftb.ca.gov/about-ftb/newsroom/golden-state-stimulus/index.html.

	hundreds to thousands of dollars to families and individuals who filed their 2020 taxes.[245]
Small Business COVID-19 Relief Grant Program	The *Small Business COVID-19 Relief Grant Program* offered grants from $5,000 to $25,000 to eligible small businesses and nonprofits impacted by COVID-19 and the related health and safety restrictions.[246]
College Affordability	The governor signed legislation to enhance college affordability and expand access to higher education during the COVID-19 pandemic. These bills aimed to boost transfer rates for underserved students, improve access to financial aid, and increase affordable housing options to address the student housing crisis. The legislation also established a budget prioritizing affordability, accessible institutions, high-quality programs, equitable outcomes, and streamlined degree pathways.[247]

6.1.2 Individual Relief

Strength

Strength 2: Pandemic Unemployment Assistance delivered financial support to workers during their period of greatest economic hardship.

As the pandemic began, millions of people across the state faced job losses and financial instability.[248] On March 27, 2020, only eight days after the state's stay at home orders took effect, legislators signed the *PUA* program into law under the federal *Coronavirus Aid, Relief, and Economic Security (CARES) Act*. The California Employment Development Department (EDD) administered *PUA*, which provided up to 86 weeks of benefits from February 2, 2020, to September 4, 2021, expanding eligibility to self-employed individuals, freelancers, and gig workers who traditionally did not qualify for unemployment benefits.

[245] California Department of Community Services and Development. "California Earned Income Tax Credit." Accessed December 9, 2024. https://www.csd.ca.gov/Pages/CalEITC.aspx.

[246] California Grants Portal. "California Small Business COVID-19 Relief Grant Program." May 26, 2023. Accessed December 9, 2024. https://www.grants.ca.gov/grants/california-small-business-covid-19-relief-grant-program/.

[247] Office of the Governor. "Governor Newsom Signs College Affordability and Accessibility Legislation, Highlights $47.1 Billion Higher Education Package." October 06, 202. Accessed December 9, 2024. https://www.gov.ca.gov/2021/10/06/governor-newsom-signs-college-affordability-and-accessibility-legislation-highlights-47-1-billion-higher-education-package/.

[248] EDD. "Pandemic Unemployment Assistance." Accessed July 2023. https://edd.ca.gov/en/about_edd/coronavirus-2019/pandemic-unemployment-assistance.

By July 2020, *PUA* had paid out approximately $37.5 billion, reflecting its substantial impact. Recipients received an additional $600 per week on top of their standard benefits until the end of July 2020.[249] The program alleviated financial strain for millions of workers and contributed to economic stability by maintaining consumer spending power during a period of unprecedented job losses, with unemployment peaking at 16.4% in May 2020.[250]

Area for Improvement and Recommendations

Area for Improvement 1: The Pandemic Unemployment Assistance program encountered $20 billion in fraudulent activities.

The state rapidly implemented the *PUA* program to provide financial assistance to workers impacted by the pandemic. In its rush to deliver these benefits, the program bypassed traditional protective measures and checks, making it a target for extensive fraudulent activities.[251] A lack of protective measures, combined with the existence of a thriving underground market for stolen personal information, facilitated fraudulent claims on a massive scale. Since 2020, EDD has recouped approximately $6 billion and made numerous arrests and convictions.[252]

Recommendation: Implement fraud detection and prevention measures during the application stage to mitigate risks in future programs.

- Integrate advanced fraud detection systems by employing real-time identity verification technologies and behavioral analytics to identify and flag suspicious activity during the application process.
- Collaborate with cybersecurity specialists, fraud detection experts, and law enforcement agencies to design robust fraud prevention frameworks.
- Conduct systematic auditing schedules to monitor program integrity, assess vulnerabilities, and respond to emerging threats.
- Develop educational campaigns to raise public awareness about fraud risks, prevention measures, and reporting mechanisms.

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[249] Cal OES News. "Unemployment benefits to pandemic-impacted workers reach $63.9 billing." Augus 13, 2020. Accessed December 9, 2024. https://news.caloes.ca.gov/unemployment-benefits-to-pandemic-impacted-workers-reach-63-9-billion/.

[250] California Department of Finance. "California Budget Summary 2021-22." Accessed December 9, 2024. https://ebudget.ca.gov/2021-22/pdf/BudgetSummary/EconomicOutlook.pdf.

[251] LAO. "Assessing Proposals to Address Unemployment Insurance Fraud." February 15, 2022. Accessed December 9, 2024. https://lao.ca.gov/Publications/Report/4542.

[252] EDD. "The EDD's Response to Fraud." Accessed December 9, 2024. https://edd.ca.gov/en/about_edd/fraud-response/.

6.1.3 Business Relief

Area for Improvement and Recommendations

Area for Improvement 2: Statewide closures, compounded by financial disparities, disproportionately impacted small businesses and perpetuated their challenges.

State closure orders, designed to protect public health and mitigate long-term economic damage, had a disproportionate impact on smaller businesses. Many small enterprises struggled to access aid due to complex application processes or stringent eligibility requirements, which excluded them from critical assistance.[253] Businesses owned by individuals from historically underserved and disadvantaged communities faced additional barriers in securing capital, despite representing 99.8 percent of the state's enterprises and supporting nearly half of all jobs in California.[254] Without vital financial support, many of these businesses experienced significant revenue losses, leading to permanent closures.

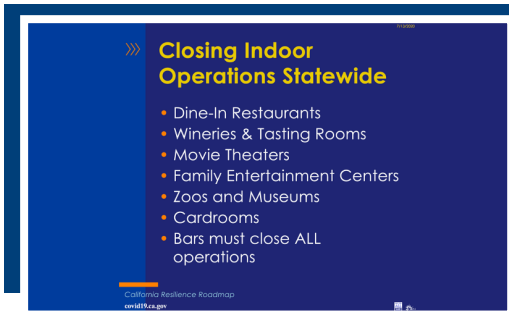

Figure 31. Social media post on July 13, 2020, calling for the immediate closure of business indoor operations.

Source: California Governor Facebook.

Small businesses lacked the financial reserves and technological infrastructure of larger corporations, hindering their ability to adapt to pandemic-related restrictions. While larger companies leveraged their resources to invest in online sales platforms, remote work technologies, and safety measures, smaller businesses faced overwhelming obstacles.[255] Family-owned restaurants, for example, often lacked the means to develop online ordering systems or implement social distancing protocols, resulting in closures or severely reduced operations. Similarly, small retail stores without e-commerce capabilities struggled to survive prolonged closures, in stark contrast to larger retailers who quickly shifted to online sales and curbside pickup models.

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[253] California State Assembly, Joint Committee on Economic Development and Emerging Technologies. "JEDE Briefing Report: COVID-19 and Small Business." February 23, 2021. Accessed January 4, 2024. https://ajed.assembly.ca.gov/sites/ajed.assembly.ca.gov/files/5FINAL%20-%20Feb%2023%20JEDE%20Briefing%20Report-COVID-19%20and%20Small%20Business.pdf.

[254] California Department of Finance. "State Fiscal Recovery Fund: California's Recovery Plan." July 29, 2022. Accessed January 4, 2024. https://dof.ca.gov/wp-content/uploads/sites/352/budget/covid-19/state-fiscal-recovery-fund/2022-Recovery-Plan-FINAL-2022-07-29.pdf.

[255] Stakeholder Interviews

Recommendation: Strengthen support for small businesses by creating contingency plans for closures and targeted financial relief programs.

- Create tailored financial assistance programs specifically designed for small businesses most affected by statewide closures, with streamlined application processes to improve accessibility.
- Establish technical support resources or online platforms to provide technical assistance and guidance to businesses during closures.
- Introduce tax incentives or relief programs to help small businesses invest in technology upgrades, safety measures, and online infrastructure.
- Create accessible training and education programs, including workshops, to equip business owners with tools and strategies to adapt during emergencies.

6.2 Non-Congregate Sheltering Operations

Implementing non-congregate sheltering operations provided a critical solution for individuals needing safe isolation but lacking adequate housing options. The state recognized unique challenges faced by agricultural workers who played an essential role in maintaining the food supply chain. As community transmission increased, many farmworkers and food processing employees struggled to isolate due to crowded or communal living conditions. To address this issue, the state, in collaboration with local and regional partners, launched the *Housing for the Harvest* program, offering essential isolation and quarantine facilities for farmworkers. This program safeguarded their health and safety while supporting vital agricultural operations.

Similarly, *Project Roomkey* utilized federal funds and local collaborations to secure temporary housing for those experiencing homelessness. By offering hotel and motel rooms, the program provided a safe environment for isolation, contributing to public health safety and easing the transition to more permanent living situations. Despite its successes, *Project Roomkey* encountered financial challenges, prompting calls for sustainable planning to address future non-congregate sheltering needs.

Project Homekey, introduced in July 2020, built on these efforts by focusing on acquiring and converting properties to provide long-term housing solutions for individuals experiencing homelessness or housing instability. The program represented the state's commitment to addressing the intertwined issues of public health and housing insecurity, demonstrating a forward-thinking approach to emergency management and social services.

6.2.1 Housing for the Harvest Program

Strength

Strength 1: The Housing for the Harvest program provided non-congregate housing to farmworkers who tested positive for COVID-19.

Agricultural and food processing employees ensured food supply continuity throughout the pandemic. However, increasing community transmission left many of these essential workers unable to isolate effectively due to shared or densely populated housing arrangements, which heightened the risk of virus spread.

Figure 32. *Housing for the Harvest* post on November 9, 2020.

Source: CDPH Facebook.

The state collaborated with local governments and community partners to establish the *Housing for the Harvest* program, providing temporary, non-congregate sheltering options for farmworkers exposed to or testing positive for COVID-19. The program offered hotel rooms in participating counties and coordinated services such as meals and wellness checks.[256] Initial efforts focused on regions with significant agricultural workforces, including the Central Valley, Central Coast, and Imperial County, and expanded as additional counties opted into the program. This initiative enabled farmworkers to isolate safely, protecting public health while maintaining essential agricultural operations.

6.2.2 Project Roomkey

Strength

Strength 2: Project Roomkey provided safe and isolated temporary housing to those experiencing homelessness.

Project Roomkey, leveraging FEMA funding and state-local partnerships, secured approximately 15,000 hotel and motel rooms to provide safe isolation spaces for individuals experiencing homelessness.[257] This effort reduced virus transmission and

[256] California Department of Food and Agriculture. "Housing for the Harvest – Program Overview Document." Accessed July 2023. https://files.covid19.ca.gov/pdf/Housing_for_the_Harvest-Program_Overview.pdf.

[257] Cal OES. "Project Roomkey: Impact to Date and Looking Ahead." August 3, 2021. Accessed December 3, 2024. https://news.caloes.ca.gov/project-roomkey-impact-to-date-and-looking-ahead/.

alleviated pressure on healthcare systems. Participants gained access to critical services, including mental and physical healthcare, which supported their transition to more stable housing.

Project Roomkey provided safe shelter to more than **22,300** Californians experiencing homelessness.

Project Roomkey supported non-congregate sheltering and provided safe accommodations for displaced individuals, reducing reliance on congregate shelters that could exacerbate disease spread. Overall, *Project Roomkey* offered shelter to more than 22,300 Californians, including 6,600 individuals in Los Angeles County.[258]

Area for Improvement and Recommendations

Area for Improvement 1: Some local governments faced challenges securing accommodations to support Project Roomkey.

Project Roomkey
Cal OES GOVERNOR'S OFFICE OF EMERGENCY SERVICES
FEMA

Figure 33. Project Roomkey logo.
Source: *Cal OES News website.*

Some counties encountered difficulties leasing hotel rooms for non-congregate sheltering. Initially, some hotel operators withdrew from agreements upon learning the rooms would house individuals experiencing homelessness rather than medical professionals or first responders. As travel resumed and cases declined, several hotels prioritized regular operations, forcing counties to relocate current occupants and reevaluate their long-term sheltering strategies.

Project Roomkey's operational costs significantly exceeded those of traditional congregate shelters, posing sustainability challenges for counties, particularly after federal *CARES Act* funding expired.[259]

Recommendation: Develop a plan to update Project Roomkey by integrating lessons learned.

- Assess homelessness at the county level to determine jurisdiction-specific needs and tailor resource allocation accordingly.

[258] Cal OES News. "Governor Newsom Announces Emergency Allocation of $62 Million to Local Governments to Protect People Living in Project Roomkey Hotels." November 16, 2020. Accessed December 3, 2024, https://news.caloes.ca.gov/governor-newsom-announces-emergency-allocation-of-62-million-to-local-governments-to-protect-people-living-in-project-roomkey-hotels/.

[259] Alameda County Office of Homeless Care and Coordination. "Evaluating Project Roomkey in Alameda County." May 2021. Accessed December 9, 2024. https://homelessness.acgov.org/homelessness-assets/img/reports/Final%20PRK%20Report.pdf.

- Gather feedback from local agencies and stakeholders to understand their experiences with *Project Roomkey*.
- Establish clear contractual agreements with hotel operators, addressing liability and insurance concerns to streamline future partnerships
- Monitor and evaluate the program's effectiveness, focusing on serving populations disproportionately affected by homelessness and identifying at-risk individuals.
- Partner with private and public entities to create additional funding streams and resources, ensuring the program's long-term viability.

6.2.3 Project Homekey

Strength

Strength 3: The Homekey initiative served as a strategic resource in addressing homelessness.

In July 2020, the state launched *Project Homekey* to tackle homelessness by converting underutilized properties into affordable housing. The program allocated $800 million to enable local public agencies to purchase and repurpose properties, such as hotels and motels, into permanent housing units for individuals experiencing or at risk of homelessness.[260,261] Within six months, cities and counties acquired 94 properties, creating 6,000 new housing units and significantly increasing the state's affordable housing inventory.[262]

Encouraged by its initial success, the state expanded *Project Homekey* in July 2021. The governor signed legislation providing an additional $2.75 billion to the program as part

[260] California Department of Housing and Community Development. "Notice of Funding Availability: Homekey Program." July 16, 2020. Accessed December 9, 2024. https://www.hcd.ca.gov/grants-funding/active-funding/homekey/docs/2020_hcd_homekey-nofa_07-15-2020.pdf.

[261] Tener Center for Affordable Housing and Community Development, University of California, Berkeley. "California's Homekey Program: Unlocking Housing Opportunities for People Experiencing Homelessness." March 2022. Accessed December 9, 2024. https://ternercenter.berkeley.edu/wp-content/uploads/2022/03/Homekey-Lessons-Learned-Final-March-2022.pdf.

[262] Office of the Governor. "Governor Newsom Signs Historic Housing and Homelessness Funding Package as Part of $100 Billion *California Comeback Plan*." July 19, 2021. Accessed December 9, 2024. https://www.gov.ca.gov/2021/07/19/governor-newsom-signs-historic-housing-and-homelessness-funding-package-as-part-of-100-billion-california-comeback-plan/#:~:text=Plan%20%7C%20California%20Governor-,Governor%20Newsom%20Signs%20Historic%20Housing%20and%20Homelessness%20Funding%20Package%20as,%24100%20Billion%20California%20Comeback%20Plan&text=Package%20includes%20%245.8%20billion%20to,with%20severe%20mental%20health%20challenges.

of the broader $100 billion *California Comeback Plan*.[263] This included $10.3 billion for affordable housing and $12 billion over two years for homelessness initiatives, aiming to help tens of thousands transition off the streets while holding local governments accountable for their progress.[264]

Project Homekey required public entities to act as primary applicants. This approach encouraged partnerships with a diverse range of organizations, including nonprofits and community groups not traditionally involved in housing development. By broadening participation, the program enhanced its impact and reach, contributing to a comprehensive approach to homelessness and housing insecurity.[265]

6.3 Feeding Operations

As part of *Operation Feed California*, California Volunteers (Cal Volunteers) collaborated with state agencies to bolster food bank capacity, utilizing California National Guard resources and personnel to meet the increased demand for food banks. *Operation Feed California* launched a collaboration among state agencies, nonprofits, and individuals, creating a statewide volunteer network to support food banks. The state sought partnerships with the private sector in its *Great Plates Delivered* program, the first of its kind in the nation.

[263] Office of the Governor. "Governor Newsom Signs Historic Housing and Homelessness Funding Package as Part of $100 Billion *California Comeback Plan*." July 19, 2021. Accessed December 9, 2024. https://www.gov.ca.gov/2021/07/19/governor-newsom-signs-historic-housing-and-homelessness-funding-package-as-part-of-100-billion-california-comeback-plan/#:~:text=Plan%20%7C%20California%20Governor-,Governor%20Newsom%20Signs%20Historic%20Housing%20and%20Homelessness%20Funding%20Package%20as,%24100%20Billion%20California%20Comeback%20Plan&text=Package%20includes%20%245.8%20billion%20to,with%20severe%20mental%20health%20challenges.

[264] Office of the Governor. "Governor Newsom Signs Historic Housing and Homelessness Funding Package as Part of $100 Billion *California Comeback Plan*." July 19, 2021. Accessed December 9, 2024. https://www.gov.ca.gov/2021/07/19/governor-newsom-signs-historic-housing-and-homelessness-funding-package-as-part-of-100-billion-california-comeback-plan/#:~:text=Plan%20%7C%20California%20Governor-,Governor%20Newsom%20Signs%20Historic%20Housing%20and%20Homelessness%20Funding%20Package%20as,%24100%20Billion%20California%20Comeback%20Plan&text=Package%20includes%20%245.8%20billion%20to,with%20severe%20mental%20health%20challenges.

[265] Tener Center for Affordable Housing and Community Development, University of California, Berkeley. "Homekey: Lessons Learned." March 2022. https://ternercenter.berkeley.edu/wp-content/uploads/2022/03/Homekey-Lessons-Learned-Final-March-2022.pdf.

6.3.1 Great Plates Delivered

Strength

Strength 1: Great Plates Delivered provided over 37 million meals to seniors and other high-risk adults who opted into the program.

The pandemic posed significant challenges for seniors and high-risk adults attempting to adhere to stay at home orders while accessing basic needs like nutritious meals. At the same time, public health restrictions impacted the restaurant and hospitality industries, causing economic downturns and job losses.

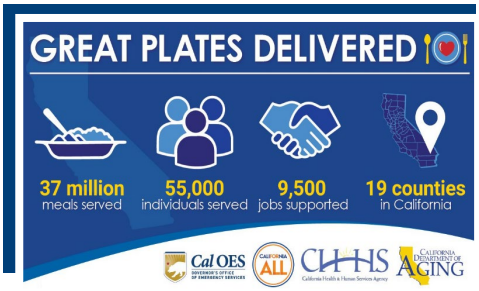

Figure 34. *Great Plates Delivered* infographic. *Source: Great Plates Delivered X (formerly Twitter).*

On April 24, 2020, the Governor's Office announced the initiation of the *Great Plates Delivered* program. The program had two primary goals: (1) Delivering three nutritious meals a day to seniors and adults at high-risk from COVID-19 and (2) Providing essential economic stimulus to local businesses struggling to stay afloat during the pandemic.

The program partnered local governments with food and restaurant sectors to deliver meals to those in need. Restaurants temporarily closed due to COVID-19 were engaged to prepare and distribute meals, ensuring nutritional needs were met while limiting exposure risks for vulnerable populations.

Great Plates Delivered prioritized equity by supporting minority-owned businesses, with nearly 60% of participating food providers identifying as minority-owned.[266] This approach reflected the diversity of the communities served while fostering economic opportunities for underrepresented groups.

At its peak, the program operated through ten Area Agencies on Aging, 19 counties, and 21 cities statewide. Over 800 local food businesses participated, sustaining more than 9,500 jobs. Ultimately, *Great Plates Delivered* supported over 55,000 older adults and delivered more than 37 million meals, demonstrating its effectiveness in addressing food insecurity and supporting local economies.[267]

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[266] Stakeholder Interview

[267] Cal OES News. "A Comprehensive Look: Landmark COVID-19 Relief Program Great Plates Delivered Wraps Up Operations." July 2, 2021. Accessed December 9, 2024. https://news.caloes.ca.gov/a-comprehensive-look-landmark-covid-19-relief-program-great-plates-delivered-wraps-up-operations/.

Area for Improvement and Recommendations

Area for Improvement 1: The Great Plates Delivered program was announced before its mission or objectives were communicated to the counties.

> "The *Great Plates Delivered* program's success is an example of **what's possible when federal, state, and local leaders set aside politics** and come together to protect our communities from the threat of COVID-19,"
> -Governor Newsom

The *Great Plates Delivered* program, despite its successes, had limited engagement with local stakeholders during the planning phase.[268] The state prioritized a rapid launch to address urgent needs, but local jurisdictions were unprepared when the Governor's Office announced the program. Without prior communication or implementation guidance, local authorities and community partners scrambled to understand the program's details and processes.

Shortly after the announcement, local call centers were overwhelmed with inquiries from residents seeking services and vendors looking to participate. Unprepared for this surge and lacking critical information about the program, call centers struggled to respond effectively. This strain delayed the program's benefits, creating additional challenges for those in need.

Additionally, only 40 local governments participated in the program. While some jurisdictions had the financial capacity to implement the program, others lacked the resources to cover upfront costs.[269] Smaller and less economically advantaged communities were particularly impacted. Uncertainty around potential reimbursement further deterred participation, despite state guidance released on May 4, 2020, clarifying FEMA's reimbursement for *Great Plates Delivered*.[270]

Recommendation: Provide implementation guidance and supporting documentation, including reimbursement information, to local governments prior to the public announcement of a program.

- Coordinate a conference call with Operational Areas to discuss upcoming programs, policies, and initiatives, including reimbursement procedures.
- Provide a document addressing frequently asked questions to help jurisdictions communicate effectively with their communities.

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[268] Stakeholder Interviews and Stakeholder Hotwashes

[269] Stakeholder Interviews

[270] Cal OES. "California Department of Aging, and CalHHS. Great Plates Delivered Program Guidance." California Governor's Office of Emergency Services." Accessed January 3, 2023.https://www.caloes.ca.gov/wp-content/uploads/Recovery/Documents/037-great-plates-delivered-program-guidance-AS-OF-05042020.pdf.

6.3.2 California Volunteers

Strength

Strength 2: California Volunteers supported volunteer management for food banks and food supply chains.

The pandemic's economic impacts, including job losses and income reductions, significantly increased food insecurity statewide. Food banks faced demand up to six times higher than normal while simultaneously experiencing a decline in their volunteer workforce. Many regular volunteers were older adults or individuals at higher risk of COVID-19 who could no longer safely participate. This reduction in personnel strained food banks as they worked to sort, pack, and distribute food to meet surging needs.[271]

Figure 35. December 25, 2020, post highlighting *Operation Feed California's* efforts to provide 306 million meals to families affected by the pandemic. *Source: Operation Feed California Facebook.*

In April 2020, the Governor's Office launched *Operation Feed California*, a statewide initiative to support food banks and combat food insecurity. This collaborative effort between state agencies, nonprofits, and individuals mobilized a volunteer network to sustain food bank operations and ensure Californians had access to meals.[272]

Cal Volunteers partnered with Cal OES and the California National Guard to provide critical support. The California National Guard was deployed to 36 food bank sites in 26 counties, assisting with distribution and delivery.[273] Nearly 800 state agency representatives and nonprofit partners, including the California Conservation Corps, Civil Air Patrol California Wing, AmeriCorps VISTA, American Red Cross, and Team Rubicon, joined these efforts. *Operation Feed California* became a model for activating

[271] California Volunteers. "Operation Feed California." Accessed December 9, 2024. https://www.californiavolunteers.ca.gov/wp-content/uploads/sites/116/2021/03/Operation-Feed-California-Fact-Sheet-1.pdf.

[272] California Volunteers. "Operation Feed California." Accessed December 9, 2024. https://www.californiavolunteers.ca.gov/wp-content/uploads/sites/116/2021/03/Operation-Feed-California-Fact-Sheet-1.pdf.

[273] California Volunteers." California volunteers deploys AmeriCorps VISTA members to support long-term sustainable food bank strategy." September 2, 2020. Accessed December 9, 2024. https://www.californiavolunteers.ca.gov/california-volunteers-deploys-americorps-vista-members-to-support-long-term-sustainable-food-bank-strategy/#:~:text=%E2%80%9CAt%20the%20start%20of%20the,Chief%20Service%20Officer%20Josh%20Fryday.

and coordinating volunteers during emergencies, ensuring food banks could meet unprecedented demand.[274]

[274] California Volunteers. "*California volunteers deploys AmeriCorps VISTA members to support long-term sustainable food bank strategy*." September 2, 2020. Accessed December 9, 2024. https://www.californiavolunteers.ca.gov/california-volunteers-deploys-americorps-vista-members-to-support-long-term-sustainable-food-bank-strategy/#:~:text=%E2%80%9CAt%20the%20start%20of%20the,Chief%20Service%20Officer%20Josh%20Fryday.

CHAPTER 7: CORRECTIONAL FACILITIES

CHAPTER INTRODUCTION

Correctional facilities presented a unique set of obstacles to the state's response given the communal setting and political concerns. The rapid spread of COVID-19 early in prisons heightened emphasis on infection prevention and control. Outbreaks required swift and coordinated action, driving closer collaboration with state agencies, including the CDCR and California Correctional Health Care Services (CCHCS).

Acknowledging the risks of shared living conditions, the state took measures to reduce facility populations, conduct testing, provide PPE, and facilitate vaccination campaigns. These actions aimed to protect correctional facility staff and inmates and to prevent outbreaks from spreading into surrounding communities.

Figure 41. Correctional facility staff member wearing PPE. *Source: CDCR website.*

The state issued several executive orders and policies affecting correctional facilities. Executive Order N-36-20 directed the CDCR Secretary to temporarily suspend inmate and juvenile intakes or transfers to state facilities. CDCR and CCHCS implemented a range of protocols to maintain safety, including restrictions on visitation, mandatory testing, PPE distribution, and the establishment of quarantine and isolation protocols to manage outbreaks.

State Correctional Facilities Priorities

Inmate Health and Safety

- Reduced COVID-19 exposures in correctional facilities through preventive measures.
- Implemented isolation and quarantine for confirmed cases and close contacts.
- Maintained coordinated, accurate communication between CDCR program areas and stakeholders.

Testing and Contact Tracing

- Mandated testing for inmates, staff, and visitors.
- Implemented a tracking system to monitor testing and contact tracing.
- Collaborated with local officials to conduct contact tracing for confirmed cases within prisons and upon inmate release.

Resource Supplies

- Procured and distributed PPE to support response operations.

Expanding Capacity

- Increased inmate releases to decompress the prison population and maximize space for physical distancing, and isolation/quarantine efforts.

Vaccination Distribution

- Developed a comprehensive vaccination distribution plan.
- Administered vaccines equitably as they became available.
- Implemented a tracking system to monitor vaccine administration.

FINDINGS

This chapter highlights the state's response efforts in correctional facilities, focusing on coordination, safety measures, and inmate release initiatives. The Correctional Facilities Coordination section examines strategies to organize and manage responses in correctional settings. The Safety Measures subsection reviews actions taken to protect inmates, staff, and visitors. Lastly, the Inmate Release section explores the state's approaches to release inmates safely and responsibly during the pandemic.

7.1 Coordination

The state coordinated extensive efforts within the corrections system to protect the health and safety of inmates and staff during the COVID-19 response. These actions included activating the DOC through CDCR to establish a unified and organized response framework. CDCR facilitated daily conference calls among correctional facilities, state authorities, and local agencies, enabling efficient resource allocation and communication.

In March 2020, CDCR took early infection control measures by suspending out-of-state parole and inmate transfers to California for 30 days and reducing inmate transfers

overall to minimize exposure risks.[275] A critical component of the state's coordination was the establishment of a Corrections Task Force, which addressed challenges and managed outbreaks in correctional facilities. The state's response to an outbreak at San Quentin highlighted the task force's support for the San Quentin DOC and its Incident Management Team (IMT). This was reinforced by Executive Order N-36-20, which directed specific measures to prevent the spread of COVID-19 in CDCR facilities.

CDCR implemented a range of measures, including comprehensive education on COVID-19 prevention for staff, inmates, and visitors. Staff entering facilities underwent symptom screenings, while cleaning and sanitation efforts were intensified.

7.1.1 Department Operations Center

Strength

Strength 1: California Department of Corrections and Rehabilitation's Department Operations Center streamlined decision-making and coordination to mitigate outbreaks in correctional facilities.

The DOC served as a central location for leadership and experts to monitor situations, prepare for events, and make timely decisions. Its primary objectives included reducing virus transmission in correctional facilities, maintaining operational continuity, and acquiring necessary PPE.

The DOC facilitated regular communication with correctional facilities, local public health agencies, and CDPH through daily conference calls. These calls provided a platform to share critical information, address resource gaps, and establish priorities. This collaboration guided the development of CDCR's guidance on visiting regulations, testing protocols, and the use of facial coverings for staff and inmates.

7.1.2 Inmate Transfers

Area for Improvement and Recommendations

Area for Improvement 1: Insufficient inmate transfer protocols and poor infection control measures contributed to significant outbreaks among staff and inmates.

Inmate transfers between facilities accelerated the spread of COVID-19 due to insufficient health and safety protocols. The June 2020 outbreak at San Quentin

[275] Office of the Governor. "Executive Order N-36-20." State of California" March 24, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/wp-content/uploads/2020/03/3.24.20-EO-N-36-20.pdf.

exemplifies these failures. During this transfer, 122 inmates were moved from the California Institution for Men in Chino, which was already experiencing a severe outbreak.[276] According to the Office of the Inspector General (OIG), only three inmates were tested within two weeks of the transfer, and several exhibited symptoms of COVID-19.[277] Upon arrival, 15 inmates tested positive, sparking the first cases at San Quentin. Within three weeks, over 1,135 inmates and hundreds of staff were infected. By the end of August 2020, the outbreak claimed the lives of 28 inmates and one staff member. Similar transfers to Corcoran prison resulted in smaller outbreaks.[278]

Poor adherence to health protocols within facilities exacerbated the spread. Limited testing, outdated ventilation systems, and the congregate nature of prison spaces created ideal conditions for transmission. Movement of inmates within housing blocks intended for quarantine further spread the virus, as blocks often mixed uninfected individuals with those who later tested positive. Resistance to testing and inconsistent isolation practices also hindered containment efforts. Many inmates refused testing, fearing relocation and disruptions to daily routines. Overcrowding complicated efforts to separate individuals, while staff movement between housing blocks further contributed to cross-contamination across facility sections.[279]

Recommendation: Regularly update and enforce established protocols for inmate transfers and infection control during public health emergencies.

- Align transfer protocols with current public health guidelines and limit transfers to essential cases.
- Conduct health screenings before transfers, quarantine transferred inmates in separate units and restrict movement between housing blocks for both inmates and staff.
- Incorporate lessons from past outbreaks into staff training and emergency plans to address operational challenges.
- Conduct drills and audits to test compliance with protocols and identify areas for improvement.

[276] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.

[277] OIG. "COVID-19 Review Series Part Three – Transfer of Patients from CIM." February 2021. Accessed December 9, 2024. https://www.oig.ca.gov/wp-content/uploads/2021/02/OIG-COVID-19-Review-Series-Part-3-%E2%80%93-Transfer-of-Patients-from-CIM.pdf.

[278] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.

[279] Stakeholder Interview

7.1.3 Correctional Facilities Outbreak

Strengths

Strength 2: A Unified Command Center at San Quentin was established to coordinate custody and medical responses to COVID-19 cases as part of the response infrastructure.

> In June 2020, San Quentin medical leadership, Marin County of Public Health, CDPH COVID Response Team, and Deputy of Consultation CCHCS drafts a letter that states: "…urgently recommended and requested escalation of the response to the impending public health and humanitarian disaster. The rate and penetration of COVID-19 infections, combined with unique challenges at the institution itself, are beyond the scope of what has been seen before."

Between May 28 and May 30, 2020, CCHCS and departmental management transferred 189 inmates, including many with underlying health conditions, to Corcoran and San Quentin to protect them from infection. Upon arrival at San Quentin, nursing staff immediately identified individuals exhibiting COVID-19 symptoms.[280] At the time, San Quentin had no reported infections, and Corcoran had just one case. However, within three weeks, San Quentin recorded 499 cases, and Corcoran reported 148 cases.[281]

To manage the outbreak, the state established a Unified Command Center at San Quentin in June 2020.[282] The center comprised experts from agencies including CDCR, CCHCS, Cal OES, EMSA, CDPH, and Cal/OSHA. With additional support from the University of California, the command center coordinated custody and medical responses.[283]

The state established a dedicated COVID-19 ward at San Quentin to treat infected inmates, reducing the need for transportation and mitigating security concerns.[284] EMSA deployed 24/7 response teams to transfer inmates to regional medical facilities, alleviating pressure on San Quentin staff and local ambulance services.

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[280] OIG. "COVID-19 Review Series Part Three – Transfer of Patients from CIM." February 2021. Accessed December 9, 2024. https://www.oig.ca.gov/wp-content/uploads/2021/02/OIG-COVID-19-Review-Series-Part-3-%E2%80%93-Transfer-of-Patients-from-CIM.pdf.

[281] Berkley Public Health. "COVID-19 Outbreak: San Quentin Prison." June 15, 2020. Accessed December 9, 2024. https://amend.us/wp-content/uploads/2020/06/COVID19-Outbreak-SQ-Prison-6.15.2020.pdf.

[282] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.

[283] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.

[284] CDCR. "Joint Incident Action Plan COVID-19 Operational Period 05.0 9.2020."

Simultaneously, CCHCS appointed a licensed healthcare clinician to implement outbreak management strategies for both staff and inmates.[285] To improve hygiene and minimize transmission risks, CDCR partnered with a cleaning vendor to perform a four-day deep clean of institutions, secured additional contracts for laundry and trash disposal services, and enhanced sanitation efforts.[286]

Following these measures, the state activated an IMT at San Quentin to oversee infection prevention, testing, and inmate care. CDCR and CCHCS directed all institutions to activate their Incident Command Posts to further streamline responses.[287]

In addition, the Board of State and Community Corrections allocated $15 million in emergency COVID-19 funds to CDCR on July 16, 2020, to address housing needs for individuals being released from prison. By July 30, 2020, the incarcerated population in California correctional facilities fell below 100,000 for the first time in three decades, reaching 99,929 inmates.[288]

Strength 3: The Incident Management Team implemented infection prevention and control measures at San Quentin, establishing a blueprint for COVID-19 response at correctional facilities statewide.

During the summer of 2020, the IMT at San Quentin implemented infection prevention and control measures, establishing a model for COVID-19 responses in correctional facilities statewide.[289] CDPH and CDCR introduced COVID-19 lab result tracking for all institution staff, enabling the IMT to identify new cases and monitor outbreak trends through a centralized database.[290]

The IMT developed a comprehensive medical plan for private medical contractor staff, incorporating testing requirements and movement limitations. It conducted extensive training for staff and inmates on COVID-19 safety protocols, emphasizing social distancing, infection prevention, and equitable PPE distribution. Collaborating with private medical contractors, the IMT designed detailed procedures for feeding, sleeping arrangements, and infection control.[291] On July 10, 2020, the IMT established a

[285] CDCR. "Joint Incident Action Plan Operational Period 07.08.2020 to 07.09.2020." July 6, 2020.
[286] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.
[287] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.
[288] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.
[289] Stakeholder interview
[290] Cal OES SOC. "Joint Incident Action Plan Operational Period 07-04-2020 to 07-05-2020." July 3, 2020.
[291] CDCR. "Joint Incident Action Plan Operational Period 07.08.2020 to 07.09.2020." July 6, 2020.

250-bed ACS within San Quentin, working with EMSA to coordinate operations with local medical health and EMS coordinators.[292]

After stabilizing the situation, the IMT created a transition plan to demobilize non-CDCR/CCHCS personnel. This included establishing structures to support social distancing, assigning housing based on COVID-19 status, and creating a communication plan to keep staff and inmates informed about response activities.[293] Efforts extended to securing housing for positive inmates, providing recreational facilities, and ensuring logistical support such as shipping essential packages. Transition plans also contained training and fit testing to ensure preparedness.[294,295]

Area for Improvement and Recommendations

Area for Improvement 2: Infrastructure and operational limitations at San Quentin contributed to an outbreak.

San Quentin's mid-19th century design and aging infrastructure were ill-suited for managing a health crisis of this scale.[296] Its tightly packed cells, communal spaces, and outdated ventilation system made social distancing impossible and failed to mitigate the spread of airborne viruses.[297] Overcrowding exacerbated these challenges, creating an environment conducive to viral transmission.[298]

The prison's limited medical facilities were unprepared for mass testing, isolation, and treatment, becoming quickly overwhelmed by the surge in cases. This led to delays in outbreak response and containment. The lack of clear guidance or established protocols further hindered efforts to manage testing, quarantine, and shared space usage, resulting in rapid virus transmission among inmates and staff.[299]

[292] CDCR. "Joint Incident Action Plan Operational Period 07.07.2020 to 07.08.2020." July 6, 2020.
[293] CDCR. "Joint Incident Action Plan Operational Period 07.22.20 to 07.23.20." July 21, 2020.
[294] CDCR." Joint Incident Action Plan Operational Period 08.20.20 to 08.22.20." August 19,2020.
[295] CDCR. "Joint Incident Action Plan Operational Period 07.28.20 to 07.29.20." July 27,2020.
[296] Stakeholder Interview
[297] CalPROTECT. "California State Prisons During the COVID-19 pandemic." May 1, 2022. Accessed December 9, 2024. https://s3.amazonaws.com/cms.ipressroom.com/401/files/202308/2022-0501-CalPROTECT-Report.pdf.
[298] CalPROTECT. "California State Prisons During the COVID-19 pandemic." May 1, 2022. Accessed December 9, 2024. https://s3.amazonaws.com/cms.ipressroom.com/401/files/202308/2022-0501-CalPROTECT-Report.pdf.
[299] Stakeholder Interview

Recommendation: Modernize state correctional facilities and address any deficiencies in its infrastructure, focusing on redesigning communal areas, improving ventilation systems, and enhancing overall facilities.

- Develop a capacity management plan to ensure the prison population aligns with its design capacity, allowing effective social distancing.
- Upgrade the ventilation systems to meet modern health and safety standards, reducing the risk of airborne virus transmission.
- Enhance medical facilities to accommodate mass testing, isolation, and treatment requirements.
- Redesign communal areas to reduce crowding and improve infection prevention measures.

7.2 Safety Measures

The state implemented protective measures in correctional facilities to reduce COVID-19, including routine testing, vaccinations, PPE distribution, and selective inmate transfers. The state also expanded on-site testing and established vaccine PODs.

Correctional facilities grappled with the unique complexities of managing large populations in confined spaces and ensuring the health of both inmates and staff. In response, the TTF organized testing efforts and formed the Corrections Cohort, later known as the Corrections TTF. Despite widespread testing, logistical constraints, compliance fatigue, and communication barriers highlighted the need for improved planning in future public health emergencies.

7.2.1 Guidance

Strength

Strength 4: The state issued health guidance and enacted new safety measures using a data-informed approach.

CDCR developed a COVID-19 Tracking Tool to monitor positive cases and other data points across the correctional system. The tracker, publicly available on CDCR's website, allowed families and staff to stay informed. CDCR leadership used the tracker to guide decisions about health protocols and resource allocation. Once vaccines became available, CDCR used the tracker to oversee vaccine distribution and administration.[300]

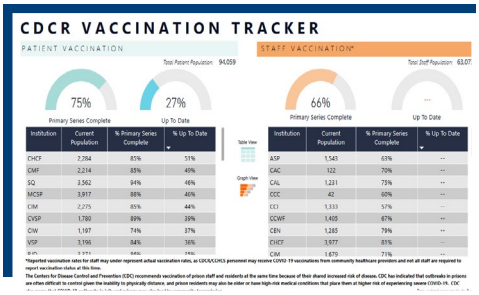

Figure 42. Screenshot of the CDCR COVID-19 Vaccination Tracker. *Source: CDCR website.*

In March 2020, CDCR released a series of memos addressing health and safety protocols for staff, inmates, and visitors. Topics included PPE usage, precautions for transferring COVID-19-positive patients, hygiene protocols, visitor self-screening, and testing requirements for those entering correctional facilities.[301]

On April 2, 2020, CDCR launched an internal COVID-19 patient registry to assist institutions in tracking patients with suspected or confirmed COVID-19. This registry also monitored individuals by risk factors, drawing from multiple data sources, including electronic health records and claims data.[302] The registry included release dates for individuals considered for early release during the pandemic. CDCR restricted access to the registry to protect personal health information.[303]

[300] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.

[301] CDCR. "Update to visiting regulations." February 2, 2023. Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/update-to-visiting-regulations-2/.

[302] CDCR. "COVID-19 Response Efforts." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/covid-19-response-efforts/.

[303] CDCR. "COVID-19 Response Efforts." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/covid-19-response-efforts/.

Area for Improvement and Recommendations

Area for Improvement 3: Changing guidance led to low compliance among staff and inmates.

CDCR encountered difficulties enforcing protective measures consistently across approximately 100,000 inmates in various facilities.[304] Evolving state guidance frustrated staff and inmates, eroding adherence to directives.[305]

Correctional staff often neglected to comply with masking requirements, resulting in multiple Cal/OSHA citations for improper mask fit testing.[306] As the pandemic progressed, inmates expressed distrust toward state policies due to inconsistent messaging, leading many to refuse testing, quarantine, and isolation while disregarding masking and social distancing requirements.[307]

Staff responsible for enforcing compliance struggled to perform their duties. A survey by the OIG found that 31% of staff observed noncompliance with masking and 38% noted issues with social distancing. Stakeholders reported that correctional staff felt unsupported by CDCR leadership, who they believed failed to address their concerns or proactively clarify evolving guidance and combat misinformation.[308]

Recommendation: Develop a clear, consistent communication plan to promote compliance with protective measures.

- Provide regular, clear communication with staff and inmates to reinforce the importance of protective measures.
- Implement comprehensive educational programs to address the significance of health measures and dispel misconceptions.
- Establish an open forum for dialogue between CDCR leadership and staff to address concerns and clarify directives.
- Support correctional staff with tools and training to effectively enforce compliance with health protocols.

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[304] CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.

[305] Stakeholder Interview

[306] SEIU Local 1000. "CDCR/CCHCS Continues to Ignore Legal Requirements With its COVID N95 Mask Mandates." January 11, 2022. Accessed December 9, 2024. https://www.seiu1000.org/post/cdcrcchcs-continues-ignore-legal-requirements-its-covid-n95-mask-mandates.

[307] OIG. "COVID-19 Review Series Part Two." October 2020. Accessed December 9, 2024. https://www.oig.ca.gov/wp-content/uploads/2020/10/OIG-COVID-19-Review-Series-Part-2-%E2%80%93-Face-Coverings-and-PPE.pdf.

[308] Stakeholder Interview

7.2.2 Visitation

Area for Improvement and Recommendations

Area for Improvement 4: Changes in the state's guidance delayed the implementation of updated protocols, particularly the cancellation of in-person visitation, which prevented family members from seeing loved ones in correctional facilities.

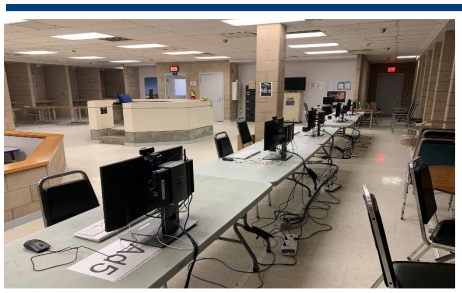

Figure 43. CDCR implemented virtual visitation to assist with the limitation of in-person visits during COVID-19.
Source: CDCR Facebook.

CDCR faced difficulties integrating rapidly evolving guidance from federal and state authorities. This led to delays in implementing updated protocols, creating confusion among correctional staff and hesitancy in enforcing conflicting guidelines.[309]

On March 11, 2020, CDCR suspended in-person visitation across all correctional facilities to reduce the risk of COVID-19 transmission. While this decision aimed to protect inmates and staff, it generated significant controversy among stakeholders. The cancellation disconnected inmates from family members and attorneys while reducing external oversight of facility conditions, including COVID-19 isolation units. [310] This lack of transparency sparked allegations that some facilities neglected protective measures, increased solitary confinement, and denied inmates access to essentials such as adequate food, water, outdoor time, sanitary supplies, phone calls, and medical care.[311]

Families of inmates consistently requested the resumption of visitation throughout the pandemic. In response, CDCR introduced a virtual visitation program in December 2020, providing inmates one free 30-minute video visit every 30 days. Initially rolled out to a limited number of facilities, the program expanded to 35 facilities by the end of 2020, reconnecting inmates with loved ones and offering some oversight of COVID-19

[309] Stakeholder Interview
[310] Stakeholder Interview
[311] Stakeholder Interview

responses in correctional facilities.[312] Limited in-person visitation resumed in April 2021 but was periodically suspended at individual facilities in response to new outbreaks.[313]

Despite these efforts, corrections stakeholders identified gaps in communication. CDCR lacked consistent messaging about policy changes to inmates, their families, and the California Statewide Inmate Family Council (SIFC). The SIFC, a centralized advocacy network for inmate families, was supposed to receive updates through quarterly meetings. However, many 2020 meetings were canceled due to pandemic-related challenges, leaving the SIFC without adequate information to share with families.[314]

Recommendation: Develop a comprehensive communications plan to support timely updates on visitation policy changes.

- Include transparent mechanisms for reporting the reasoning behind visitation policy changes to inmates and families.
- Establish regularly scheduled meetings with advocacy groups like the SIFC for consistent messaging and information sharing.
- Provide correctional staff with training and resources to support the implementation of visitation policies and effective communication strategies.

7.2.3 Corrections Testing Task Force

Strength

Strength 5: The Testing Task Force played a critical role in organizing and implementing testing in correctional facilities across the state, addressing the unique challenges posed by these high-risk environments.

The TTF established the Corrections TTF to manage testing operations within correctional facilities, forming an Outbreak Response Team to provide testing access at over 1,150 sites, including jails and prisons.[315] The team tailored state testing protocols to address the confined and high-density conditions of correctional facilities, prioritizing rapid test turnaround times. Real-time feedback and evolving needs informed continuous

[312] Office of the Governor. "Governor Newsom Issues Executive Order on State Prisons and Juvenile Facilities in Response to the COVID-19 Outbreak." March 24, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/03/24/governor-newsom-issues-executive-order-on-state-prisons-and-juvenile-facilities-in-response-to-the-covid-19-outbreak/.

[313] Office of the Governor. "Governor Newsom Issues Executive Order on State Prisons and Juvenile Facilities in Response to the COVID-19 Outbreak." March 24, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/03/24/governor-newsom-issues-executive-order-on-state-prisons-and-juvenile-facilities-in-response-to-the-covid-19-outbreak/.

[314] Stakeholder Interview

[315] CDPH. "COVID-19 AAR – Testing." July 2024.

improvements to protocols, targeting high-risk areas to effectively prevent and contain outbreaks.[316]

The Corrections TTF conducted analyses to identify high-risk areas and directed resources and personnel accordingly to sustain operations. Working closely with CDCR and other state agencies, the Corrections TTF oversaw the administration of over 24,000 COVID-19 tests across correctional sites, demonstrating the effectiveness of the initiative.[317]

The state implemented a unified communication strategy to streamline testing operations and provide consistent messaging. The Corrections TTF and CDCR developed testing schedules and protocols, establishing fixed testing sites, deploying mobile units, and engaging over 250 California National Guard members to expand capacity during peak demand.[318]

By integrating testing into daily correctional facility operations, the state minimized disruptions while maintaining logistics and staffing.[319] Mobile testing teams and established procedures ensured consistent testing coverage across facilities, providing an effective response to ongoing challenges in high-risk environments.[320]

Area for Improvement and Recommendations

Area for Improvement 5: The demand for testing revealed a lack of adequate strategy to address the unique needs of correctional environments.

Rapid expansion of testing programs revealed challenges such as delays in distributing testing supplies and equipment. Physical constraints within correctional facilities complicated the setup of testing sites, disrupting testing flow and reducing efficiency. Compliance fatigue among staff and inmates further undermined quarantine and testing measures, complicating outbreak management. Inmate relocations to control outbreaks added to the workload and reduced adherence to testing and mask mandates.[321]

While the state coordinated efforts between agencies and correctional facilities, demand for testing occasionally outpaced available resources. Diverse needs and

[316] CDPH. "COVID-19 AAR – Testing." July 2024.
[317] CDPH. "COVID-19 AAR – Testing." July 2024.
[318] CDPH. "COVID-19 AAR – Testing." July 2024.
[319] CDPH. "COVID-19 AAR – Testing." July 2024.
[320] CDPH. "COVID-19 AAR – Testing." July 2024.
[321] Stakeholder Interview and Stakeholder Hotwash

operational capacities across facilities resulted in inconsistencies in testing implementation. Communication barriers and the absence of standardized protocols hindered effective integration of testing operations.[322]

Recommendation: Establish standardized protocols for testing procedures across all correctional facilities to achieve consistency and efficiency. Include guidelines for setting up testing sites, managing physical space, and handling testing equipment.

- Tailor testing and quarantine procedures to accommodate different facility sizes, layouts, and inmate populations.
- Enhance communication channels between state agencies and correctional facilities to improve coordination and resource allocation.
- Develop strategies to manage inmate relocations during outbreaks, maintaining testing and quarantine measures throughout the process.

7.3 Inmate Release

To mitigate the spread of COVID-19 and reduce overcrowding in correctional facilities, the state implemented an early release program for eligible inmates, allowing them to return to their communities ahead of schedule. This initiative supported social distancing measures and prioritized protecting individuals at higher risk of severe outcomes. Released individuals exposed to COVID-19 could access the state's *Project Hope* program, which provided temporary housing for isolation or quarantine.

7.3.1 Release Program

Strength

Strength 6: California Department of Corrections and Rehabilitation expedited the release of almost 3,500 inmates serving sentences for non-violent offenses to reduce the risk of mass outbreaks in correctional facilities.

Correctional facilities were inherently ill-suited for social distancing due to their design, which housed inmates in close quarters. This environment heightened the risk of disease transmission and challenged staff in implementing effective quarantine measures.[323]

[322] CDPH. "COVID-19 AAR – Testing." July 2024.

[323] CDCR. "Actions to Reduce Population and Maximize Space." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/frequently-asked-questions-expedited-releases/.

In April 2020, CDCR implemented an early release program expediting the release of almost 3,500 individuals incarcerated in state prisons.[324] The program prioritized inmates serving non-violent sentences who had fewer than 60 days remaining and were not registered sex offenders. By July 2020, eligibility expanded to include inmates with up to 180 days remaining on their sentences, allowing for further reductions in prison populations.[325]

To encourage compliance and good behavior, CDCR awarded 12 weeks of positive programming credit to inmates with no rule violations between March 1 and July 5, 2020. Additionally, medically high-risk inmates were assessed for potential release on a case-by-case basis to protect their health.[326]

By July 2021, the program had successfully reduced prison density and contributed to lower COVID-19 rates within correctional facilities. Stakeholders emphasized the program's effectiveness in minimizing outbreaks while balancing public safety.[327]

7.3.2 Project Hope

Strength

Strength 7: Project Hope offered complimentary hotel accommodations to facilitate isolation and quarantine for thousands of individuals recently released from incarceration, reducing community exposure and alleviating pressure on correctional facilities.

In April 2020, CDCR partnered with state and local agencies to launch *Project Hope*, offering complimentary hotel and motel accommodations to newly released individuals requiring isolation or quarantine. Participants could safely separate from others, mitigating potential viral transmission to their families and communities.

The program was voluntary but required participants to adhere to CDCR safety rules. It included transportation, meal services, and accommodations, which were organized in collaboration with local partners. Addressing logistical challenges, CDCR treated every

[324] CDCR. "Actions to Reduce Population and Maximize Space." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/frequently-asked-questions-expedited-releases/.
[325] CDCR. "Actions to Reduce Population and Maximize Space." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/frequently-asked-questions-expedited-releases/.
[326] CDCR. "Actions to Reduce Population and Maximize Space." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/frequently-asked-questions-expedited-releases/.
[327] CDCR. "Actions to Reduce Population and Maximize Space." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/frequently-asked-questions-expedited-releases/.

individual released as a potential COVID-19 patient, helping ensure seamless coordination and reducing pressure on correctional facilities.

By May 2022, *Project Hope* had served approximately 2,000 individuals, providing essential support during their transition. Additionally, around 1,100 individuals who were ineligible for *Project Hope* were referred to CDCR-funded programs for continued assistance.[328]

[328] CDCR. "CDCR Week in Review: May 27, 2022."

CHAPTER 8: EDUCATION

CHAPTER INTRODUCTION

The COVID-19 pandemic disrupted learning for an entire generation of students, disproportionately impacting people with lower incomes, less robust support systems, and fewer economic advantages. Educational institutions, as congregate settings, faced higher risks of virus transmission. To protect public health, the state implemented orders to close in-person learning.

By March 2020, over 99 percent of the state's 6.2 million public school students were affected by closures, with 939 of 1,035 local educational agencies (LEAs) transitioning to distance learning.[329] Colleges and universities also adopted virtual learning, closing dormitories and residential halls. This shift required schools to adopt new technologies and strategies to maintain educational services.

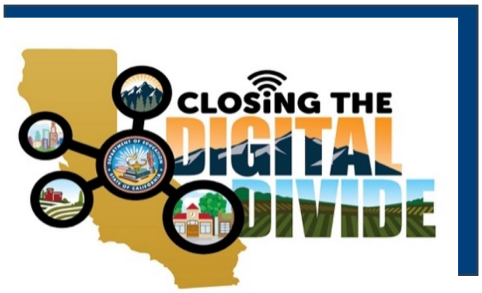

Figure 36. *Closing the Digital Divide* logo. *Source: CDE website.*

Distance learning exposed disparities in instructional quality, technological access, and essential services often provided by schools. Executive Order N-26-20 directed districts to use state funds for distance learning, high-quality education, and school meal programs. Executive Order N-73-20 supported efforts to bridge the digital divide by equipping students with devices and connectivity.

The state prioritized reopening schools safely. Initial guidance in June 2020 outlined plans for resuming in-person instruction. In December 2020, the *Safe Schools for All Plan* emphasized testing and vaccination as key strategies for maintaining safe learning environments.[330]

As critical infrastructure, schools faced severe challenges during the pandemic. Increased coordination between K-12 institutions and the state can enhance disaster resilience. Lessons learned from the pandemic will strengthen California's educational system for future emergencies.

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[329] California School Boards Association. "COVID-19 closes nearly every California school." April 2020. Accessed December 9, 2024. https://publications.csba.org/california-school-news/april-2020/covid-19-closes-nearly-every-california-school/.

[330] Office of the Governor. "Governor Newsom Unveils California's Safe Schools for All Plan." December 30, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/12/30/governor-newsom-unveils-californias-safe-schools-for-all-plan/.

State Education Priorities

Public Health Measures

- Implemented school closures to mitigate the spread of the virus by limited in-person instruction.
- Communicated safety guidelines to educators, parents, and students.
- Distributed PPE to staff and students of LEAs/Institutions of Higher Education (IHEs) to support the physical reopening of school sites.
- Deployed testing resources at schools to identify and isolate cases early, during phased reopening.
- Phased reopening of schools through strict safety protocols.
- Prioritized vaccination of teachers, school staff, and eventually students.

Educational Adaptations

- Evaluated hybrid learning models to balance education and safety.
- Provided devices, internet access, and digital learning support for students and educators.
- Investigated and assisted with connectivity issues in rural and frontier areas of the state.

Adaptive Response Strategies

- Monitored and adapted to changing infection rates and government guidelines.
- Continued to adapt and refine response strategies based on the evolving science.
- Improved communication between the CDE and county offices of education.

FINDINGS

This chapter examines the state's support for education during crises, focusing on educational coordination and health and safety measures. The Educational Coordination section highlights efforts to maintain learning continuity and foster effective collaboration among institutions. The Health and Safety Measures section reviews initiatives aimed at protecting students, educators, and staff.

8.1 Educational Coordination

In collaboration with Cal OES, CDE, and other agencies, the Schools Task Force monitored pandemic impacts on education and facilitated information sharing among systems. The Task Force supported the *Safe Schools for All* plan, focusing on PPE

distribution, direct ordering systems, and technological resources for LEAs, which include school districts, county education offices, charter schools, and IHEs.

CDE handled educational aspects independently, maintaining daily coordination with government and professional education organizations. A key focus was improving technology accessibility.

In December 2020, as schools began reopening, the state launched a Cabinet-Level Education Task Force led by the State Superintendent and a State Senator. This high-level group collaborated with the State Public Health Officer to develop policies for activities such as the *Safe Schools for All Hub* and PPE distribution.[331]

8.1.1 Schools Task Force and Cabinet-Level Education Task Force

Strengths

Strength 1: The Cabinet-Level Schools Task Force bridged the digital divide by connecting up to one million students to technology resources.

The Cabinet-Level Schools Task Force, led by the State Superintendent, coordinated efforts with CDE, state officials, and private partners to eliminate disparities in technology access. This collaboration included partnerships with internet providers, tech companies, and device manufacturers, enabling the delivery of essential technology resources like discounted iPads equipped with high-speed internet. These partnerships directly addressed barriers to distance learning.

Figure 37. Technology devices being dispersed by a staff member at a California school. *Source: CDE Facebook.*

This initiative aligned with a $5.3 billion state budget allocation for distance learning. It expedited the acquisition of devices and internet access, helping students and educators transition to remote learning.[332] For example, Apple provided iPads with cellular capability and training for educators, while T-Mobile expanded internet access to connect students. By the end of 2020, these efforts provided essential technology resources to nearly one million students, significantly reducing disparities in distance learning access.[333]

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[330] Live Edit Session [331] CDE. "State Superintendent Tony Thurmond Announces Major Collaboration with Apple and T-Mobile to Connect Students in Need." August 5, 2020. Accessed December 9, 2024. https://www.cde.ca.gov/nr/ne/yr20/yr20rel65.asp.[333] CDE. "State Superintendent Tony Thurmond Announces Major Collaboration with Apple and T-Mobile to Connect Students in Need." August 5, 2020. Accessed December 9, 2024. https://www.cde.ca.gov/nr/ne/yr20/yr20rel65.asp.

Guided by the Task Force, school districts placed orders with private partners, securing at least 100,000 devices for distribution during the back-to-school period. Commitments from partners ensured districts received additional devices throughout 2020, reducing technological disparities for 97 percent of California students engaged in distance learning.[334]

Strength 2: The Schools Task Force facilitated the distribution and direct ordering of personal protective equipment to educational institutions for the safe return to in-person instruction.

In collaboration with the Logistics and Commodities Movement Task Force, the Schools Task Force distributed tens of millions of essential PPE items, including cloth masks, face shields, goggles, gowns, and coveralls, to support the safe return of students and staff to schools.[335] In January 2022 alone, the state distributed over 30 million N95 respirators, KN95 masks, and children's surgical masks to county Boards of Education within two weeks of schools reopening, demonstrating the speed and scale of the effort.[336]

Initially, the Schools Task Force utilized a "push down" distribution approach, sending PPE to Local Educational Agencies (LEAs) without receiving specific requests. While this method expedited distribution, it overlooked the unique needs of individual districts. In response, the state transitioned to a request-based system, granting county Boards of Education and IHEs access to Salesforce Public Health Ordering System accounts. This shift allowed schools to customize their PPE orders to fit their needs.

Area for Improvement and Recommendations

Area for Improvement 1: There were multiple task forces for Education, creating challenges in implementing directives.

The Schools Task Force and the Cabinet Level Education Task Force faced communication and coordination challenges during the reopening process. Policy discussions regarding school reopening planning did not include all stakeholders. Members expressed frustration, emphasizing that their hands-on experience offered

[334] CDE. "State Superintendent Tony Thurmond Announces Major Collaboration with Apple and T-Mobile to Connect Students in Need." August 5, 2020. Accessed December 9, 2024. https://www.cde.ca.gov/nr/ne/yr20/yr20rel65.asp.

[335] ICS 202 Task Force Priorities and Objectives.

[336] Cal OES News. "Cal OES has Distributed Over 1.6 Billion Pieces of PPE to Californians." January 31, 2022. Accessed December 9, 2024. https://news.caloes.ca.gov/cal-oes-has-distributed-over-1-6-billion-pieces-of-ppe-to-californians/.[336] Live Edit Session

critical insights into school-level realities that could have informed more practical and effective policies.[337]

Without valuable input from those directly involved in execution, policies often failed to consider real-world scenarios, resulting in implementation difficulties and a lack of alignment with the needs and conditions of local schools.[338] For example, in December 2020, as part of the State *Safe Schools for All Plan*—California's framework for safely resuming in-person instruction—the Governor's Office allocated funds for PPE distribution to all schools. However, the Schools Task Force was not consulted during this planning phase. This oversight bypassed the task force's knowledge of execution challenges, complicating PPE distribution efforts.[339]

Over time, communication between the two task forces improved, enhancing coordination and collaboration on subsequent initiatives.

Recommendation: Establish policy and procedures to align Task Force objectives and achieve consistent results.

- Develop a plan to regularly align objectives and responsibilities among task forces with overlapping priorities.
- Organize joint planning sessions involving members from all relevant task forces to facilitate comprehensive policy creation.
- Implement regular communication mechanisms between task forces to enhance information sharing and coordination.
- Actively involve educators and school representatives in policy discussions to ensure practical and actionable strategies.

8.1.2 Information Sharing

Strength

Strength 3: The school reporting system improved information-sharing capabilities between state and local educational agencies.

In August 2021, the state developed the School Emergency Reporting System (SERS), a web-based application that enhanced the exchange of critical information between the state and LEAs during natural disasters and other urgent incidents.[340] SERS allowed LEAs to report COVID-19 outbreaks, enabling real-time tracking and response efforts.

[338] Live Edit Session
[339] Live Edit Session
[340] Stakeholder Interview

The system served as a centralized database, providing LEAs with up-to-date information on outbreaks and closures statewide. Designed with user-friendly interfaces, SERS simplified data entry, reducing manual errors through automated reporting features. It also incorporated advanced security measures to protect the privacy of health-related information. Authorized LEA personnel received training and support to maximize the system's effectiveness, ensuring it became a valuable tool for coordinated response efforts.[341]

8.2 Health and Safety Measures

The state implemented a range of policies, executive orders, and initiatives to address health and safety in schools during the pandemic. These efforts supported LEAs through funding allocations, testing programs, contact tracing initiatives, and vaccination campaigns. This section examines the measures taken to facilitate safe in-person instruction, sustain learning opportunities, and protect students, staff, and their families.

8.2.1 Educational Guidance

Strengths

Strength 1: A series of government directives supported local educational agencies during the COVID-19 crisis.

In March 2020, the state took decisive action to address school closures triggered by stay at home orders. On March 13, 2020, Executive Order N-26-20 maintained state funding for LEAs, including school districts, county education offices, and charter schools. This funding supported distance learning, school meal programs like the *Summer Food Service* Program, student supervision during regular hours, and employee payments.[342]

Shortly after, on March 17, 2020, Senate Bill 117 allocated $100 million to LEAs for purchasing PPE and covering cleaning costs related to COVID-19 in school facilities.[343] This ensured LEAs remained funded even as closures continued. The same day, the CDE released COVID-19 closure guidance covering three key areas: distance learning, school meals, and childcare supervision. School closures impacted over 99% of the

[341] CDE. "New School Emergency Reporting System" August 31, 2021. Accessed December 9, 2024. https://www.cde.ca.gov/nr/el/le/yr21ltr0831.asp.

[342] Executive Order N-26-20

[343] California School Boards Association. "COVID-19 closes nearly every California school." April 2020. Accessed December 9, 2024. https://publications.csba.org/california-school-news/april-2020/covid-19-closes-nearly-every-california-school/.

state's 6.2 million public school students, with nearly 939 out of 1,035 LEAs closing or preparing to close.[344]

Figure 38. Meals being safely distributed to students by staff at a California school. *Source: CDE Facebook.*

Under Executive Order N-26-20, multiple agencies, including CDE and CalHHS, were tasked with issuing guidance by March 27, 2020 on implementing distance learning strategies, improving internet access, providing education for students with disabilities, and distributing meals.[345] The Labor and Workforce Development Agency and CalHHS issued parent support guidance, while the Governor's Office of Business and Economic Development worked with businesses to foster flexible employer policies for parents.[346] These directives, alongside efforts by public health staff, emergency managers, and responders, supported PPE distribution, testing, vaccination, mental health services, hygiene practices, and distance learning resources.[347]

Strength 2: The Safe Schools for All Plan facilitated the safe resumption of in-person instruction in schools.

In December 2020, the Governor's Office released the *Safe Schools for All* Plan, outlining a framework for resuming in-person instruction. The plan was built on four key pillars:

- **Funding to Support Safe Reopening:** The January 2021 Budget allocated $2 billion to support testing, ventilation improvements, and PPE provision for schools resuming in-person instruction or planning phased reopening.[348]
- **Safety & Mitigation Measures for Classrooms:** Mitigation strategies included frequent COVID-19 testing for students and staff, weekly testing in high-transmission areas, and distribution of millions of surgical masks to school personnel. Vaccination of school staff was also prioritized.
- **Hands-on Oversight & Assistance for Schools:** The *Safe Schools for All* team, led by a pediatric expert and school safety specialist, provided direct support to schools. This included developing COVID-19 safety plans, conducting webinars, organizing training, and delivering ongoing technical assistance.

[344] California School Boards Association. "COVID-19 closes nearly every California school." April 2020. Accessed December 9, 2024. https://publications.csba.org/california-school-news/april-2020/covid-19-closes-nearly-every-california-school/.

[345] Executive Order N-26-20

[346] Executive Order N-26-20

[347] Stakeholder Interview

[348] California Department of Finance. "*Governor's Budget Summary 2021-22.*" January 2021. Accessed December 9, 2024. https://ebudget.ca.gov/2021-22/pdf/BudgetSummary/Introduction.pdf.

- **Transparency and Accountability for Families and Staff:** The *Safe Schools for All Hub*, an online platform, offered families and staff access to information on school reopening, available funding, and outbreak data. The hub included a hotline allowing staff and parents to report concerns, initiating interventions ranging from technical support to legal enforcement actions.[349]

The plan introduced an interactive map to provide real-time information on reopening and safety measures. The state allocated over $90 billion to equip schools with resources such as PPE and technical support, emphasizing the importance of creating safer learning environments for vulnerable student populations.[350]

Figure 39. CDPH Safe Schools for All advertisement. Source: *CDPH website.*

8.2.2 Contact Tracing

Strengths

Strength 3: California Connected provided technical assistance to educational institutions on case investigation and contact tracing.

After Assembly Bill 86, the state delegated contact tracing responsibilities from overwhelmed local health departments to K-12 schools. Schools had critical, real-time information on student interactions, such as shared classrooms, carpools, and lunch tables.[351]

The Schools Support Team expanded its role within the *California Connected* program to include schools as a key customer base. Leveraging its existing network, the program scaled up to aid schools, coaching districts on contact tracing strategies. Communication channels established with school districts and administrators helped identify necessary resources. The team also developed documentation, websites, newsletters, and webinars tailored to school administrators to support tracing efforts.[352]

[349] Office of the Governor. "Governor Newsom Unveils California's Safe Schools for All Plan." December 30, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/12/30/governor-newsom-unveils-californias-safe-schools-for-all-plan/.

[350] Office of the Governor. "California Launches Interactive Map as Part of Safe Schools for All Plan." February 12, 2021.Accessed February 12, 2021. https://www.gov.ca.gov/2021/02/12/california-launches-interactive-map-as-part-of-safe-schools-for-all-plan/.

[351] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

[352] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

Strength 4: The Virtual Training Academy introduced school-related contact tracing courses in response to school reopening.

The VTA adapted to meet the needs of schools, offering specialized training to support safe reopening. Courses included topics such as pediatric COVID-19 basics, effective communication with school districts, and triaging questions to local health departments. The VTA also provided training in risk communication and safe school protocols for K-12 administrators.

To reach under-resourced schools in rural districts, the Schools Support Team collaborated with external stakeholders to promote training opportunities. From its inception through October 2022, over 11,000 learners completed VTA courses, equipping them with skills necessary to manage contact tracing in educational settings.[353]

8.2.3 Schools Testing Task Force

Strength

Strength 5: The Testing Task Force established and managed COVID-19 testing in California's K-12 schools, providing broad access and effective resource distribution.

To meet the unique challenges of educational environments, the TTF created the Schools Testing Task Force (Schools TTF) as a specialized subgroup. The Schools TTF offered a range of testing options, including PCR and antigen tests for schools, and developed resources such as playbooks, training materials, and operational guidance.[354]

The Schools TTF prioritized supply distribution, providing protective equipment and testing materials essential for maintaining safe school environments.[355] Over 4,700 school testing sites were established statewide, making it widely accessible to students and staff.[356] Additionally, the Schools TTF coordinated with other state agencies to redirect staff and assist schools with resourcing sites, reducing the operational burden on school staff.

Nearly 1,000 K-12 schools across 120 school districts received comprehensive vendor support during the 2021–2022 school year. This included antigen, PCR, and pooled PCR testing, ensuring efficient operations with minimal disruption to educational processes.

[353] CDPH. "COVID-19 AAR – Four Chapters." October 2022.

[354] CDPH. "COVID-19 AAR – Testing." July 2024.

[355] Stakeholder Hotwash

[356] CDPH. "COVID-19 AAR – Testing." July 2024.

The Schools TTF facilitated the integration of PCR testing into schools by creating an onboarding checklist, supplying consistent resources, and establishing clear enrollment processes. Enrollment included setting up testing protocols, providing staff training, and managing participation.

Historically, CDE developed emergency plans with limited collaboration with state agencies during incident responses. By the end of 2021, however, the Schools TTF successfully engaged CDE in state planning and response efforts. This included regular planning meetings and direct involvement in decision-making processes for testing and COVID-19 mitigation strategies. These efforts improved coordination and alignment between state strategies and the needs of schools, leading to more effective implementation of testing programs.[357]

Area for Improvement and Recommendations

Area for Improvement 1: The pandemic's initial phases revealed significant challenges in coordinating and communicating school testing operations.

Limited personnel and insufficient involvement from educational leaders led to communication breakdowns and delays in delivering clear guidance to schools.[358] Multiple task forces addressing school-related issues created confusion, duplicated efforts, and further delayed the implementation of testing

Collaboration gaps between the TTF and agencies like CDPH led to inconsistent messaging and delays in resource allocation. The slow approval process for messaging and website content resulted in outdated email communications, as information was often replaced before messages were distributed, further hindering school coordination. During the transition from PCR to antigen testing, the TTF failed to provide clear guidance, leaving schools uncertain about new protocols and oversight responsibilities.[359] Centralized decision-making failed to account for the needs of rural schools and special education programs, leading to gaps in testing coverage and support.

Although the TTF later introduced SERS to improve communication between LEAs and CDE, the absence of a standardized incident management approach continued to create barriers to effective testing operations.

[357] Stakeholder Hotwash
[358] Stakeholder Hotwash
[359] Stakeholder Hotwash

Recommendation: Develop a statewide framework to improve coordination, communication, and operational consistency for school testing efforts during emergencies.

- Establish standardized reporting structures, workflows, and protocols for schools to follow during testing operations.
- Create a centralized platform for real-time communication to provide schools with timely updates on testing protocols and resources.
- Conduct regular training and exercises to improve collaboration and readiness among schools, state agencies, and other key stakeholders.

8.2.4 Partnership and Collaboration

Strength

Strength 6: The Governor's Office, California Department of Education, and Testing Task Force improved collaboration during the pandemic, enhancing state support for schools through lessons learned from past emergencies.

The partnership between the Governor's Office, CDE, and the TTF evolved during the pandemic, improving coordination and resource distribution.[360] The Schools TTF leveraged existing systems, such as the County Superintendent Services Educational Association (CSSEA), to streamline communication and coordination among county superintendents. These established relationships facilitated efficient information sharing and resource delivery at the local level.[361]

The Schools TTF used the SERS platform to collect real-time data on school closures and testing needs, supporting timely and informed decision-making. Operational support prioritized underfunded schools, addressing equity challenges through direct funding and comprehensive vendor services.

Collaboration deepened among the Governor's Office, CDE, and the California State Board of Education as they refined equity-driven processes and prioritized schools for testing programs.[362] A dedicated Schools TTF team worked closely with CDE and education stakeholders, adapting testing strategies to meet the evolving needs of schools and maintaining consistent support throughout the pandemic.[363]

[360] CDPH. "COVID-19 AAR – Testing." July 2024 and Stakeholder Interview

[361] Stakeholder Interviews

[362] CDPH. "COVID-19 AAR – Testing." July 2024.

[363] CDPH. "COVID-19 AAR – Testing." July 2024.

8.2.5 Vaccinations

Strength

Strength 7: The School-located Vaccination Events made pediatric vaccines accessible to 182 school sites across 36 school districts.

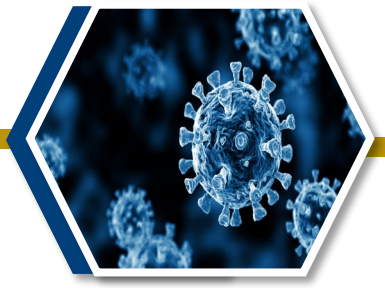
After the release of pediatric vaccine doses, the state launched the School-located Vaccination Events in November 2021. This campaign expanded vaccine accessibility for students aged five and older and their families, and resulted in the rapid immunization of large numbers of children.[364]

Figure 40. State organized vaccine event at a California school site.
Source: CDE Facebook.

The state organized events at interested schools in collaboration with mobile service providers. These events were shaped to the preferences of each school, with some focusing on students only and others including families and community members. A total of 182 school sites across 36 school districts and 17 local health jurisdictions hosted 371 vaccination events, administering 13,549 doses.[365]

Using insights from CDE, the state designated staff to oversee communication with school district and LEA staff. The state shared marketing materials, deploying food trucks, and identified schools needing additional media support. The use of incentives, particularly food trucks, proved effective in increasing participation.[366]

[364] CDPH. "Resources for School-Located Vaccination Events." Accessed December 9, 2024. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx#.
[365] CDPH. "COVID-19 AAR – Four Chapters." October 2022.
[366] CDPH. "COVID-19 AAR – Four Chapters." October 2022.



APPENDIX A: ACRONYMS

Table 3: Acronyms Table

Acronym	Term
AAR	After Action Report
ABC	California Department of Alcoholic Beverage Control
ACS	Alternate Care Site
ADA	Americans with Disabilities Act
AFN	Access and Functional Needs
ASL	American Sign Language
BCSH	California Business, Consumer Services, and Housing Agency
CAIR2	California Immunization Registry
CA-ESF	California Emergency Support Function
CAL FIRE	California Department of Forestry and Fire Protection
Cal OES	California Governor's Office of Emergency Services
Cal Volunteers	California Volunteers
Cal/OSHA	California Division of Occupational Safety and Health
CalCAT	California Communicable Diseases Assessment Tool
CalHHS	California Health and Human Services Agency
CAL-MAT	California Medical Assistance Team
CalHR	California Department of Human Resources
CalREDIE	California Reportable Disease Information Exchange
Caltrans	California Department of Transportation
CalWORKs	California Work Opportunity and Responsibility to Kids
CAP	Corrective Action Plan
CARES	Coronavirus Aid, Relief, and Economic Security
CBO	Community Based Organizations
CCHCS	California Correctional Health Care Services
CDC	Centers for Disease Control and Prevention
CDCR	California Department of Corrections and Rehabilitation
CDE	California Department of Education
CDPH	California Department of Public Health
CDSS	California Department of Social Services
CSSEA	County Superintendent Services Educational Association
CSTI	California Specialized Training Institute
CVAC	Community Vaccine Advisory Committee
DGS	California Department of General Services
DIR	California Department of Industrial Relations

DSH	California Department of State Hospitals
EDD	Employment Development Department
EMSA	Emergency Medical Services Authority
EOC	Emergency Operations Center
ESA	Emergency Services Act
ESF	Emergency Support Function
FDA	U.S. Food and Drug Administration
FEMA	Federal Emergency Management Agency
GO-Biz	Governor's Office of Business and Economic Development
GovOps	California Government Operations Agency
ICS	Incident Command System
IHE	Institutions of Higher Education
IHSS	In-Home Support Service
IMT	Incident Management Team
JIC	Joint Information Center
JITT	Just-in-Time Training
LEA	Local Educational Agency
LTCF	Long-term Care Facility
MHCC	Medical and Health Coordination Center
MHOAC	Medical Health Operational Area Coordinator
MRC	Medical Reserve Corps
NGO	Non-Governmental Organization
OA	Operational Area
OAFN	Office of Access and Functional Needs
OIG	Office of the Inspector General
PCR	Polymerase Chain Reaction
POD	Point of Dispensing
PPE	Personal Protective Equipment
PUA	Pandemic Unemployment Assistance
SEMS	Standardized Emergency Management System
SERS	School Emergency Reporting System
SIFC	Statewide Inmate Family Council
SNF	Skilled Nursing Facility
SNS	Strategic National Stockpile
SOC	State Operations Center
SPB	State Personnel Board
TPA	Third-Party Administrator
TTF	Testing Task Force
UCG	Unified Coordination Group

USDHHS	U.S. Department of Health and Human Services
USNS	United States Naval Ships
VBL	Valencia Branch Lab
VTA	Virtual Training Academy
WHO	World Health Organization

APPENDIX B: REFERENCES

Table 4: Table of Internal References

Internal References

ABC. "Second Notice of Regulatory Relief." April 1, 2020. Accessed December 9, 2024. https://www.abc.ca.gov/abc-announces-that-bars-wineries-breweries-and-distilleries-will-be-able-to-sell-drinks-to-go/.

BCSH. "COVID-19 Tenant Relief Act." https://www.bcsh.ca.gov/covidrelief /.

BCSH. "Landlords – Protection Information." Accessed December 9, 2024. https://housing.ca.gov/landlord/protection_guidelines.html#:~:text=Many%20landlords%20have%20also%20felt,AB%20832%2C%20provides%20some%20relief.

CalHR. "Contact Tracer Assignment Information for State Departments." May 28, 2020. Accessed December 9, 2024. https://www.calhr.ca.gov/Documents/contact-tracer-assignment-information-for-state-departments.pdf.

Cal OES News. "A Comprehensive Look: Landmark COVID-19 Relief Program Great Plates Delivered Wraps Up Operations." July 2, 2021. Accessed December 9, 2024. https://news.caloes.ca.gov/a-comprehensive-look-landmark-covid-19-relief-program-great-plates-delivered-wraps-up-operations/.

Cal OES News. "Cal OES has Distributed Over 1.6 Billion Pieces of PPE to Californians." January 31, 2022. Accessed December 9, 2024. https://news.caloes.ca.gov/cal-oes-has-distributed-over-1-6-billion-pieces-of-ppe-to-californians/.

Cal OES News. "Governor Newsom Announces Emergency Allocation of $62 Million to Local Governments to Protect People Living in Project Roomkey Hotels." November 16, 2020. Accessed December 3, 2024, https://news.caloes.ca.gov/governor-newsom-announces-emergency-allocation-of-62-million-to-local-governments-to-protect-people-living-in-project-roomkey-hotels/.

Cal OES News. "State Launches California COVID-19 Testing Sites Website." May 6, 2020, Accessed December 9, 2024.https://news.caloes.ca.gov/state-launches-california-covid-19-testing-sites-website/.

Cal OES News. "Unemployment benefits to pandemic-impacted workers reach $63.9 billing." Augus 13, 2020. Accessed December 9, 2024. https://news.caloes.ca.gov/unemployment-benefits-to-pandemic-impacted-workers-reach-63-9-billion/.

Cal OES SOC. "Joint Incident Action Plan Operational Period 07-04-2020 to 07-05-2020." July 3, 2020.

Cal OES. "California Department of Aging, and CalHHS. Great Plates Delivered Program Guidance." California Governor's Office of Emergency Services." Accessed January 3, 2023.https://www.caloes.ca.gov/wp-content/uploads/Recovery/Documents/037-great-plates-delivered-program-guidance-AS-OF-05042020.pdf.

Cal OES. "California Distributes Millions of Additional PPE to Out-of-State Partners." June 29, 2020. Accessed December 9, 2024. https://news.caloes.ca.gov/california-distributes-millions-of-additional-ppe-to-out-of-state-partners/

Cal OES. "California to Send Additional COVID-19 Supplies to South Asian Countries." June 2021.Accessed December 9, 2024. https://news.caloes.ca.gov/california-to-send-additional-covid-19-supplies-to-south-asian-countries/

Cal OES. "Communication." N.d. Accessed December 9, 2024. https://www.caloes.ca.gov/office-of-the-director/policy-administration/access-functional-needs/communication/

Cal OES. "COVID-19 AAR Questionnaire 2020 Grand Princess," May 2020 (est).

Cal OES. "Federal and State Partners Protect the Community of Oakland while Supporting the Safe Return of Passengers from the Grand Princess Cruise Ship." March 9, 2020. Accessed December 9, 2024. https://news.caloes.ca.gov/federal-and-state-partners-protect-the-community-of-oakland-while-supporting-the-safe-return-of-passengers-from-the-grand-princess-cruise-ship/.

Cal OES. "Inclusive Planning Blueprint for Addressing Access and Functional Needs at Mass Testing/Vaccination Sites." November 2021. Accessed December 9, 2024. https://www.caloes.ca.gov/wp-content/uploads/AFN/Documents/AFN-Library/Cal-

OES-Inclusive-Planning-Blueprint-for-Addressing-AFN-at-Mass-Vaccination-and-Testing-Sites.pdf.

Cal OES. "Interim 2020 COVID-19 Pandemic (January – August) After Action/Corrective Action Report." December 2020.

Cal OES. "Plans in Place to Assist Counties Statewide with Rising Number of COVID-19 Decedents (UPDATED)." January 11, 2021. Accessed December 9, 2024. https://news.caloes.ca.gov/plans-in-place-to-assist-counties-statewide-with-rising-number-of-covid-19-decedents-updated/.

Cal OES. "Project Roomkey: Impact to Date and Looking Ahead." August 3, 2021. Accessed December 3, 2024. https://news.caloes.ca.gov/project-roomkey-impact-to-date-and-looking-ahead/.

Cal OES. "Type III EOC Position Credentialing Standards." January 2022. Accessed on December 9, 2024. https://www.caloes.ca.gov/wp-content/uploads/Type-III-Task-Book-v3-revision1-2022.pdf.

CalHHS and Cal OES. "COVID-19 Situation Report, Report No. 494." June 29, 2022.

CalHHS. "Newsom Administration Supplements Vaccine Delivery System; Announces Creation of Statewide Vaccine Delivery Network to Simplify and Standardize Vaccination Process with Equity as a Core Focus." January 26, 2021. Accessed December 9, 2024. https://www.chhs.ca.gov/blog/2021/01/26/newsom-administration-supplements-vaccine-delivery-system-announces-creation-of-statewide-vaccine-delivery-network-to-simplify-and-standardize-vaccination-process-with-equity-as-a-core-focus/.

California Board of Registered Nursing." Coronavirus Information Updates." Accessed December 9, 2024. https://www.rn.ca.gov/coronavirus.shtml.

California Department of Community Services and Development. "California Earned Income Tax Credit." Accessed December 9, 2024. https://www.csd.ca.gov/Pages/CalEITC.aspx.

California Department of Finance. "State Fiscal Recovery Fund: California's Recovery Plan." July 29, 2022. Accessed January 4, 2024. https://dof.ca.gov/wp-content/uploads/sites/352/budget/covid-19/state-fiscal-recovery-fund/2022-Recovery-Plan-FINAL-2022-07-29.pdf.

California Department of Finance. "California Budget Summary 2021-22." Accessed December 9, 2024. https://ebudget.ca.gov/2021-22/pdf/BudgetSummary/EconomicOutlook.pdf.

California Department of Finance. "Governor's Budget Summary 2021-22." January 2021. Accessed December 9, 2024. https://ebudget.ca.gov/2021-22/pdf/BudgetSummary/Introduction.pdf.

California Department of Food and Agriculture. "Housing for the Harvest – Program Overview Document." Accessed July 2023. https://files.covid19.ca.gov/pdf/Housing_for_the_Harvest-Program_Overview.pdf.

California Department of Housing and Community Development. "Notice of Funding Availability: Homekey Program." July 16, 2020. Accessed December 9, 2024. https://www.hcd.ca.gov/grants-funding/active-funding/homekey/docs/2020_hcd_homekey-nofa_07-15-2020.pdf.

California Franchise Tax Board. "Golden State Stimulus." Accessed December 9, 2024. https://www.ftb.ca.gov/about-ftb/newsroom/golden-state-stimulus/index.html.

California Grants Portal. "California Small Business COVID-19 Relief Grant Program." May 26, 2023. Accessed December 9, 2024. https://www.grants.ca.gov/grants/california-small-business-covid-19-relief-grant-program/.

California Health and Safety Code § 101040

California School Boards Association. "COVID-19 closes nearly every California school." April 2020. Accessed December 9, 2024. https://publications.csba.org/california-school-news/april-2020/covid-19-closes-nearly-every-california-school/.

California State Assembly, Joint Committee on Economic Development and Emerging Technologies. "JEDE Briefing Report: COVID-19 and Small Business." February 23, 2021. Accessed January 4, 2024. https://ajed.assembly.ca.gov/sites/ajed.assembly.ca.gov/files/5FINAL%20-%20Feb%2023%20JEDE%20Briefing%20Report-COVID-19%20and%20Small%20Business.pdf.

California Volunteers. "California volunteers deploys AmeriCorps VISTA members to support long-term sustainable food bank strategy." September 2, 2020. Accessed

December 9, 2024. https://www.californiavolunteers.ca.gov/california-volunteers-deploys-americorps-vista-members-to-support-long-term-sustainable-food-bank-strategy/#:~:text=%E2%80%9CAt%20the%20start%20of%20the,Chief%20Service%20Officer%20Josh%20Fryday.

California Volunteers. "Operation Feed California." Accessed December 9, 2024. https://www.californiavolunteers.ca.gov/wp-content/uploads/sites/116/2021/03/Operation-Feed-California-Fact-Sheet-1.pdf.

California Volunteers." California volunteers deploys AmeriCorps VISTA members to support long-term sustainable food bank strategy." September 2, 2020. Accessed December 9, 2024. https://www.californiavolunteers.ca.gov/california-volunteers-deploys-americorps-vista-members-to-support-long-term-sustainable-food-bank-strategy/#:~:text=%E2%80%9CAt%20the%20start%20of%20the,Chief%20Service%20Officer%20Josh%20Fryday.

CalPROTECT. "California State Prisons During the COVID-19 pandemic." May 1, 2022. Accessed December 9, 2024. https://s3.amazonaws.com/cms.ipressroom.com/401/files/202308/2022-0501-CalPROTECT-Report.pdf.

CDC. "COVID data tracker." Accessed July 2023. https://covid.cdc.gov/covid-data-tracker

CDC. "COVID Data Tracker." February 16, 2023. Accessed December 9, 2024. https://covid.cdc.gov/covid-data-tracker/#cases_totaldeaths.

CDC. "COVID Data Tracker." February 16, 2023. Accessed December 9, 2024. https://covid.cdc.gov/covid-data-tracker/#cases_totaldeaths.

CDC. "Public Health Responses to COVID-19 Outbreaks on Cruise Ships – Worldwide, February-March 2020." March 27, 2020. Accessed December 9, 2024. https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e3.htm.

CDCR. "Actions to Reduce Population and Maximize Space." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/frequently-asked-questions-expedited-releases/.

CDCR. "CDCR Week in Review: May 27, 2022."

CDCR. "COVID-19 Response Efforts." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/covid-19-response-efforts/.

CDCR. "COVID-19 Timeline." Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/updates/.

CDCR. "Joint Incident Action Plan COVID-19 Operational Period 05.0 9.2020."

CDCR. "Joint Incident Action Plan Operational Period 07.07.2020 to 07.08.2020." July 6, 2020.

CDCR. "Joint Incident Action Plan Operational Period 07.08.2020 to 07.09.2020." July 6, 2020.

CDCR. "Joint Incident Action Plan Operational Period 07.22.20 to 07.23.20." July 21, 2020.

CDCR. "Joint Incident Action Plan Operational Period 07.28.20 to 07.29.20." July 27,2020.

CDCR. "Update to visiting regulations." February 2, 2023. Accessed December 9, 2024. https://www.cdcr.ca.gov/covid19/update-to-visiting-regulations-2/.

CDCR." Joint Incident Action Plan Operational Period 08.20.20 to 08.22.20." August 19,2020.

CDE. "New School Emergency Reporting System" August 31, 2021. Accessed December 9, 2024. https://www.cde.ca.gov/nr/el/le/yr21ltr0831.asp.

CDE. "State Superintendent Tony Thurmond Announces Major Collaboration with Apple and T-Mobile to Connect Students in Need." August 5, 2020. Accessed December 9, 2024. https://www.cde.ca.gov/nr/ne/yr20/yr20rel65.asp.

CDPH. "CDPH Launches Let's Get to ImmUnity Campaign to Boost COVID-19 Vaccine Acceptance." March 17, 2021. Accessed December 9, 2024. https://www.cdph.ca.gov/Programs/OPA/Pages/NR21-091.aspx.

CDPH. "COVID-19 AAR – Four Chapters." October 2022.

CDPH. "COVID-19 AAR – Medical Surge." October 2022.

CDPH. "COVID-19 AAR – Testing." July 2024.

CDPH. "COVID-19 AAR – Vaccines."

CDPH. "COVID-19 AAR Chapter."

CDPH. "COVID-19 AAR." October 2022.

CDPH. "COVID-19 Multilingual Resources." 2023.

CDPH. "COVID-19 Updates for February 23," February 23, 2023. Accessed December 5, 2024. https://www.cdph.ca.gov/Programs/OPA/Pages/NR23-012.aspx.

CDPH. "COVID-19 Vaccination Plan." October 16, 2020. Accessed December 9, 2024 https://www.cdph.ca.gov/programs/cid/dcdc/cdph%20document%20library/covid-19/covid-19-vaccination-plan-california-interim-draft_v1.0.pdf.

CDPH. "Resources for School-Located Vaccination Events." Accessed December 9, 2024. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/resources-clinics.aspx#.

CDPH." COVID-19 AAR – Four Chapters". October 2022.

CDPH. COVID-19 AAR – Medical Surge, October 2022 and EMSA. "COVID-19 AAR."

CDPH. COVID-19 AAR and CalPROTECT Report

CDPH. COVID-19 AAR. October 2022.

DGS. "2020 Year in Review." Accessed July 2023. https://www.dgs.ca.gov/-/media/Divisions/DGS/Strategic-Plan/DGS-2020YearInReview-ADA.pdf?la=en&hash=4B426C8785696CD16D540DA91D7D8B844BC92BE1.

EDD. "Pandemic Unemployment Assistance." Accessed July 2023. https://edd.ca.gov/en/about_edd/coronavirus-2019/pandemic-unemployment-assistance.

EDD. "The EDD's Response to Fraud." Accessed December 9, 2024. https://edd.ca.gov/en/about_edd/fraud-response/.

EMSA. "COVID-19 AAR."

Executive Department, State of California. "Executive Oder N-44-20." April 3, 2020. https://www.gov.ca.gov/wp-content/uploads/2020/04/4.3.20-EO-N-44-20.pdf.

Executive Department, State of California. "Executive Order N-41-20." April 1, 2020. Accessed July 2023. https://www.gov.ca.gov/wp-content/uploads/2020/04/4.1.20-EO-N-41-20.pdf.

Executive Department, State of California. "Executive Order N-46-20." April 7, 2020. https://www.gov.ca.gov/wp-content/uploads/2020/04/4.7.20-EO-N-46-20.pdf.

Executive Department, State of California. "To Improve Statewide Vaccinations Governor Newsom Announces Actions to Simplify, Standardize and Address Supply Needs." January 25, 2021.

Executive Order N-26-20

GAO. "Federal and State Coordination in the COVID-19 Vaccination Response, 2021. GAO-22-104457." November 04, 2021. Accessed December 9, 2024. https://www.gao.gov/products/gao-22-104457.

GAO. Report 21-334

Housing and Social Services Task Force. COVID-19 AAR Questionnaire

HSD-STAC – CIP, ART, STRAT. COVID-19 AAR Questionnaire Responses

ICS 202 Task Force Priorities and Objectives.

LAO. "An Initial Look at Effects of the COVID-19 Pandemic on Local Government Fiscal Condition." May 2021. Accessed December 9, 2024. https://lao.ca.gov/reports/2021/4428/COVID-19-Fiscal-Effects-Local-Gov-051221.pdf

LAO. "Assessing Proposals to Address Unemployment Insurance Fraud." February 15, 2022. Accessed December 9, 2024. https://lao.ca.gov/Publications/Report/4542.

Listos California. "Listos California Impact Report." May 2021. https://www.listoscalifornia.org/wp-content/uploads/2021/06/Listos-California-Impact-Report.pdf.

Live Edit Sessions

Logistics and Commodities Task Force. "After Action Review." October 12, 2020.

OAFN. COVID-19 AAR Questionnaire, September 2020

Office of the Governor. "Executive Order N-36-20." State of California" March 24, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/wp-content/uploads/2020/03/3.24.20-EO-N-36-20.pdf.

Office of the Governor. "Executive Orders," https://www.gov.ca.gov/?s=executive+order.

Office of the Governor. "California Launches Interactive Map as Part of Safe Schools for All Plan." February 12, 2021.Accessed February 12, 2021. https://www.gov.ca.gov/2021/02/12/california-launches-interactive-map-as-part-of-safe-schools-for-all-plan/.

Office of the Governor. "California Public Health Experts: Mass Gatherings Should be Postponed or Canceled Statewide to Slow the Spread of COVID-19." March 11, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/03/11/california-public-health-experts-mass-gatherings-should-be-postponed-or-canceled-statewide-to-slow-the-spread-of-covid-19/.

Office of the Governor. "California Sends India COVID-19 Supplies to Combat Outbreak." April 26, 2021. Accessed December 9, 2024. https://www.gov.ca.gov/2021/04/26/california-sends-india-covid-19-supplies-to-combat-outbreak/

Office of the Governor. "California's leading digital and media platforms, businesses, and celebrities' partner with the state to amplify covid-19 "stay home. save lives." public awareness campaign." 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/03/29/californias-leading-digital-and-media-platforms-businesses-and-celebrities-partner-with-the-state-to-amplify-covid-19-stay-home-save-lives-public-awareness-campaign.

Office of the Governor. "Governor Gavin Newsom Issues Stay at home Order." March 19, 2020. Accessed July 2023. https://www.gov.ca.gov/2020/03/19/governor-gavin-newsom-issues-stay at home-order/.

Office of the Governor. "Governor Newsom Announces Federal Health and Safety Certification of Life-Saving N95 Maks." June 8, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/06/08/governor-newsom-announces-federal-health-and-safety-certification-of-life-saving-n95-masks/.

Office of the Governor. "Governor Newsom Announces New $2.7 Billion COVID-19 Emergency Response Package." January 8, 2022. Accessed December 9, 2024.

https://www.gov.ca.gov/2022/01/08/governor-newsom-announces-new-2-7-billion-covid-19-emergency-response-package/.

Office of the Governor. "Governor Newsom Announces Plans to Lift Pandemic Executive Orders as California Fully Reopens." June 11, 2021. Accessed December 9, 2024. https://www.gov.ca.gov/2021/06/11/as-california-fully-reopens-governor-newsom-announces-plans-to-lift-pandemic-executive-orders/.

Office of the Governor. "Governor Newsom Issues Executive Order on State Prisons and Juvenile Facilities in Response to the COVID-19 Outbreak." March 24, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/03/24/governor-newsom-issues-executive-order-on-state-prisons-and-juvenile-facilities-in-response-to-the-covid-19-outbreak/.

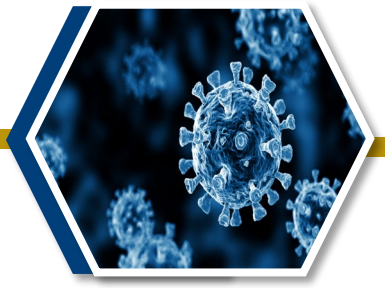
Office of the Governor. "Governor Newsom Issues Executive Order Protecting Homes, Small Businesses from Water Shutoffs." April 2, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/04/02/governor-newsom-issues-executive-order-protecting-homes-small-businesses-from-water-shutoffs/.

Office of the Governor. "Governor Newsom Launches "Vaccinate all 58" Campaign based on Safety and Equity as First Vaccines Arrive to California." December 14, 2020. Accessed December 9, 2024 https://www.gov.ca.gov/2020/12/14/governor-newsom-launches-vaccinate-all-58-campaign-based-on-safety-and-equity-as-first-vaccines-arrive-to-california/.

Office of the Governor. "Governor Newsom Launches One-Stop Website for Donations & Sales of Essential Medical Supplies in Fight Against COVID-19." April 4, 2020. Accessed December 9,2024. https://www.gov.ca.gov/2020/04/04/governor-newsom-launches-one-stop-website-for-donations-sales-of-essential-medical-supplies-in-fight-against-covid-19/.

Office of the Governor. "Governor Newsom Marks End of California's COVID-19 State of Emergency." February 28, 2023. Accessed December 9, 2024. https://www.gov.ca.gov/2023/02/28/governor-newsom-marks-end-of-californias-covid-19-state-of-emergency/

Office of the Governor. "Governor Newsom Outlines Steps to Protect Residents and Employees of California Nursing Home & Residential Care Facilities." Apr 10, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/04/10/governor-newsom-outlines-steps-to-protect-residents-and-employees-of-california-nursing-home-residential-care-facilities/.



Office of the Governor. "Governor Newsom Signs College Affordability and Accessibility Legislation, Highlights $47.1 Billion Higher Education Package." October 06, 202. Accessed December 9, 2024. https://www.gov.ca.gov/2021/10/06/governor-newsom-signs-college-affordability-and-accessibility-legislation-highlights-47-1-billion-higher-education-package/.

Office of the Governor. "Governor Newsom Signs Historic Housing and Homelessness Funding Package as Part of $100 Billion California Comeback Plan." July 19, 2021. Accessed December 9, 2024. https://www.gov.ca.gov/2021/07/19/governor-newsom-signs-historic-housing-and-homelessness-funding-package-as-part-of-100-billion-california-comeback-plan/#:~:text=Plan%20%7C%20California%20Governor-,Governor%20Newsom%20Signs%20Historic%20Housing%20and%20Homelessness%20Funding%20Package%20as,%24100%20Billion%20California%20Comeback%20Plan&text=Package%20includes%20%245.8%20billion%20to,with%20severe%20mental%20health%20challenges.

Office of the Governor. "Governor Newsom Signs Statewide COVID-19 Tenant and Landlord Protection Legislation." August 31, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/08/31/governor-newsom-signs-statewide-covid-19-tenant-and-landlord-protection-legislation/.

Office of the Governor. "Governor Newsom Unveils California's Safe Schools for All Plan." December 30, 2020. Accessed December 9, 2024. https://www.gov.ca.gov/2020/12/30/governor-newsom-unveils-californias-safe-schools-for-all-plan/.

Office of the Governor. "Governor Newsome Marks End of California's COVID-19 State of Emergency." February 28, 2023. Accessed December 9, 2024. https://www.gov.ca.gov/2023/02/28/governor-newsom-marks-end-of-californias-covid-19-state-of-emergency/.

OIG. "COVID-19 Review Series Part Three – Transfer of Patients from CIM." February 2021. Accessed December 9, 2024. https://www.oig.ca.gov/wp-content/uploads/2021/02/OIG-COVID-19-Review-Series-Part-3-%E2%80%93-Transfer-of-Patients-from-CIM.pdf.

OIG. "COVID-19 Review Series Part Two." October 2020. Accessed December 9, 2024. https://www.oig.ca.gov/wp-content/uploads/2020/10/OIG-COVID-19-Review-Series-Part-2-%E2%80%93-Face-Coverings-and-PPE.pdf.

OLEA COVID-19 Narrative

Regional Hotwash

RFI Responses

Stakeholder Hotwashes

Stakeholder Interviews

Stakeholder Questionnaire

State of California Green Buildings. "California Office of Emergency Services, Building and Infrastructure Resilience." N.d. Accessed December 9, 2024. https://www.green.ca.gov/buildings/department/CAL%20OES.

State of California. "California for All, California's Commitment to Health Equity." November 10, 2022. Accessed July 2023. https://covid19.ca.gov/equity/#community-impact.

Survey Response

Task Force AAR

The Office of Private Sector / NGO Coordination." COVID-19 After-Action Report Questionnaire." 2020.

UCG Action Items Tracker Spreadsheet

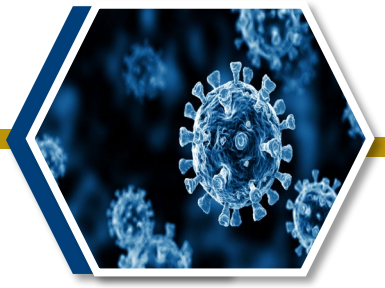
UCG Briefing Report. August 9, 2020.

UCG Briefing Report. March 1, 2020.

Table 5: Table of External References

External References

Alameda County Office of Homeless Care and Coordination. "Evaluating Project Roomkey in Alameda County." May 2021. Accessed December 9, 2024. https://homelessness.acgov.org/homelessness-assets/img/reports/Final%20PRK%20Report.pdf.



Berkley Public Health. "COVID-19 Outbreak: San Quentin Prison." June 15, 2020. Accessed December 9, 2024. https://amend.us/wp-content/uploads/2020/06/COVID19-Outbreak-SQ-Prison-6.15.2020.pdf.

Blue Shield of California. "Q&A: Blue Shield of California as the State of California's third-party administrator." March 19, 2021. Accessed December 9, 2024. https://news.blueshieldca.com/2021/03/19/q-a-blue-shield-of-california-as-the-state-of-californias-third-party-administrator.

Bohn, Sarah. "How Did California's Economy Recover from COVID – What Comes Next?" March 9, 2022. Accessed December 9, 2024. https://www.ppic.org/blog/how-did-californias-economy-recover-from-covid-and-what-comes-next/.

Cucinotta D, Vanelli M. "WHO Declares COVID-19 a Pandemic. Acta Biomed." March 2020 19;91(1):157-160. doi: 10.23750/abm.v91i1.9397.

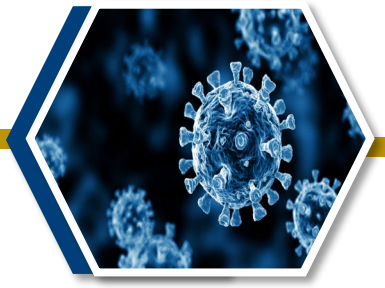
Placer County. "Placer County announces death of patient with COVID-19." March 4, 2020. Accessed December 9, 2024. https://www.placer.ca.gov/6438/Death-of-patient-with-COVID-19.

SEIU Local 1000. "CDCR/CCHCS Continues to Ignore Legal Requirements With its COVID N95 Mask Mandates." January 11, 2022. Accessed December 9, 2024. https://www.seiu1000.org/post/cdcrcchcs-continues-ignore-legal-requirements-its-covid-n95-mask-mandates.

Steve Scauzillo. "Inland Officials Remember Flight from Coronavirus Epicenter in China One Year Later." January 28, 2021. Accessed on December 9, 2024. https://www.pe.com/2021/01/28/inland-officials-remember-airlift-from-coronavirus-epicenter-in-china-one-year-later/.

Tener Center for Affordable Housing and Community Development, University of California, Berkeley. "California's Homekey Program: Unlocking Housing Opportunities for People Experiencing Homelessness." March 2022. Accessed December 9, 2024. https://ternercenter.berkeley.edu/wp-content/uploads/2022/03/Homekey-Lessons-Learned-Final-March-2022.pdf.

Tener Center for Affordable Housing and Community Development, University of California, Berkeley. "Homekey: Lessons Learned." March 2022. https://ternercenter.berkeley.edu/wp-content/uploads/2022/03/Homekey-Lessons-Learned-Final-March-2022.pdf.



Travis Air Force Base. "HHS completes federal quarantine efforts for Grand Princess passengers at Travis AFB." April 1, 2020. Accessed December 9, 2024. https://www.travis.af.mil/News/Article/2134053/hhs-completes-federal-quarantine-efforts-for-grand-princess-passengers-at-travi/.

Travis Air Force Base. "Travis AFB continued support to HHS, Grand Princess Repatriation." March 10, 2020. Accessed December 9, 2024. https://www.travis.af.mil/News/Article/2107527/travis-afb-continued-support-to-hhs-grand-princess-repatriation/.

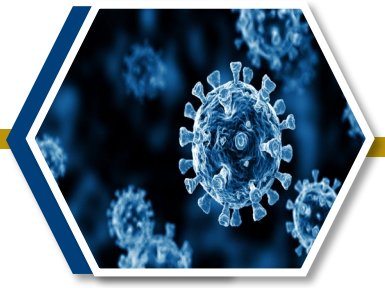
U.S. Food and Drug Administration. "Coronavirus (COVID-19) Update: FDA Issues Emergency Use Authorization to Decontaminate Millions of N95 Respirators." April 12, 2020. Accessed December 9, 2024. https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-emergency-use-authorization-decontaminate-millions-n95#:~:text=The%20U.S.%20Food%20and%20Drug,care%20workers%20in%20hospital%20settings.

USDHHS, Office of Inspector General. "FDA repeatedly adapted emergency use authorization policies to address the need for COVID-19 testing." September 21, 2022. Accessed on December 9, 2024. https://oig.hhs.gov/documents/evaluation/2617/OEI-01-20-00380-Complete%20Report.pdf.

USDHHS, OIG. "The Strategic National Stockpile was not Positioned to Respond Effectively to the COVID-19 Pandemic." October 2023. Accessed December 9, 2024. https://oig.hhs.gov/oas/reports/region4/42002028.pdf.

White, L.A., McCorvie, R., Crow, D. et al. "Assessing the accuracy of California county level COVID-19 hospitalization forecasts to inform public policy decision making." BMC Public Health 23 (2023): 782. https://doi.org/10.1186/s12889-023-15649-0.

WHO. "Timeline of WHO's Response to COVID-19." January 29, 2021. Accessed December 9, 2024. https://www.who.int/news-room/detail/29-06-2020-covidtimeline.



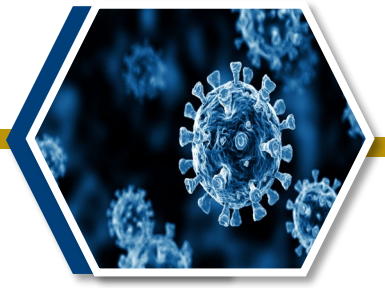
APPENDIX C: EXECUTIVE ORDERS ISSUED BY THE GOVERNOR'S OFFICE

The table below provides a brief description of the 76 executive orders issued by the Governor's Office during the COVID-19 response. The information is available on the official California Governor's website.[367]

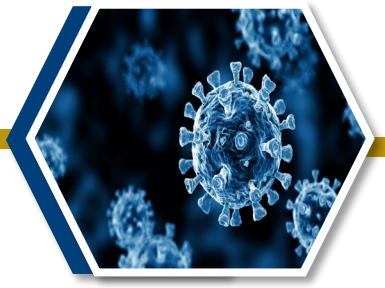
Table 6: Executive Orders Issued by the Governor's Office

Executive Order	Date	Brief Description
N-25-20	March 12, 2020	• Instructed Californians to follow public health directives, including canceling large gatherings of more than 250 people. • Removed the waiting period for unemployment and disability insurance for Californians who lost work as a result of the COVID-19 outbreak. • Allowed the state to commandeer hotels and medical facilities to isolate and treat COVID-19 patients. • Allowed local and state legislative bodies to hold meetings via conference calls while still meeting state transparency requirements.
N-26-20	March 13, 2020	• Mandated that school districts use dollars to fund distance learning and high-quality educational opportunities, safely provide school meals, and arrange for the supervision of students during school hours. • Required the CDE and CalHHS to develop strategies to address equity challenges around internet connectivity, ensure students with disabilities receive specialized education, and safely provide meals.
N-27-20	March 15, 2020	• Updated state health guidance directing seniors and COVID-19 vulnerable residents to isolate at home.

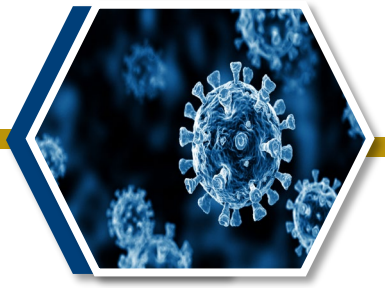
[367] Office of the Governor. "Executive Orders," https://www.gov.ca.gov/?s=executive+order.



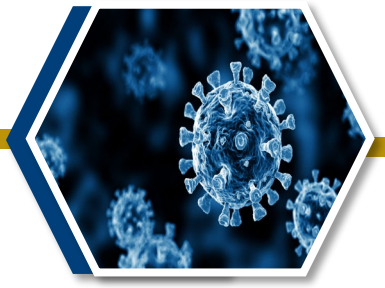
Executive Order	Date	Brief Description
		• Redirected state agencies to protect licensed facilities, staff, and residents most vulnerable to COVID-19.
N-28-20	March 16, 2020	• Authorized local governments to halt evictions, slows foreclosures, and added protection against utility shut offs.
N-29-20	March 17, 2020	• Protected ongoing safety net services (Medi-Cal, CalFresh, CalWORKs, the Cash Assistance Program for Immigrants, the California Food Assistance Program, or In Home Supportive Services) for most vulnerable Californians.
N-30-20	March 17, 2020	• Suspended standardized testing for students.
N-31-20	March 17, 2020	• Waived the requirement to hold an active Motor Carrier Property Permit pursuant to California Vehicle Code section 34620 while conducting intrastate transportation within California in support of emergency relief efforts.
N-32-20	March 18, 2020	• Order to aid homeless Californians, among the most vulnerable in the spread of COVID-19, safely into shelter and housing. • Granted local flexibility on spending and building shelters.
N-33-20	March 19, 2020	• Stay at home order issued. • Instructed the healthcare delivery system to prioritize services to those who are the sickest and prioritize resources for the providers providing direct care to them.
N-34-20	March 20, 2020	• Protected public health by expanding vote-by-mail options and extending deadlines for Presidential Primary Canvass.
N-35-20	March 21, 2020	• Expanded the capacity to combat COVID-19 in healthcare facilities.
N-36-20	March 24, 2020	• 30-day suspension of new commitments into state prisons or juvenile facilities. • Directed videoconferencing for all scheduled parole suitability hearings starting April 2020.
N-37-20	March 27, 2020	• 30-day extension banning the enforcement of eviction orders for renters affected by COVID-19.



Executive Order	Date	Brief Description
N-38-20	March 27, 2020	• Enabled the California Chief Justice to take emergency actions for the state's courts to conduct business during COVID-19.
N-39-20	March 30, 2020	• Expanded the healthcare workforce and staff, and added additional hospital beds for the COVID-19 surge.
N-40-20	March 30, 2020	• 90-day extension for state and local taxes, including sales tax for businesses impacted by COVID-19. • Extended licensing deadlines and requirements for several industries.
N-41-20	April 1, 2020	• Deployed funds for hospital surge efforts, as well as other needs related to the COVID-19 response.
N-42-20	April 2, 2020	• Protected consumers who may be unable to pay for water service.
N-43-20	April 3, 2020	• Allowed healthcare providers to use video chats and applications to provide health services without the risk of penalty. • Aligned with federal HHS guidelines and waivers issued in response to COVID-19.
N-44-20	April 3, 2020	• Limited price increases from sellers on critical items, such as food and medical supplies.
N-45-20	April 4, 2020	• Ensured guidance on prioritizing enrollment of children of essential critical infrastructure workers with state-subsidized childcare providers. • Suspended restrictions on access to state-subsidized childcare programs. • Allowed the state to take advantage of new federal flexibility to provide pandemic *Supplemental Nutrition Assistance Program* benefits to children to reduce food insecurity.
N-46-20	April 7, 2020	• Suspended certain revenue and taxation codes and the California Code of Regulations for critical materials that protect public health.
N-47-20	April 7, 2020	• Expanded support for vulnerable populations.
N-49-20	April 14, 2020	• Directed for youth serving time at the Division of Juvenile Justice to be discharged safely and expeditiously.



Executive Order	Date	Brief Description
N-50-20	April 15, 2020	• Announced a new initiative to expand call center hours at EDD to better assist Californians with unemployment insurance applications. • EDD also implemented a one-stop shop for those applying for *PUA*, including the self-employed and independent contractors. • Announced $75 million in statewide Disaster Relief Assistance funding to provide financial support for immigrant workers affected by COVID-19.
N-51-20	April 16, 2020	• Benefited workers in grocery stores and fast-food chains, and delivery drivers. • Gave two weeks of supplemental paid sick leave to certain food sector workers subject to a quarantine or isolation order or medical directive.
N-52-20	April 16, 2020	• Addressed admissions criteria for the CSU system, background checks for essential workers, and deadline extensions to real estate licenses.
N-53-20	April 17, 2020	• Issued temporary waivers to specific foster youth programs to ensure continuity of care.
N-54-20	April 22, 2020	• Provided a 60-day extension for customers on several Department of Motor Vehicles deadlines. • Allowed certain posting, filing, and notice requirements under the *California Environmental Quality Act* to be satisfied through electronic means to allow public access and involvement consistent with COVID-19 public health concerns.
N-54-20	April 22, 2020	• Temporarily allowed retailers, particularly grocery stores, to provide bags to consumers without charge and to pause the redemption of beverage containers in-store to mitigate the spread of COVID-19.
N-55-20	April 22, 2020	• Provided flexibility to Department of Healthcare Services and Medi-Cal providers on a variety of deadlines and requirements to ensure continuity of service to patients and customers is not impacted by the effects of the COVID-19 pandemic.



Executive Order	Date	Brief Description
N-56-20	April 22, 2020	• Extended the deadlines for completing annual planning processes to enable LEAs to prioritize more exigent needs.
N-57-20	April 23, 2020	• Exempts garnishment for any individuals receiving federal, state, or local government financial assistance in response to the COVID-19 pandemic, including payments under the CARES Act.
N-58-20	April 30, 2020	• Allowed adults to obtain marriage licenses via videoconferencing rather than in-person amidst the COVID-19 pandemic.
N-59-20	May 1, 2020	• Temporarily broadened the capability of counties to enroll persons into the *CalWORKs* program using various eligibility verification methods due to social distancing requirements.
N-60-20	May 4, 2020	• Directed the State Public Health Officer to establish criteria to determine whether and how local health officers may implement public health measures less restrictive than the statewide public health directives.
N-61-20	May 6, 2020	• Waived penalties on property taxes for residents and small businesses experiencing economic hardship based on COVID-19. • Extended the deadline for filing property tax statements.
N-62-20	May 6, 2020	• Created a time-limited rebuttable presumption for accessing worker' compensation benefits applicable to Californians who must work outside of their homes during the stay at home order.
N-63-20	May 7, 2020	• Extended some critical deadlines for certification requirements for public school project inspectors that have been impacted by the COVID-19 pandemic. • Enhanced public safety by allowing retired peace officers to temporarily be reemployed for up to a year if they left the agency in good standing. • Provided a 60-day extension on expiration dates for notaries public whose commissions are set to

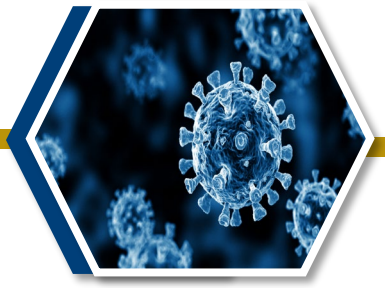
Executive Order	Date	Brief Description
		expire and procedural deadlines of the Department of Industrial Relations.
N-64-20	May 8, 2020	• Protected Public Health by mailing every registered voter a ballot ahead of the November General Election.
N-65-20	May 19, 2020	• Waived the deadline to verify grade point average, certain certification requirements, and selective service registration verification for Cal Grant applicants. • Suspended programmatic deadlines for entities that receive funding from the Energy Commission for the development and deployment of new technologies that support the state's clean energy and decarbonization goals. • Extended the timeframe for local governments to submit claims for reimbursement to the State Controller's Office.
N-66-20	May 29, 2020	• Issued a 30-day extension for local governments to halt evictions for renters impacted by the COVID-19 pandemic.
N-66-20	May 29, 2020	• Allowed individuals enrolled in teacher preparation programs during the 2019-20 school year to obtain their preliminary credential without a teaching performance assessment if the individual was unable to complete that requirement due to a COVID-19 school closure.
N-67-20	June 3, 2020	• Ensured that Californians could exercise their right to vote in a safe, secure, and accessible manner during the November 2020 election.
N-68-20	June 5, 2020	• Helped increase the availability of hand sanitizer and medical devices.
N-69-20	June 15, 2020	• Extended waivers, temporarily broadening the capability of counties to enroll persons into the *CalWORKs* program, allowing for self-attestation of pregnancy and eligibility conditions, and waiving in-person identification requirements. • Extended permission for commercially licensed food trucks to operate in roadside rest areas, in

Executive Order	Date	Brief Description
		compliance with a temporary permit issued by Caltrans to ensure essential infrastructure workers have access to food; suspended face-to-face visits for eligibility for extended foster care; and extended deadlines related to the payment of real estate license application and renewal fees and continuing education requirements for licensees.
N-70-20	June 22, 2020	• Extended a waiver that allows retailers to temporarily pause in-store redemption of beverage containers to mitigate the spread of COVID-19. • Temporarily suspended the requirement for recycling centers to hold a minimum number of hours of operation.
N-71-20	June 30, 2020	• Issued a 30-day extension for local governments to halt evictions for renters impacted by the COVID-19 pandemic.
N-71-20	June 30, 2020	• Extended waivers, temporarily broadening the capability of counties to enroll persons into the *CalWORKs* program, allowing for self-attestation of pregnancy and conditions of eligibility, and waiving in-person identification requirements. • Extended provisions allowing for mail-in renewals of driver's licenses and identification cards, limited in-person transactions at the Department of Motor Vehicles, and extended timeframes related to the payment of real estate license application and renewal fees and continuing education requirements for licensees.
N-72-20	July 31, 2020	• Extended the deadline for county assessment appeals boards to issue a decision on pending tax assessment appeals filed.
N-73-20	August 14, 2020	• Directed state agencies across the government to help bridge the digital divide.
N-75-20	August 24, 2020	• Helped increase the availability of CLIA-waived COVID-19 testing and addressed a variety of issues in response to the pandemic. • Increased the income-eligibility threshold for the Community Service Block Grant program to

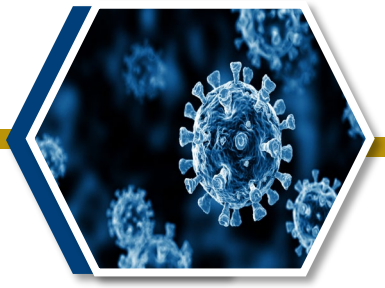
Executive Order	Date	Brief Description
		support economic and community development efforts in response to the pandemic, and waived certain requirements under state law so that additional Low Income Home Energy Assistance Program funding made available under the *CARES Act* could be used to maximize direct assistance to Californians most in need. • Waived time limits to allow individuals to continue receiving CalWORKs benefits; permitted the Franchise Tax Board to share tax return information with the Department of Social Services to inform individuals of *CARES Act* available to them; and increased the health care capacity of home health agencies and pediatric day health and respite care facilities.
N-76-20	August 26, 2020	• Assisted elections officials as they prepared for the November 2020 election amid the COVID-19 pandemic and wildfires across the state.
N-77-20	August 28, 2020	• Helped increase state testing capacity by operating three sites for use as laboratories.
N-78-20	September 3, 2020	• Extended consumer protections against price gouging for 30-days as California continued to respond to the COVID-19 pandemic.
N-80-20	September 23, 2020	• Issued a 30-day extension for local governments to halt evictions for renters impacted by the COVID-19 pandemic.
N-83-20	October 28, 2020	• Directed Caltrans to create a process for issuing temporary encroachment permits enabling commercial activities on the State highway right-of-way, allowing businesses located along state highways to expand their outdoor dining options onto sidewalks and parking areas where safety permits. • Allowed people 70 years or older to renew their driver's licenses by mail, further limiting in-person transactions at the Department of Motor Vehicles and helping this vulnerable COVID-19 population isolate at home.

Executive Order	Date	Brief Description
		• Extended provisions related to deadlines for the payment of real estate license application and renewal fees and continuing education requirements for licensees. • Extended provisions related to deadlines for the payment of real estate license application and renewal fees and continuing education requirements for licensees.
N-84-20	December 14, 2020	• Extended the availability of housing for migrant agricultural workers, providing a 90-day extension on tax returns and tax payments for small businesses and updating Cal/OSHA requirements related to quarantine guidelines.
N-84-20	December 14, 2020	• Allowed migrant farm labor centers managed by the Department of Housing and Community Development to continue housing agricultural workers and their families beyond the statutory occupancy period. • Allowed the California Department of Tax and Fee Administration to offer a 90-day extension for tax returns and tax payments for all businesses filing a return for less than $1 million in taxes. • Updated Cal/OSHA Emergency Temporary Standard in keeping with new guidance from the CDPH related to quarantine guidelines.
N-01-21	January 21, 2021	• Extended the validity of medical cannabis identification cards that would otherwise have expired.
N-02-21	January 27, 2021	• Confirmed that existing law, which protects certain healthcare professionals and providers from legal liability when they render services at the request of state or local officials during a state of emergency, protected those healthcare professionals and providers when they participated in the state's vaccine administration program. • Clarified Physicians, pharmacists, dentists, nursing professionals, and individuals like pharmacy technicians, under the supervision or guidance of

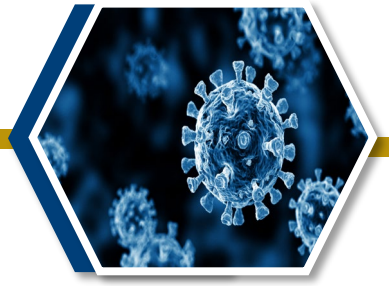
Executive Order	Date	Brief Description
		these healthcare providers, participating in the state's vaccine program are covered by liability protections, given they comply with federal authorization for administered vaccines and follow state directives. • Clarified Physicians, pharmacists, dentists, registered nurses, nurse practitioners, other nursing professionals, and individuals like pharmacy technicians, under the supervision or guidance of these healthcare providers.
N-02-21	January 27, 2021	• participating in the State's vaccine program are covered by liability protections, given they comply with federal authorization for administered vaccines and follow state directives. • Directed the Department of Consumer Affairs' disciplinary bodies to prioritize disciplinary proceedings and investigations against licensees alleged to have diverted vaccine supplies for financial gain, providing reassurance to vaccinators that they are protected from professional discipline when otherwise performing their duties.
N-03-21	March 4, 2021	• Issued a 60-day extension for local governments to halt evictions for renters impacted by the COVID-19 pandemic.
N-08-21	June 11, 2021	• Terminated the Stay at Home Order and rolled back additional pandemic order provisions.
N-09-21	June 17, 2021	• Expedited Cal/OSHA's revised COVID-19 regulations to ensure consistency with public health guidance.
N-12-21	August 16, 2021	• Extended provisions implemented to expand California's healthcare workforce during the pandemic, including allowing healthcare workers from out of state to provide services in California and enabling certain medical personnel and emergency medical technicians to continue supporting the state's COVID-19 response.



Executive Order	Date	Brief Description
N-12-21	August 16, 2021	• Allowed healthcare facilities the flexibility to plan and adapt their space to accommodate patients. • Provided more flexibility for retired teachers and school staff to return to fill short-term staffing shortages.
N-15-21	September 20, 2021	• Waived the application of AB 361 10-days when the provisions of a prior executive order that established certain requirements for public agencies to meet remotely during the COVID-19 emergency expired.
N-16-21	September 27, 2021	• Extended the provisions of a prior order that facilitated telehealth services by enabling medical providers to conduct routine and non-emergency medical appointments through telehealth without the risk of being penalized.
N-17-21	October 4, 2021	• Extended flexibilities which allowed the state to increase healthcare capacity to support ongoing testing and vaccination efforts and minimize the threat of COVID-19 to Californians and healthcare workers.
N-19-21	October 20, 2021	• Directed state agencies to continue coordinating with the Biden-Harris Administration Supply Chain Disruptions Task Force to address state, national, and global supply chain challenges. • Directed the Department of Finance to work with state agencies to develop longer-term solutions to support port operations and goods movement for consideration in the January 10 governor's Budget, possible port and transportation infrastructure improvements, electrification of the goods movement system from port to delivery, and workforce development.
N-19-21	October 20, 2021	• Directed state agencies to identify state-owned properties and other locations that could be available to address short-term storage needs once goods are unloaded from ships, identified priority freight routes to be considered for a temporary exemption to current gross vehicle limits



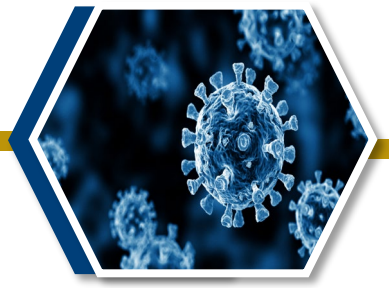
Executive Order	Date	Brief Description
		to allow for trucks to carry additional goods, and to create workforce training and education programs.
N-21-21	November 10, 2021	• Ensured the state's healthcare facilities continued to have the staffing and resources needed to prevent potential strain on the state's healthcare delivery system as the state prepared for a potential new surge in COVID-19 cases over the winter.
N-23-21	December 16, 2021	• Temporarily allowed corporate shareholder meetings to be held virtually during emergencies.
N-01-22	January 5, 2022	• Extended the sunset of AB 361, which the governor signed in September 2021, to extend the flexibilities provided in a prior executive order enabling public agencies to meet remotely during the COVID-19 emergency. • Extended state bodies to continue holding public meetings via teleconference for 90-days.
N-02-22	January 8, 2022	• Established consumer protections against price gouging on at-home test kits.
N-03-22	January 11, 2022	• Provided flexibility for schools to deploy qualified staff to address short-term staffing shortages and support safe, in-person instruction.
N-04-22	February 25, 2022	• Rolled back additional COVID-19 related executive actions.
N-05-22	February 28, 2022	• Updated Cal/OSHA COVID-19 Emergency Temporary Standard, keeping with the current guidance.
N-10-22	June 7, 2022	• Established consumer protections against price gouging on infant formula.
N-11-22	June 17, 2022	• Lifted additional COVID-19 related executive order provisions while maintaining key components of the state's *SMARTER Plan* to guide California's response to the pandemic.



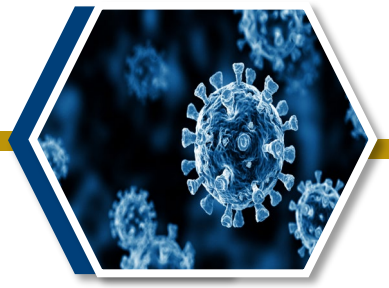
APPENDIX D: CORRECTIVE ACTION PLAN

This Corrective Action Plan (CAP) details findings and their recommended corrective action for Cal OES COVID-19 After Action Report. Cal OES continues to learn from the unprecedented impacts of COVID-19. Prioritizing these improvement recommendations requires careful consideration of implementation time frames, resource availability, and support. While Cal OES may not fully achieve every corrective action listed, programmatic goals and resource changes over time may influence adjustments or revisions.

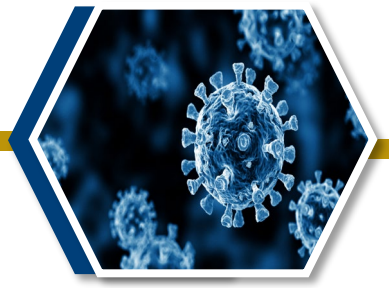
CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
1.1.1 Unified Response	Integrating Medical and Health Coordination Center staff into the State Operations Center required extensive collaboration and training, which posed a significant learning curve.	Establish and operationalize the Medical and Health Coordination Center in collaboration with Emergency Support Function-8 stakeholders and provide targeted training for large-scale incidents requiring public health emergency support. • Develop and implement training modules for MHCC staff on SEMS, ICS, and SOC operations. • Conduct cross-training sessions for public health and emergency management teams to enhance mutual understanding of protocols and response plans. • Define operational roles, create public health-focused organizational charts, and develop tailored Incident Action Plans for medical and health responses.	Cal OES and CDPH



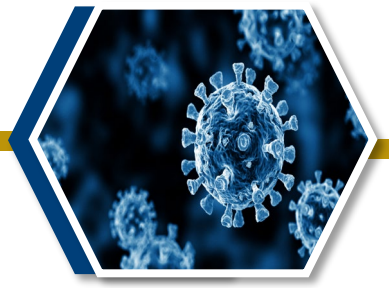
CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		• Conduct large-scale public health exercises to strengthen MHCC-SOC integration and foster collaboration with ESF-8 stakeholders.	
1.1.1 Unified Response	Responding to the pandemic required state-level decision-making that balanced local considerations and coordinated with community stakeholders.	Codify lessons learned from the COVID-19 pandemic into emergency planning, Standardized Emergency Management System doctrine, and training to prepare for future statewide responses. • Engage local governments and community partners in planning statewide responses to better incorporate local perspectives and manage expectations for communication and operations. • Update SEMS doctrine and training to highlight its adaptability and codify COVID-19 lessons learned for future statewide responses.	Cal OES
1.1.2 Task Forces	The introduction of task forces caused confusion and communication problems within the Incident Command System structure, disrupting roles, information sharing, and	Standardize Task Force roles within the Incident Command System structure of the State Operations Center. • Develop job action sheets for task force positions aligning with ICS terminology, guidelines, and organizational charts. • Provide training modules for pre-established task force representatives,	Cal OES



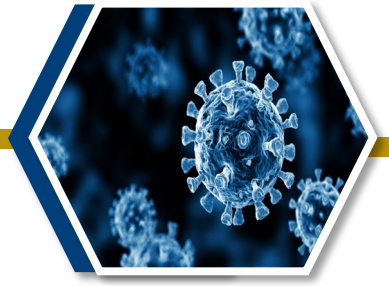
CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
	situational awareness.	SOC, and UCG staff to support task force integration within the ICS and SEMS framework. • Establish clear reporting procedures for task forces through the Operations Section within the SOC. • Activate task forces during regular exercises.	
1.1.2 Task Forces	The limited number of coordinators for the 19 task forces hindered information flow, resulting in overlapping responsibilities.	Expand Task Force Coordinators' resources to establish an appropriate span of control. • Assess the workload and responsibilities of each task force to allocate the appropriate number of coordinators and manage the span of control. • Develop job action sheets for task force coordinators aligning with ICS terminology, guidelines, and organizational charts. • Adopt a plan or procedure to include collaboration mechanisms, such as regular meetings and information-sharing platforms, between task force coordination and relevant state responders, including OAFN. • Exercise information sharing and coordination plans and procedures for operationalizing future response efforts.	Cal OES



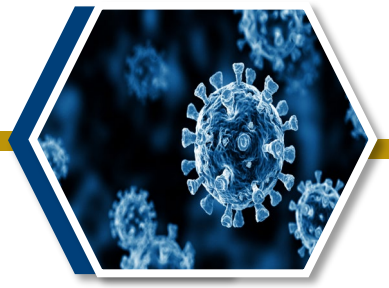
CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
1.2.2 Initial Response Coordination	The Emergency Repatriation Plan did not address public health emergency considerations.	Revise and expand the State Repatriation Plan to include public health emergency considerations and lessons learned from COVID-19. • Develop guidance for isolating and quarantining exposed populations while ensuring access to medical care. • Plan contingencies for quarantine site changes, including staff reallocation and logistics protocols. • Conduct regular pandemic-focused exercises with the Administration for Children and Families and other key agencies to validate the updated repatriation plan. • Enhance training program modules for state personnel involved in repatriation efforts, integrating pandemic-specific modules.	CDSS and Cal OES
1.2.2 Initial Response Coordination	Challenges arose in repatriating citizens due to complexities in navigating federal and international partners, processes, and guidance.	Exercise the revised State Emergency Repatriation Plan in collaboration with local, state, and federal partners, incorporating scenarios related to public health emergencies. • Include foreign consulates, federal agencies, and local partners in repatriation exercises.	CDSS and Cal OES



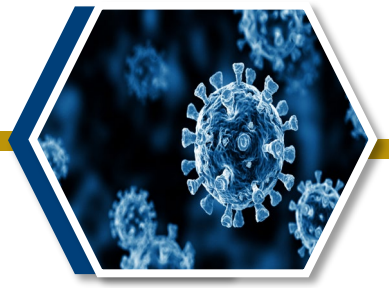
CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		• Review international regulations and processes to identify barriers from past responses and mitigate future challenges.	
1.2.3 Coordination Calls	Operational Area Coordination Group calls with the State Operations Center often lacked participation from appropriate state agency personnel and did not always allow additional Operational Area personnel to attend.	Develop a plan or procedure for coordination group calls involving Operational Areas during emergencies. • Expand speaker representation from state agencies to provide comprehensive and timely updates during coordination calls. • Facilitate interactive sessions during calls, allowing for question-and-answer sessions or open forums to encourage stakeholder engagement. • Implement a structured communication plan for timely information dissemination between coordination calls using newsletters, email, or online portals. • Establish mechanisms to encourage input and feedback from local and regional government representatives. • Invite regional Cal OES Emergency Services Coordinators to attend coordination calls.	Cal OES



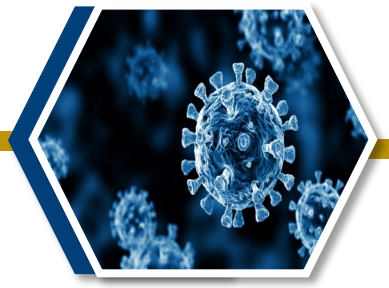
CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
1.2.4 State Employee Coordination	State staff often received contradictory workplace safety guidance from agencies.	Unify workplace safety guidance across state agencies. • Establish a centralized task force or workgroup involving Cal/OSHA, CDPH, and other stakeholders to create consistent workplace safety guidance. • Align state guidance with federal updates, including FDA and CDC standards, to prevent contradictions. • Implement centralized approval and dissemination mechanisms through the JIC to ensure clear communication for both internal and external audiences.	Cal/OSHA and CDPH
1.2.4 State Employee Coordination	The absence of formal Incident Command System training for inexperienced staff hindered operational flow at the State Operations Center level.	Develop comprehensive training and a structured onboarding process for all personnel involved in emergency response roles. • Establish a statewide policy requiring all new hires involved in emergency response roles, including E-hires, to complete certain SEMS and IS (100, 200, 700, and 800) courses. • Implement standardized Just-In-Time Training (JITT) for SOC roles, with clear communication and reporting protocols.	Cal OES



CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		• Enhance screening and hiring processes to align candidates' skills with response needs. • Integrate limited-term staff early on in response to facilitate proper training and support for temporary staff.	
1.2.4 State Employee Coordination	Staff attrition in state agencies was driven by long workdays, response conditions, and high retirement rates leading to an understaffed workforce.	Implement measures that support employee well-being and streamline Human Resources emergency hiring processes. • Reform and expedite hiring procedures to reduce vacancy rates in critical agencies, aiming for faster recruitment and onboarding timelines. • Expand mental health support programs for state responders, offering access to counseling and stress management resources. • Introduce flexible work policies to accommodate staff needs, promoting work-life balance and reducing stress levels. • Implement structured staff rotation schedules and mandatory rest periods to prevent burnout and fatigue.	CalHR and SPB



CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		• Establish succession planning to retain institutional knowledge amid high retirement rates.	
2.1.1 Data Modeling and Forecasting	The state faced challenges with its data systems related to developing and updating public health guidance.	Invest in upgrading data system capabilities to handle high volumes and complex health data. • Upgrade legacy systems to scalable, cloud-based platforms capable of integrating diverse data sources. • Implement data validation protocols to improve the accuracy of new data systems. • Provide training to state health officials and data analysts to ensure the workforce is equipped to handle new systems and make informed decisions based on the latest data.	CDPH and EMSA
2.1.3 Guidance	Contradictory guidance from state agencies led to confusion and challenges in areas like workplace protections, assisted living facilities, medical support, and alignment between state and federal	Coordinate with state agencies to produce consistent guidance, ensuring uniformity in messaging and requirements. • Form a working group which includes members of all state agencies involved in the response and is tasked with developing and producing guidance reflecting a single unified voice. Ensure this working group can quickly and efficiently adapt	CalHHS



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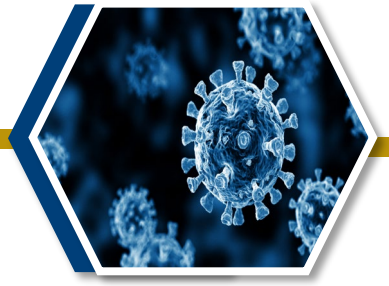
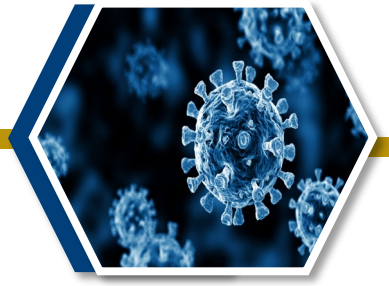
	guidelines.	guidance to reflect changing federal guidance or information. • Assign a single entity, like the JIC, to review and finalize all agency guidance documents related to response operations and improve consistency in messaging and requirements.	
2.1.4 Centralized Approach	A centralized approach created challenges in implementing one-size-fits-all guidance at the local level.	Develop a procedure to gather real-time feedback from local jurisdictions on the implementation of statewide policies. • Hold regular debriefings with local jurisdictions to collect reports on policy successes and areas for improvement to inform response efforts. • Improve transparency in decision-making processes by providing detailed insights into the factors influencing decisions, including data-driven and scientific considerations.	CDPH and Cal OES
2.2.1 Access and Functional Needs	Californians with disabilities raised concerns about the state's vaccine distribution plan.	Develop and implement strategies to ensure vaccine distribution plans account for disability access and equity beyond age-based eligibility criteria. • Conduct a risk assessment of factors that lead to higher rates of infection, serious symptoms, or other differential impacts and	CDPH

CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		incorporate into future medical countermeasure prioritizations. • Identify strategies for strengthening healthcare access and trust with people who are medically underserved. • Engage community partners directly in future pandemic planning, including people who are medically underserved, racial and ethnic minority groups, and those at higher risk of infection and serious symptoms. • Outline tiered/score-based process to enhance the equitable distribution of vaccines and pharmaceuticals to the public.	
3.1.1 Joint Information Center	The delayed mobilization of the Joint Information Center at the pandemic's onset resulted in redundant messaging.	Set a clear threshold for Joint Information Center activation during an emergency response. • Determine EOC activation levels that trigger JIC mobilization under the *State Emergency Plan*. • Develop a protocol for scaling JIC operations according to the incident size and scope, including the need for a virtual JIC and contingency staffing.	Cal OES



CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		• Develop unified protocols for state agencies, including Cal OES and CDPH, to streamline public messaging. • Standardize agency information dissemination through centralized communication platforms.	
3.1.2 Information Sharing	The state's decision to prioritize communication policy and guidance without lead time to local officials left them unprepared to address public questions.	Create an information prioritization system and notification protocol to enhance communication with local officials and response partners. • Prioritize the release of critical life safety information while scheduling less urgent updates to provide response partners with preparation time. Develop and distribute concise fact sheets summarizing key points or policy changes. • Coordinate with state agencies to align regular call schedules, avoiding overlaps and enhancing participation. Utilize JIC resources to maintain and share a unified call schedule. • Establish dedicated feedback channels for partners to share insights on recently released and upcoming guidance, fostering a collaborative response framework.	Cal OES



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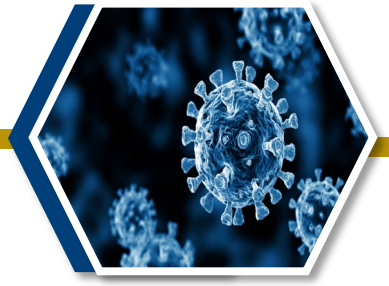
3.2.3 Equitable Public Messaging	The state faced challenges in reaching target audiences with key messages during the response.	Expand targeted communication strategies using diverse media platforms, community networks, and culturally appropriate outreach to improve message delivery and audience engagement. • Engage trusted community organizations during both planning and response to inform and amplify public messaging to historically underserved communities. • Increase engagement with community organizations to disseminate information to those lacking access to traditional communication forms like television, radio, and the internet. • Issue messages in accessible, understandable formats, such as holding a press conference and launching a video campaign with engaging visuals and simple language to explain new requirements.	Cal OES
4.1.1 Testing Task Force	The rapid increase in demand challenged the state's ability to effectively adapt and operationalize testing resources.	Strengthen the state's public health lab infrastructure and establish resilient supply chain protocols to enhance testing response capabilities. • Develop public/private partnerships with commercial labs to quickly accommodate high-volume testing, to support public	CDPH



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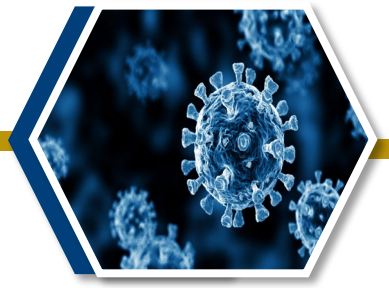
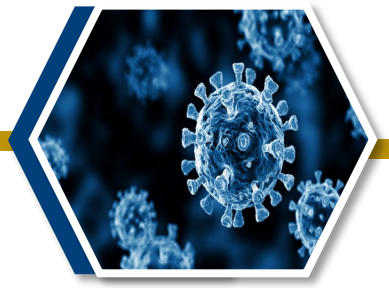
		health labs maintain their reference capability. • Develop a strategic reserve of critical supplies (pipettes, reagents, plastics) to reduce reliance on external suppliers during surges. • Establish a prioritized supply chain protocol to quickly allocate resources to the most impacted labs, improving turnaround times. • Explore capability building options or funding to expand lab capacity and ensure readiness for future public health needs.	
4.1.1 Testing Task Force	Relying on contractors without public health expertise hindered the Testing Task Force's operational effectiveness and policy clarity.	Develop a clear contract that defines qualifications, roles, and responsibilities of the contractors. Include structured onboarding and integration protocols to ensure their expertise aligns with their roles. • Create guidelines and communication channels to integrate contractors into policy discussions while avoiding misalignment with state staff. • Prioritize recruiting contractors with expertise in public health, laboratory science, or clinical testing to improve	CDPH

CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		contributions to policy discussions and operational decisions. • Screen candidates for technical backgrounds that align with high-demand testing roles to match qualifications with operational needs. • Create onboarding guidelines and communication channels to define contractor roles in policy, decision-making, and technical support. • Develop job action sheets within the ICS framework to define contractor roles during onboarding.	
4.2.1 California Connected Program	California Connected program encountered administrative challenges during its development and operation.	Develop an infrastructure plan for implementing programs similar to California Connected. • Conduct a comprehensive assessment and gap analysis of the infrastructure needed for the *California Connected* program, detailing anticipated needs for supervisors, case investigators, technical specialists, and support staff, with a focus on scalability. • Develop a staffing plan to anticipate needs and align with program goals. • Establish clear guidelines on potential redirections by including criteria for	CDPH

CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		selecting employees and the process for transitioning them into new roles. • Identify staffing leads responsible for overseeing the deployment of staffing strategies and addressing related challenges.	
4.3.2 Medical Surge Capacity	Alternate Care Sites were underutilized due to evolving pandemic needs, guidelines, and resources.	Develop state models for expanding current space in medical facilities to accommodate potential surges in patient care demand. • Work with local partners to identify strategies and resources needed to successfully expand existing space for patient care. • Identify best practices and develop guidance to expand space in medical facilities. Incorporate guidance on patient intake methods, public access requirements, and AFN accommodations. • Work with local jurisdictions to identify all pre-determined locations and support jurisdictions in identifying alternate locations. • Conduct functional exercises with local jurisdictions to simulate expansion and management of additional resources.	CDPH and EMSA



CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		• Set up statewide contracts for medical and wraparound service support for use during future disaster responses. • Create a structured feedback mechanism to systematically collect local jurisdiction and stakeholders' feedback on receiving and utilizing the FMS cache. • Conduct an assessment of "field hospitals in a box" resources used during the pandemic. This assessment should aim to develop a comprehensive list of necessary supplies required to support additional patients.	
4.3.3 Medical Professional Shortage	The healthcare demand swiftly depleted the pre-pandemic workforce and volunteer capacity.	Establish partnerships with educational institutions and healthcare organizations to create targeted and accelerated healthcare training programs. • Recruit individuals from diverse backgrounds or career paths to transition or upskill into healthcare roles. • Support training initiatives in high-demand healthcare fields such as nursing.	CDPH and EMSA
4.3.3 Medical Professional Shortage	Staffing contracts with inflated costs created barriers for statewide supplemental healthcare and	Negotiate and regulate fair pricing for health and medical surge staff and resources for emergencies during steady state. • Implement a system for healthcare facilities to report cases of inflated costs or unfair	CDPH and EMSA



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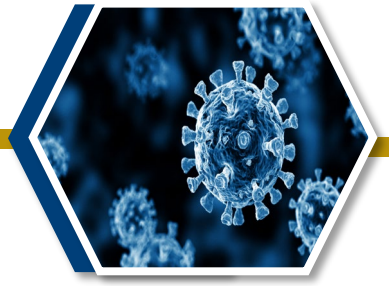
	medical support.	pricing practices by staffing agencies, allowing for timely intervention and enforcement of regulations. • Collaborate with industry stakeholders to establish fair and transparent pricing practices for emergency staffing.	
4.3.3 Medical Professional Shortage	Contracted healthcare personnel were often undertrained and lacked an adequate supply of personal protective equipment.	Strengthen oversight of state-contracted healthcare personnel by improving training programs and distribution protocols for protective equipment. • Develop and implement a standardized, training program for state-contracted healthcare personnel prior to deployment. Include requirements for fit-testing and proper use of PPE to promote safe working conditions. • Establish a certification or vetting process for staffing agencies contracted by the state to maintain compliance with training, equipment, and quality standards. • Require state agencies to provide contracted personnel with adequate PPE supplies and enforce adherence to safety protocols.	CDPH and EMSA



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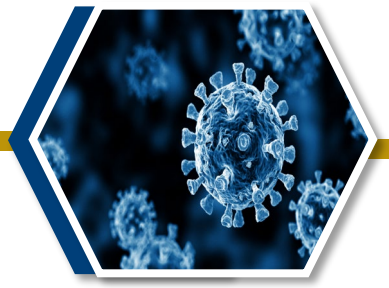
4.4.1 Federal Vaccine Rollout	Communication delays and breakdowns between the state and the federal government hindered effective planning for the mass vaccination sites.	Conduct regular full-scale exercises with federal and local partners to simulate federal/state vaccine distribution and administration. • Include objectives focused on enhancing communication and information sharing to strengthen intergovernmental planning. • Work with federal and local stakeholders to develop effective plans for mass vaccination sites, including clear state guidelines.	CDPH
4.4.3 MyCAvax	The state struggled to simultaneously roll out PrepMod/COVIDReadi and rapidly develop its replacement, myCAvax.	Evaluate myCAvax's performance to prepare for future challenges posed by pandemics and infectious disease responses. • Conduct a thorough assessment of the existing vaccine management system to ensure it is scalable and flexible, accommodating challenges in vaccine supply, distribution, and administration protocols. • Involve local health jurisdictions and other key stakeholders in the training and implementation of the system. • Prioritize interoperability with relevant state and federal partners and systems such as electronic health records to streamline data sharing and reporting.	CDPH and EMSA



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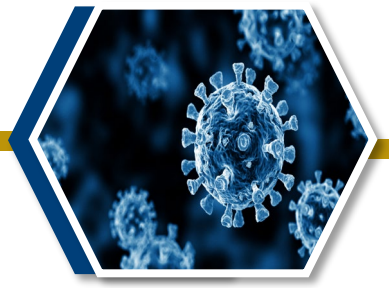
		• Ensure the system can support different vaccine distribution scenarios to prepare for future infectious disease responses.	
4.4.4 My Turn	The My Turn platform encountered several challenges during its initial rollout.	Enhance the functionality and accessibility of the My Turn Platform. • Revamp the My Turn interface to facilitate smoother navigation and user-friendly scheduling of vaccine appointments. Ensure the platform's compatibility with multiple devices, languages, and accessibility features to cater to diverse user needs. • Implement system upgrades to ensure accurate and real-time logging of all administered vaccine doses. Address glitches that cause underreporting of vaccination data by enhancing the system's capacity to capture and record all vaccination activities. • Develop a flexible system to swiftly adapt to changing eligibility criteria. • Expand My Turn to include a wider range of vaccination sites and increase slot availability.	CDPH



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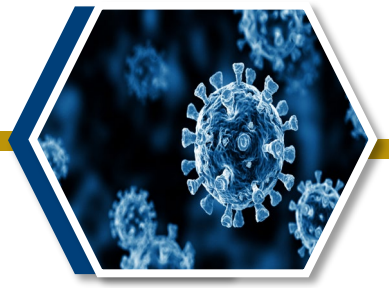
		• Create training on the use of My Turn and conduct this training with state, local, and private response partners regularly. • Exercise the use of My Turn with state, local, and private response partners regularly to identify and mitigate technical and human error issues impacting system access and function.	
4.4.5 Third Party Administrator	The state announced the third-party administrator after many local entities had already developed vaccine provider management plans.	Update the statewide mass vaccine distribution plan that incorporates lessons learned from the pandemic and addresses local needs. • Collaborate with local response partners to identify best practices and lessons learned from the COVID-19 vaccination campaign. Use this input to update a statewide distribution plan that addresses vaccine storage, transportation, resource needs, Point of Dispensing (POD) site mobilization, and public communication strategies. • Establish a working group to refine the plan, outline an implementation strategy, and conduct regular exercises to test its effectiveness. • Collaborate with trusted local partners who bring community-specific knowledge and existing relationships from the COVID-19	CDPH



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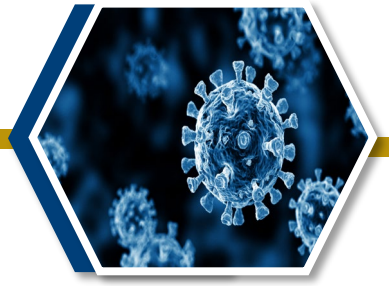
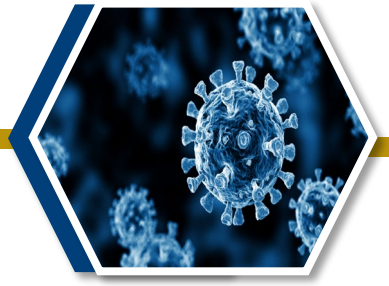
		vaccination effort to improve outreach and distribution.	
4.5.1 Mass Fatality Planning	Fatality management planning lacked sufficient provisions to address infectious diseases and other incidents with statewide impacts.	Update, expand, train, and exercise the California Coroners' Mutual Aid Plan and its supplement, the California Mass Fatality Management Guide. • Include a pandemic-specific fatality management section tailored for infectious disease outbreaks. • Meet with response partners at the local and state level to discuss best practices and lessons learned from fatality management during the COVID-19 response. • Engage stakeholders from various sectors to provide input and COVID-19 related insights during the plan development. • Exercise the plan with jurisdictions to include agencies that would respond to a local, regional, and statewide fatality management incident. • Conduct regular training sessions and exercises to familiarize state and local response teams with the updated plan.	Cal OES



CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
5.1.1 Government Resources	The lack of critical resources hampered the effectiveness of the state's response during the initial pandemic phase.	Maintain a state-level strategic stockpile and conduct routine assessments to identify gaps in critical supplies or scarce resources. • Partner with vendors to secure essential supplies during shortages, ensuring compliance with procurement regulations. • Conduct routine quality control checks to verify that supplies meet deployment standards.	CDPH, DGS, and Cal OES
5.1.4 Resource Management System	Local agencies faced challenges navigating the state's multiple resource request procedures.	Continue to develop and unify the framework across the separate ordering systems for Emergency Management, Medical and Health, Schools, Fire, and Law. • Develop and distribute standardized guidelines offering clear, actionable steps for all stakeholders. • Provide ongoing training for local agencies to effectively use the centralized system. • Implement features such as automated detection of duplicate requests to streamline processes and minimize delays.	Cal OES and CDPH
5.2.1 Warehouse Management	Resource inventory management and distribution efforts revealed a need for acquiring a larger	Establish and maintain dedicated, scalable warehouse operations facilities to address resource management challenges. • Invest in scalable, dedicated warehouse facilities strategically located across the	DGS



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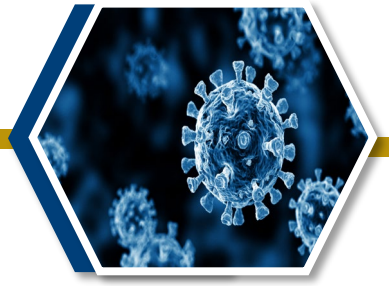
	warehouse facility.	state, supported by regular space utilization assessments. • Establish agreements with state agencies to share warehouse space, enabling cost-sharing and resource optimization. • Formalize MOU/MOAs with logistics providers like UPS and FedEx to maintain surge capacity during emergencies. • Conduct regular assessments and exercises to refine warehouse operations and ensure readiness for future emergencies.	
6.1.2 Individual Relief	The Pandemic Unemployment Assistance program encountered $20 billion in fraudulent activities.	Implement fraud detection and prevention measures during the application stage to mitigate risks in future programs. • Integrate advanced fraud detection systems by employing real-time identity verification technologies and behavioral analytics to identify and flag suspicious activity during the application process. • Collaborate with cybersecurity specialists, fraud detection experts, and law enforcement agencies to design robust fraud prevention frameworks. • Conduct systematic auditing schedules to monitor program integrity, assess	EDD



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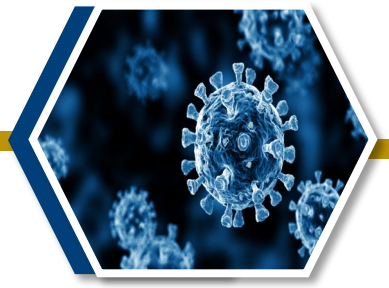
		vulnerabilities, and respond to emerging threats. • Develop educational campaigns to raise public awareness about fraud risks, prevention measures, and reporting mechanisms.	
6.1.3 Business Relief	Statewide closures, compounded by financial disparities, disproportionately impacted small businesses and perpetuated their challenges.	Strengthen support for small businesses by creating contingency plans for closures and targeted financial relief programs. • Create tailored financial assistance programs specifically designed for small businesses most affected by statewide closures, with streamlined application processes to improve accessibility. • Establish technical support resources or online platforms to provide technical assistance and guidance to businesses during closures. • Introduce tax incentives or relief programs to help small businesses invest in technology upgrades, safety measures, and online infrastructure. • Create accessible training and education programs, including workshops, to equip business owners with tools and strategies to adapt during emergencies.	GO-Biz



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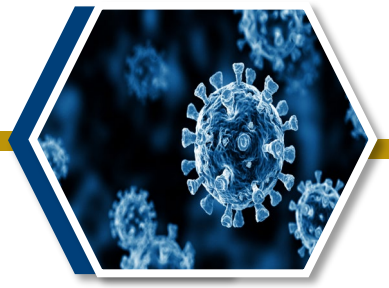
6.2.2 Project Roomkey	Some local governments faced challenges securing accommodations to support Project Roomkey.	Develop a plan to update Project Roomkey by integrating lessons learned. • Assess homelessness at the county level to determine jurisdiction-specific needs and tailor resource allocation accordingly. • Gather feedback from local agencies and stakeholders to understand their experiences with *Project Roomkey*. • Establish clear contractual agreements with hotel operators, addressing liability and insurance concerns to streamline future partnerships • Monitor and evaluate the program's effectiveness, focusing on serving populations disproportionately affected by homelessness and identifying at-risk individuals. • Partner with private and public entities to create additional funding streams and resources, ensuring the program's long-term viability.	CDSS
6.3.1 Great Plates Delivered	The Great Plates Delivered program was announced before its mission or objectives were communicated to	Provide implementation guidance and supporting documentation, including reimbursement information, to local governments prior to the public announcement of a program.	Cal OES



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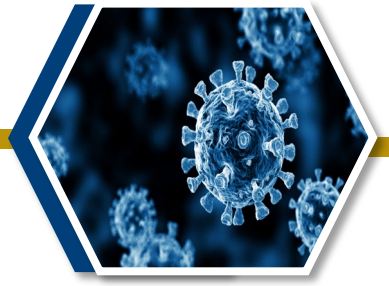
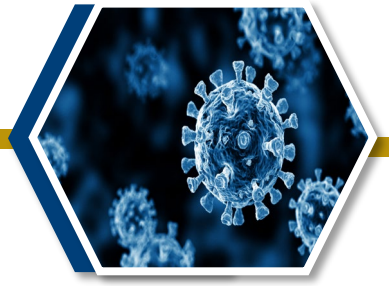
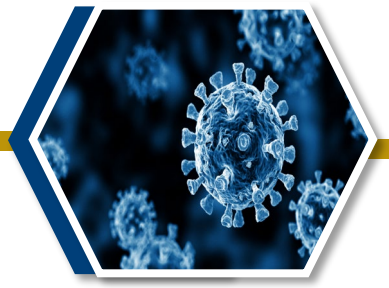
	the counties.	• Coordinate a conference call with Operational Areas to discuss upcoming programs, policies, and initiatives, including reimbursement procedures. • Provide a document addressing frequently asked questions to help jurisdictions communicate effectively with their communities.	
7.1.2 Inmate Transfers	Insufficient inmate transfer protocols and poor infection control measures contributed to significant outbreaks among staff and inmates.	Regularly update and enforce established protocols for inmate transfers and infection control during public health emergencies. • Align transfer protocols with current public health guidelines and limit transfers to essential cases. • Conduct health screenings before transfers, quarantine transferred inmates in separate units, and restrict movement between housing blocks for both inmates and staff. • Incorporate lessons from past outbreaks into staff training and emergency plans to address operational challenges. • Conduct drills and audits to test compliance with protocols and identify areas for improvement.	CDCR



CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
7.1.3 Correctional Facilities Outbreak	Infrastructure and operational limitations at San Quentin contributed to an outbreak.	Modernize state correctional facilities and address any deficiencies in its infrastructure, focusing on redesigning communal areas, improving ventilation systems, and enhancing overall facilities. • Develop a capacity management plan to ensure the prison population aligns with its design capacity, allowing effective social distancing. • Upgrade the ventilation systems to meet modern health and safety standards, reducing the risk of airborne virus transmission. • Enhance medical facilities to accommodate mass testing, isolation, and treatment requirements. • Redesign communal areas to reduce crowding and improve infection prevention measures.	CDCR
7.2.1 Guidance	Changing guidance led to low compliance among staff and inmates.	Develop a clear, consistent communication plan to promote compliance with protective measures. • Provide regular, clear communication with staff and inmates to reinforce the importance of protective measures.	CDCR



CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		• Implement comprehensive educational programs to address the significance of health measures and dispel misconceptions. • Establish an open forum for dialogue between CDCR leadership and staff to address concerns and clarify directives. • Support correctional staff with tools and training to effectively enforce compliance with health protocols.	
7.2.2 Visitation	Changes in the state's guidance delayed the implementation of updated protocols, particularly the cancellation of in-person visitation, which prevented family members from seeing loved ones in correctional facilities.	Develop a comprehensive communications plan to support timely updates on visitation policy changes. • Include transparent mechanisms for reporting the reasoning behind visitation policy changes to inmates and families. • Establish regularly scheduled meetings with advocacy groups like the SIFC for consistent messaging and information sharing. • Provide correctional staff with training and resources to support the implementation of visitation policies and effective communication strategies.	CDCR



CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
7.2.3 Corrections Testing Task Force	The demand for testing revealed a lack of adequate strategy to address the unique needs of correctional environments.	Establish standardized protocols for testing procedures across all correctional facilities to achieve consistency and efficiency. Include guidelines for setting up testing sites, managing physical space, and handling testing equipment. • Tailor testing and quarantine procedures to accommodate different facility sizes, layouts, and inmate populations. • Enhance communication channels between state agencies and correctional facilities to improve coordination and resource allocation. • Develop strategies to manage inmate relocations during outbreaks, maintaining testing and quarantine measures throughout the process.	CDCR and CDPH
8.1.1 Schools Task Force and Cabinet-Level Education Task Force	There were multiple task forces for Education, creating challenges in implementing directives.	Establish policy and procedures to align Task Force objectives to achieve consistent results. • Develop a plan to regularly align objectives and responsibilities among task forces with overlapping priorities. • Organize joint planning sessions involving members from all relevant task forces to facilitate comprehensive policy creation. • Implement regular communication mechanisms between task forces to	CDE and Cal OES

CHAPTER	FINDING	RECOMMENDED CORRECTIVE ACTION	RESPONSIBLE ORGANIZATION
		enhance information sharing and coordination. • Actively involve educators and school representatives in policy discussions to ensure practical and actionable strategies.	
8.2.5 Schools Testing Task Force	The pandemic's initial phases revealed significant challenges in coordinating and communicating school testing operations.	Develop a statewide framework to improve coordination, communication, and operational consistency for school testing efforts during emergencies. • Establish standardized reporting structures, workflows, and protocols for schools to follow during testing operations. • Create a centralized platform for real-time communication to provide schools with timely updates on testing protocols and resources. • Conduct regular training and exercises to improve collaboration and readiness among schools, state agencies, and other key stakeholders. • Streamline the process for developing and approving guidance to minimize delays and provide schools with accurate and timely information.	CDE and CDPH