



Critical Needs Fund (CNF) - Program Narrative

CNF's Purpose:

United Way of Santa Barbara County (UWSBC) and leaders in philanthropy have established a Critical Needs Fund (CNF) that can quickly deploy philanthropic and nonprofit resources in support of Santa Barbara County's fight against the spread of COVID-19. The primary purpose of the CNF is to help leaders from the County Public Health Department (PHD) and other medical/health care leaders contain and/or reduce the rate of viral transmission in our community by filling key gaps in the public/medical sectors' efforts to fight COVID-19. As we continue to control spread of the virus, the CNF is especially focused on supporting strategies that help Santa Barbara County safely reopen its economy. Specifically, the CNF focuses on two strategies that are among the most important of California's six indicators for modifying the stay-at-home order:

1. **Isolation Capacity** – In this focus area the CNF helps pay for hotel rooms and social service, medical, and other support for people who are diagnosed with, or are presumed to have, COVID-19 and who lack a place to self-isolate/quarantine that is safe for themselves and others.
2. **Robust Contact Tracing Capacity** – In this focus area the CNF is funding the Family Service Agency to engage up to 30 culturally and linguistically competent employees who are now being deployed and integrated into the County Public Health Department's contact tracing program.

Background:

The COVID-19 pandemic is a public health crisis. Much of our society's response is being led by government agencies and public institutions. While public sector resources are robust, they are extremely spread thin. Government funding also comes with limitations and regulatory controls that inhibit the flexibility necessary to rapidly meet emerging and immediate needs. Private philanthropic investments are the most flexible and rapidly deployable funds we have in the fight against COVID-19. The CNF is established to facilitate the effective deployment of those funds in a manner that is informed directly by the medical/public health professionals leading our local fight to prevent further spread of the virus and to reopen our local economy.

In its first phase, the CNF was focused on building local Isolation Capacity for people who were infected with the virus but who were unable to safely isolate/quarantine. As the availability of testing has grown, the CNF is now expanding focus to include Contact Tracing. Mass testing, ability to isolate those who test positive, and contact tracing are three of the most critical components of any effort to control spread of the virus and reopen our economy. If Santa Barbara County cannot show the State of California robust models in testing, isolation, and contact tracing, the State will delay the County's reopening and easing of social distancing.

CNF Phase 2 Focus Areas:

1. Isolation Capacity: Efforts to fight the spread of COVID-19 locally require quarantine/isolation of people who have tested positive or who are presumed positive but for whom testing results are pending. For most people, quarantine/isolation means staying home and avoiding all contact with others. For some people in our community, home is not available or a suitable/safe option. Those who fit into this category might include medical staff, individuals living in congregate care settings (senior center), people living in homelessness, or those living in crowded and substandard living situations

such as multiple families sharing a one-bedroom apartment – a common occurrence throughout Santa Barbara County. The County Public Health Department (PHD) has identified this need and has agreements with local hotels to provide alternative accommodations for people whose current residence is not safe for quarantine/isolation. PHD expects to be reimbursed for a portion of the cost of these hotel rooms by government partners (FEMA), but reimbursement is partial (75% maximum). Some expenses required to support people in hotel rooms are also not reimbursable by FEMA at all such as social workers support, nurse visits, and transitional housing planning. Other critical supports such as food, onsite security, and transportation will likely be reimbursed by FEMA, but again, only up to 75%. Expenses that are not reimbursed are draining the already exceedingly strained medical and public health system in our County. The CNF is established to help cover the non-reimbursable costs of providing hotel rooms and supportive services in order to ensure we have the local isolation capacity necessary to effectively combat the virus and to assist in reopening our economy.

2. Contact Tracing: A robust and diverse contact tracing program is critical to any strategy to prevent further spread of COVID-19 and reopen our economy. Generally speaking, contact tracing involves interviewing those who have tested positive and meticulously identifying anyone with whom those patients have come into contact. Contact tracers reach out directly to those potentially infected people to inform them of their risk of exposure. Contact tracers interview them about symptoms, connect them with supports and services, and direct them into an appropriate level of isolation and quarantine. Initial interviews are most often followed-up on by medical/public health professionals to ensure proper care and to ensure compliance with isolation/quarantine. Robust contact tracing is a core component of successful strategies to nearly eliminate the community spread of the virus in countries like Hong Kong and New Zealand. Contact tracing is especially important and effective when testing capacity expands and many new positive cases are identified. The State of California is currently increasing testing capacity across the state, with three new community testing sites now open in the County, increasing local testing capacity by 400-600 tests per day. PHD has maintained a contact tracing program for decades to prevent the spread of diseases like measles, tuberculosis, HIV, and syphilis. This program has grown during the COVID-19 pandemic. However, with testing capacity expanding, a far more robust contact tracing model is needed. It is estimated that up to 100,000 additional contact tracers are needed nationally to effectively prevent spread of the virus. Locally, PHD has a goal of engaging 150 contact tracers in the immediate future. In the last two weeks, PHD has added roughly 100 contact tracers to their existing team of 20 by repurposing County employees from other departments. In early May, PHD approached UWSBC to see if the philanthropic/nonprofit sector might help build the capacity, diversity, and effectiveness of the County's contact tracing program. UWSBC and leaders in philanthropy have secured private funding to immediately engage 30 additional contact tracers through the Family Service Agency of Santa Barbara County (FSA). Integrating FSA employees into the County's contact tracing program is highly beneficial to the overall model and approach. In addition to building the people power necessary to effectively contact trace, FSA's contact tracers are experienced in areas that are well suited to the contact tracing role, such as counselors, family advocates, and others working in the social service and emotional support system. Another critical set of strengths FSA employees bring is that they know their communities exceedingly well, they are trusted and well respected, and they come from backgrounds that enable them to communicate and connect with socially and linguistically isolated populations. Almost all of FSA's

contact tracing team is bilingual, and three are trilingual speaking Mixtec languages. Finally, FSA is able to immediately deploy employees into contact tracing service and they have already begun this work under the supervision of County PHD. Initial funding has been secured to launch the program. More funding is needed to ensure deployment of these nonprofit resources through July of 2020.

CNF Management and Oversight:

The CNF is established as a primary fund where philanthropic investments can be safely made in order to efficiently and effectively meet community health related needs in the areas described above during this ever-changing pandemic. As needs and opportunities evolve, PHD will be a primary source of advice to the CNF as to what needs are most urgent and where philanthropic dollars might be directed. A Leadership Advisory Group has been established, supported by UWSBC, including representatives of PHD, the philanthropic sector, and nonprofit partners. The Advisory Group will meet regularly to assess progress of existing CNF projects, identify emerging needs and challenges, review CNF expenditures, and to ensure that donor intent is preserved. UWSBC will manage the CNF as a pass-through entity. UWSBC will receive requests for payment from funded partners and make payments depending on the availability of funds, consistent with donor intent.

UWSBC and FSA will submit documentation as necessary to help the County secure any reimbursement from FEMA or other government sources. If, in the future, reimbursement for any expenses covered by the CNF becomes available from government or other sources, those funds will be returned by the County to UWSBC. The County will periodically update UWSBC about the status of reimbursement requests. UWSBC will then work directly with funders to see that their refunded donations are re-allocated to other philanthropic purposes or returned at the direction of CNF funders.

PHD, UWSBC, and funder representatives will meet regularly through the Leadership Advisory Group to review results and activities of the CNF, assess needs in the month ahead, and communicate to funders what further support is necessary. If it becomes clear that CNF funds are no longer needed/justified, remaining funds can be re-allocated to other COVID-19 needs or returned to funders for re-granting consistent with donor intent. UWSBC will keep adequate books and records to substantiate all expenditures of CNF funds and shall make these books and records available to funders for review and inspection. UWSBC will work with County contacts to support recordkeeping and reporting by those partners as well. UWSBC will charge no administrative fees on funds coming into the CNF, as is its policy on all disaster related funding. However, unrestricted funds might be requested if the project becomes an operational burden to UWSBC.

CNF Funding Capacity and Timeline During Phase 2:

During Phase 1, the CNF focused primarily on Isolation Capacity as its primary area of funding. Thankfully, we did not see a dramatic spike in the number of cases as was feared because Santa Barbara County has successfully bent the curve of infections locally. As stated above, as testing increases, it is anticipated that isolation capacity will need to be increased and that a much more robust contact tracing program will be needed. As such, in Phase 2 of the CNF (beginning May 11), we will expand the number of rooms anticipated to be funded by the CNF and we have launched the contact tracing partnership with FSA (described above). A Budget Estimate for each of those focus areas is attached and described below.

Phase 2 of the CNF is planned to last through July 31, 2020. This timeline is intended to give the County the time it needs to make its own budget allocations for the coming fiscal year. It will also allow the County to gain more confidence about which activities/expenses FEMA will partially reimburse. Funders to the CNF might be interested in exploring continued partnerships after Phase 2 but at this time, efforts are under way to fund CNF activities through Phase 2 and not beyond July 31, 2020.

Finally, it is critical for the County and nonprofit partners to know that UWSBC and leaders in philanthropy have created the CNF with the intention of raising funds to support efforts described in this document and the Budget Estimate. However, it is possible that full funding will not be secured. Carryover from Phase 1 is estimated to be \$220,920, which includes recent pledges earmarked for contact tracing. This leaves \$263,717 yet to be raised for Phase 2. It is the case that we may not be successful in raising additional funds and use of funds is subject to donor discretion.

Budget Narrative (Budget Estimate attached):

The global COVID-19 pandemic has emerged rapidly and evolves in significant ways on a seemingly daily basis. These changing dynamics, and the rapidity with which things tend to change during this crisis, make it difficult to pre-identify the amount of need in areas funded by the CNF. That said, the attached Budget Estimate and summaries of anticipated expenses in each of the CNF's Phase two focus areas is our best effort to forecast expenses from May 11-July 31, 2020.

Isolation Capacity:

- **Hotel Rooms** - In this focus area we have increased the number of hotel rooms needed by PHD to an average of 15 per day. This increase in need is anticipated because the increase in testing will identify far more people needing assistance in safely isolating. Under existing PHD agreements, each room costs an average of \$150 per day. The County expects that FEMA will eventually reimburse the County for the cost of these rooms, but FEMA only reimburses 75% of the County's disaster related expenses. As such, the per day rate anticipated to be covered by the CNF is \$38 (75% of \$150) as is reflected in this line item in the attached Budget Estimate.
- **Supportive/Social/Medical Services** - When patients are placed in a hotel, they require varying levels of assistance including medical check-ins/nurse visits and social service supports. FEMA is not expected to provide reimbursement for these supportive services and, as such, the full cost of those services is included in this line item. FEMA is expected to reimburse the County for 75% of the cost of food, transportation, and security necessary to place and support these patients in hotel rooms. The remaining 25% of these expenses is included in this line item. The combined daily rate for the above described supportive services is estimated to be \$125 as is shown in the attached Budget Estimate.

Contact Tracing:

The Family Service Agency has provided a budget showing 30 contact tracers working an average of 20 hours per week each at a rate of \$24 per hour over the next 11 weeks (through July 31). A half-time manager/half-time contact tracer and a data specialist are also included in the budget, as are benefits (27%), operations (12%), and indirect expenses (15%). Critical to the launching of this program immediately, FSA already has all of these employees on their payroll and they can be immediately deployed into service.