



# CALIFORNIA SMARTER

THE NEXT PHASE OF CALIFORNIA'S COVID-19 RESPONSE



# Table of Contents

<b>Introduction</b>	<b>3</b>
<b>The SMARTER Plan Includes</b>	<b>4</b>
<b>The SMARTER Plan in Action</b>	<b>5</b>
<b>SMARTER by the Numbers</b>	<b>6</b>
<b>Putting Our Work Into Context</b>	<b>7</b>
<b>Remaining Nimble And Adaptable</b>	<b>8</b>
<b>Maintaining and Expanding Focus on Equity</b>	<b>9</b>
<b>The SMARTER Plan</b>	<b>10</b>
Shots	11
Masking	13
Awareness	14
Readiness	16
Testing	18
Education	20
Rx	22
<b>Building on Experience</b>	<b>23</b>
<b>Conclusion</b>	<b>29</b>

Californians have led the nation's fight against the COVID-19 pandemic with early public health measures that saved lives. We have been led by science and data, and know more today than we did two years ago.

The release of the *California SMARTER Plan: The Next Phase of California's COVID-19 Response* is critically timed. We are recovering from the intense Omicron variant surge when millions of Californians were infected. It is clear the virus will remain with us for some time, if not forever. It is less clear how often and how much it will continue to impact our health and well-being. However, we know what works, and have built the necessary tools over the last two years that allows us to learn and hone our defenses to this virus as it evolves.

As we enter the next phase with COVID-19, which may include future surges and new variants, we will continue to be the nation's model for preparedness, ready to build on what we have learned over the past two years to meet the COVID-19 challenges that lie ahead.

In our approach to this next phase, we will be smarter than ever before, using the lessons of the last two years to approach mitigation and adaptation measures through effective and timely strategies. Throughout the pandemic we have leaned on science and relied on tools that create protection. This includes vaccines, masks, tests, quarantine, improving ventilation, and new therapeutics. Moving forward, based on the evolving conditions of the virus, we will be prepared to use these different strategies in more precise and targeted ways all along the way, integrating new innovations and information to protect our state.

Federal, state and local leaders must continue to prepare for the future, even though we cannot fully predict it. But California's path forward will also be predicated on our individual, smarter actions, that will collectively yield better outcomes for our neighborhoods, communities, and state.

**S**

**Shots-** Vaccines are the most powerful weapon against hospitalization and serious illness.

**M**

**Masks-** Properly worn masks with good filtration help slow the spread of COVID-19 or other respiratory viruses.

**A**

**Awareness-** We will continue to stay aware of how COVID-19 is spreading, evolving variants, communicate clearly how people should protect themselves, and coordinate our state and local government response.

**R**

**Readiness-** COVID-19 isn't going away and we need to be ready with the tools, resources and supplies we will need to quickly respond and keep public health and the health care system well prepared.

**T**

**Testing-** Getting the right type of tests - PCR or antigen - to where they are needed most. Testing will help California minimize the spread of COVID-19.

**E**

**Education-** California will continue to work to keep schools open and children safely in classrooms for in-person instruction.

**R**

**Rx-** Evolving and improving treatments will become increasingly available and critical as a tool to save lives.

# The SMARTER Plan Includes

---

- **With the COVID-19 Assessment and Action Unit the state will monitor the data and frontline conditions in real-time to ensure California is ready to respond to new and emerging variants and changing conditions.**
- **Building upon a robust, regionally based waste-water surveillance and genome sequencing network to have early and rapid insights into the changing nature of the virus and early identification of variants. This network can be scaled up to support identification of future infectious diseases.**
- **Work with external partners and the federal government to launch the first-in-the-nation impacts of COVID-19 longitudinal cohort study to look at and follow the direct and indirect impacts of COVID-19 on individuals and communities over time.**
- **Pursue of a public-private partnership with a test manufacturer to drive down the costs of at-home tests while securing a reliable and timely supply chain for California.**
- **Take steps to ensure our health care facilities can continue to ramp up with additional staff and resources to respond to surges to minimize the strain on our health care systems.**

The SMARTER Plan reflects upon what we have done as a state and how we have learned to manage COVID-19. Our lessons and experiences inform our approach to manage what lies ahead. We will stay prepared for whatever COVID-19 might bring our way next and we will continue to lean on the tools that worked to reduce spread, minimize infection and keep our community safe.

SMARTER is not just for or during COVID-19. The preparation, the flexibility and the systems we have developed make us SMARTER and better prepared for future emergencies. Our state will continue to learn and iterate in our response to the virus. California has always been a state that learns fast and adapts – it is in our DNA and will guide us moving forward.

# The SMARTER Plan in Action

---

As California maintains focus on communities disproportionately impacted, the SMARTER Plan outlines specific steps to prepare and be ready for the next covid-19 threat.

To put this into practice, imagine a California county through its wastewater surveillance system picks up a signal indicating a higher level of transmission of COVID-19 than normal. Californians should expect the following six efforts to kick into action:

1. Sequence the circulating strain, and answer the question: “Is the circulating strain a variant we know or is it new?” If it does not match a known strain, rapidly expedite whole genome sequencing of clinical specimens in that area to identify the genotype of the circulating viral strain.
2. If it is a new variant, within 30-45 days in partnership with the Federal Government, the state will seek to:
  - a. Understand if the circulating strain responds to the existing therapeutics.
  - b. Understand if currently available tests pick up the strain reliably.
  - c. Understand if there is immune escape from prior infection and/or vaccines.
3. Utilizing our statewide stockpiles, the state will quickly deploy testing supplies to regions picking up signals of increasing transmission allowing time for local and private testing efforts to be mobilized and scaled.
4. Deploy additional staff that have been secured through new staffing contracts for vaccine administration to regions picking up signals of increasing transmission allowing time for local and private testing efforts to be mobilized and scaled.
5. State will help facilitate the deployment of surge staff for facilities in impacted regions via state coordinated staffing contracts to ensure hospitals are prepared especially in impacted communities.
6. State will work with local partners, health experts, community-based organizations and others to develop messaging and communication to ensure that the public is well informed in a culturally appropriate manner using authentic community messengers. Also, make data available to ensure visibility and transparency.

# SMARTER by the Numbers

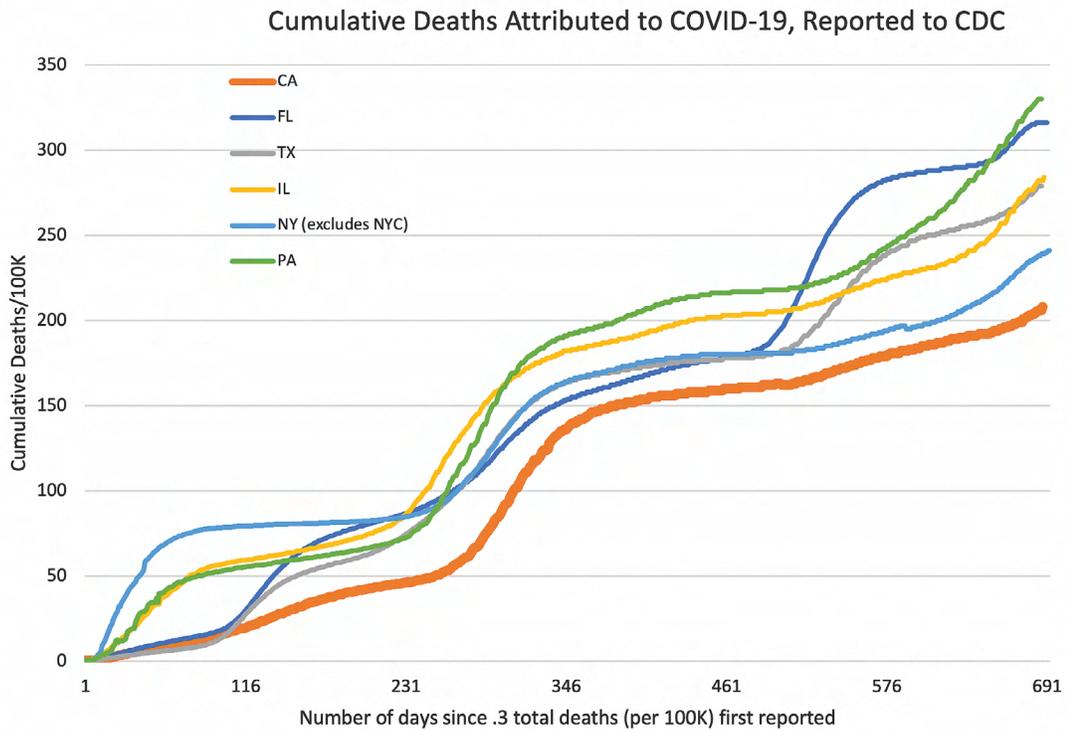
Our smarter path will enable us to be fully prepared and respond to the changing nature of the COVID-19 pandemic. The specific metrics of preparedness below will help focus our efforts to ensure we have the necessary resources and capabilities in place.

SMARTER	METRICS OF PREPAREDNESS
<p><b>Shots</b> Vaccine administration</p>	<p>Capacity to administer at least <b>200,000 vaccines per day</b> on top of existing pharmacy and provider infrastructure.</p>
<p><b>Masks</b> Personal protective equipment distribution</p>	<p>Maintain a stockpile of <b>75 million high quality masks</b> and the capability to distribute them as needed.</p>
<p><b>Awareness</b> Communications</p>	<p>Maintain capability to promote vaccination, masking and other mitigation measures in all <b>58 counties</b> and support engagement with at least <b>150 community-based organizations</b>.</p>
<p><b>Readiness</b> Surveillance and surge staffing</p>	<p>Maintain wastewater surveillance in all regions and enhance respiratory surveillance in the healthcare system while continuing to sequence at least <b>10% of positive</b> COVID-19 test specimens. Ability to add <b>3,000</b> clinical staff within <b>2 - 3 weeks</b> of need and across various health care facility types.</p>
<p><b>Testing</b></p>	<p>Maintain commercial and local public health capacity statewide to perform <b>at least 500,000 tests per day</b> - a combination of PCR and antigen.</p>
<p><b>Education</b> Expand vaccination rates among kids</p>	<p>Expand by <b>25% school-based vaccination sites supported by state</b> to increase vaccination rates as eligibility expands and vaccination requirements are enacted.</p>
<p><b>Rx</b> Therapeutics</p>	<p>Maximize order for the most clinically effective therapeutic available through the federal partnerships. Ensure allocations of effective therapeutics are ordered <b>within 48-hours</b>.</p>

As we have learned throughout the pandemic, each surge and each variant brings with it unique characteristics relative to our neighborhoods and communities specific conditions (e.g., level of immunity). Therefore, instead of laying out specific thresholds or triggers, California will continue to evaluate the data quickly and nimbly to determine how to best handle future changes in the behavior of the virus. The SMARTER Plan does lay out specific response metrics that will ensure our preparedness and guide our work moving forward. Critical to this is the idea that governmental public health will remain vigilant.

# Putting Our Work Into Context

Our collective and individual actions have saved tens of thousands of lives. Though many have lost loved ones to this disease, California has among the lowest cumulative death rate among large states.



Our collective work has resulted in a whole-of-government response that led the nation in providing resources to local and community partners.



**70+ million** COVID-19 vaccines administered.



**870+ million** COVID-19 N-95 and surgical masks distributed.



**140+ million** COVID-19 tests administered.



**33 million+** at-home COVID-19 antigen tests distributed.



**7,500+** COVID-19 testing sites established.



**28,000+** state supported staff deployed to **800+** health care facilities.

**700+**

community-based organizations partnered with and supported.

Our individual actions have saved tens of thousands of lives. Though many have lost loved ones to this disease, California has among the lowest cumulative death rate among large states.

# Remaining Nimble and Adaptable



Throughout the COVID-19 pandemic, Californians have adapted as we learned more about the virus and the most effective strategies to manage it. From the initial stay-at-home orders to the recent need to reinstate temporary and limited mitigation requirements during this Omicron surge, our adaptability has saved lives.

While we learn more about how to live with COVID-19, California must support the ongoing ability of our state to adapt during the coming months and years:

- We must continue to identify and interpret the data we need to keep people safe. For example, if we have another highly infectious but not as virulent variant in the future, we may focus on hospital numbers to gauge whether and how the state should react. On the other hand, if the virulence is high, we may again make decisions based on case numbers, as preventing a case may mean saving a life.
- Individuals who have tested positive for COVID-19 should continue to stay home for the period recommended by the federal Centers for Disease Control (CDC) and California Department of Public Health (CDPH). This time period may be different at different times in the future depending on the dominant variant circulating at a given time. The difference is because each variant has a distinct incubation and replication period. Because of this difference, the length of time an infected person remains likely to spread the infection to another person changes. For individuals who feel sick, they too should stay home until they feel well. If an individual has been exposed to someone who tested positive, they should consider getting tested and masking until they are sure they are not infected.
- With masking, there may be conditions that warrant temporary, targeted and risk-based masking requirements. These can be loosened once conditions improve.
- We must also adapt to the emergence of new interventions and innovations. For example, the development of new pharmaceutical agents for COVID-19, the way our communities are built with a greater emphasis on spending time outdoors, the way we receive our healthcare with rapidly improving innovations in telehealth.

Our state's ability to be ready and remain flexible will not only make us better and smarter at managing COVID-19, but it will also make us better altogether.

# Maintaining and Expanding Focus on Equity

The COVID-19 pandemic has impacted each of us over the last two years. However, there are some communities, mainly underserved, low-income communities of color as well as older and disabled Californians, that have been more disproportionately impacted. Much more work is required to tackle these disparities. The SMARTER Plan coupled with our fiscal investments are intentionally and directly addressing historical and systemic inequities. Our focus on equity and our efforts to support these communities with targeted interventions and outreach has significantly closed disparities in infection and death rates. Although much more work is required to tackle these disparities, our focus on equity has been fundamental to building a Healthy California for ALL.

As we enter this next phase, it is important for us not to forget that COVID-19 disproportionately affected our low-income, Latino, Black, Native American and Pacific Islander communities, individuals in rural parts of the state, as well as workers in high-risk settings. It will be equally important for us not to lose sight of the impact the COVID-19 pandemic has had on our older and disabled Californians. We must accelerate change to address these longstanding inequities.

Committed to a Healthy California for All, we developed an equity measure to sharpen the data-driven focus on curbing transmission in communities most impacted. Then we directed resources to those communities to address COVID-19's unequal impact on health outcomes. Additionally, we published a [COVID-19 Health Equity Playbook for Communities](#) to support local communities in building an equitable recovery. Furthermore, each county was required to develop a plan demonstrating targeted investments around testing and other COVID-19 mitigations to eliminate disparities in levels of COVID-19 transmission and promote equitable recovery.

We must continue to work to build the mindset and awareness of inequity across our state. That if significant surges in cases and risk for death return, we can immediately implement community level approaches to ensuring gaps in outcomes emerge. For example, the ability to provide targeted testing strategies, the ability to unleash appropriate education and messaging, and to distribute high quality PPE. The tendency for some groups to experience a greater impact is avoidable. But with a transformation of our health systems and proposed expansions of coverage and access to all income eligible Californians a hallmark of Governor Newsom's 2022-23 Budget, California is making short- and long-term investments to reduce the likelihood of such inequities. As a result, no state more than California is prepared to avoid the tragic inequities we have sought to close throughout this pandemic.

Despite our efforts, there is much more work ahead of us and the following data are important in anchoring our work:

Death rate for Latinos is **17%** higher than statewide rate

Deaths per **100K** people:  
**221** Latino • **189** all ethnicities

Case rate for Pacific Islanders is **75%** higher than statewide rate

Cases per **100K** people:  
**32,389** NHP • **18,469** all ethnicities

Death rate for Blacks is **16%** higher than statewide rate

Deaths per **100K** people:  
**219** Black • **189** all ethnicities

Case rate for communities with median income **<\$40K** is **24%** higher than statewide rate

Cases per **100K** people:  
**22,975** income **<\$40K**  
**18,469** all income brackets

Over **90%** of deaths were age **50** or older and **12%** of all deaths were among residents of skilled nursing facilities.

# The SMARTER Plan

---

We have come a long way in our journey with COVID-19. To use an analogy, we started our journey driving on an unfamiliar road with low visibility, heavy rain, worn-down brakes, and no windshield wipers. In contrast, today, we are driving on a road that we have mostly driven before with good weather conditions, and in a car with new brakes and windshield wipers. There are still potential hazards on the road ahead, but we are much better equipped to anticipate and react to them.

These upgraded capabilities have come through hard fought lessons, timely and significant investments, and a data-driven approach guiding our response.

S

**Shots-** Vaccines are the most powerful weapon against hospitalization and serious illness.

M

**Masks-** Properly worn masks with good filtration help slow the spread of COVID-19 or other respiratory viruses.

A

**Awareness-** We will continue to stay aware of how COVID-19 is spreading, evolving variants, communicate clearly how people should protect themselves, and coordinate our state and local government response.

R

**Readiness-** COVID-19 isn't going away and we need to be ready with the tools, resources and supplies we will need to quickly respond and keep public health and the health care system well prepared.

T

**Testing-** Getting the right type of tests - PCR or antigen - to where they are needed most. Testing will help California minimize the spread of COVID-19.

E

**Education-** California will continue to work to keep schools open and children safely in classrooms for in-person instruction.

R

**Rx-** Evolving and improving treatments will become increasingly available and critical as a tool to save lives.



## SHOTS

We have administered more than 70 million doses of COVID-19 vaccine, and nearly 80% of those over 12 have been fully vaccinated. Early vaccine efforts to prioritize the most vulnerable and most at-risk Californians have been followed by a persistent focus to close gaps among communities of color. The ongoing need for us to maintain our immunity in the face of new variants and the anticipated waning of immunity without boosters will require continued investments in vaccine distribution efforts, especially for older individuals and those who are immunocompromised. Most immediately, we will continue to focus on closing stubborn equity gaps which started at roughly a 26% difference in adult vaccine administration between higher income and lower income neighbors, currently this difference is at 16%, a 40% reduction. This same equity gap for kids ages 5-17 is at 27%, so we will also intensify our efforts to vaccinate those under 18 years of age, and prepare for those under 5 to become eligible soon. The need to improve vaccination rates among our youngest Californians will support our broader efforts to keep in person instruction across the state.

Furthermore, battling mis- and dis-information that has deepened hesitation among unvaccinated Californians will continue to be critical. We will maintain the widely distributed network of trusted local providers who are in place to quickly vaccinate Californians in anticipation of any additional focused efforts, such as another booster dose. Having demonstrated the capability to administer over 400,000 doses in a single day during initial peak demand, keeping this network in place to deliver at least 200,000 shots through state-partners in counties, health facilities and pharmacies should well position the state for future needs.

## SHOTS (continued)

California built its own Digital COVID-19 Vaccine Record, a tool that is a convenient option for Californians who received a COVID-19 vaccination to access their record from the state's immunization registry systems. It was launched in June 2021, and has issued 13.3 million records to more than 7.2 million individuals. Our open source code builds on the SMART Health Cards framework for vaccination verification. Today, 13 states, along with Puerto Rico and Washington, DC, support SMART Health Cards, and at least another 5 states are expected to launch soon. SMART Health Cards have become the de facto standard for COVID-19 vaccine verification in the United States.

### What's Next?

We will expand messaging on vaccinations and shift to the concept of staying “Up-To-Date” on vaccination, like other vaccines. Specifically, our work will focus on the following:

Prepare for the approval of vaccines for kids under 5 years old – including targeted messaging and ensuring the pediatric providers (pediatricians and family practitioners) are prepared to administer these vaccines.

- Continue to educate Californians about the benefits of boosters and ensure they are available in broad and equitable ways.
- Continue assessing the growing evidence and data on the strength of hybrid immunity - immunity both from vaccine and prior infection - and consider this information as we look at vaccine requirements in California.
- As the 7-12th grade immunization requirement is coming, we will work to be clear about the message and ensure parents are educated and have their questions answered.
- Ensure that health care workers can stay up to date on their vaccines.
- Work to decrease disparities in vaccination rates and ensure that all Californians can remain up to date on their vaccines.
- Remain focused on current vaccine disparities so all Californians have ample opportunities to maintain their immunity.



# MASKS

The data have clearly demonstrated that properly worn masks with good filtration are an effective mitigation tool that not only protects the wearer but minimizes the transmission of COVID-19. Use of masks should be supported by all who want to use them and should be required in high-risk settings or in other public indoor settings during periods of high transmission or when a variant emerges with potentially high virulence.

On the supply side, we now have procured and distributed over 250 million N-95 respirators, and over 600 million surgical masks. We have forged new and innovative partnerships directly with vendors and manufacturers. When national mask supplies were short, we procured enough not only for our state needs but for those of other states. This strategy of partnering with federal agencies AND ensuring we have other options to meet our needs will continue.

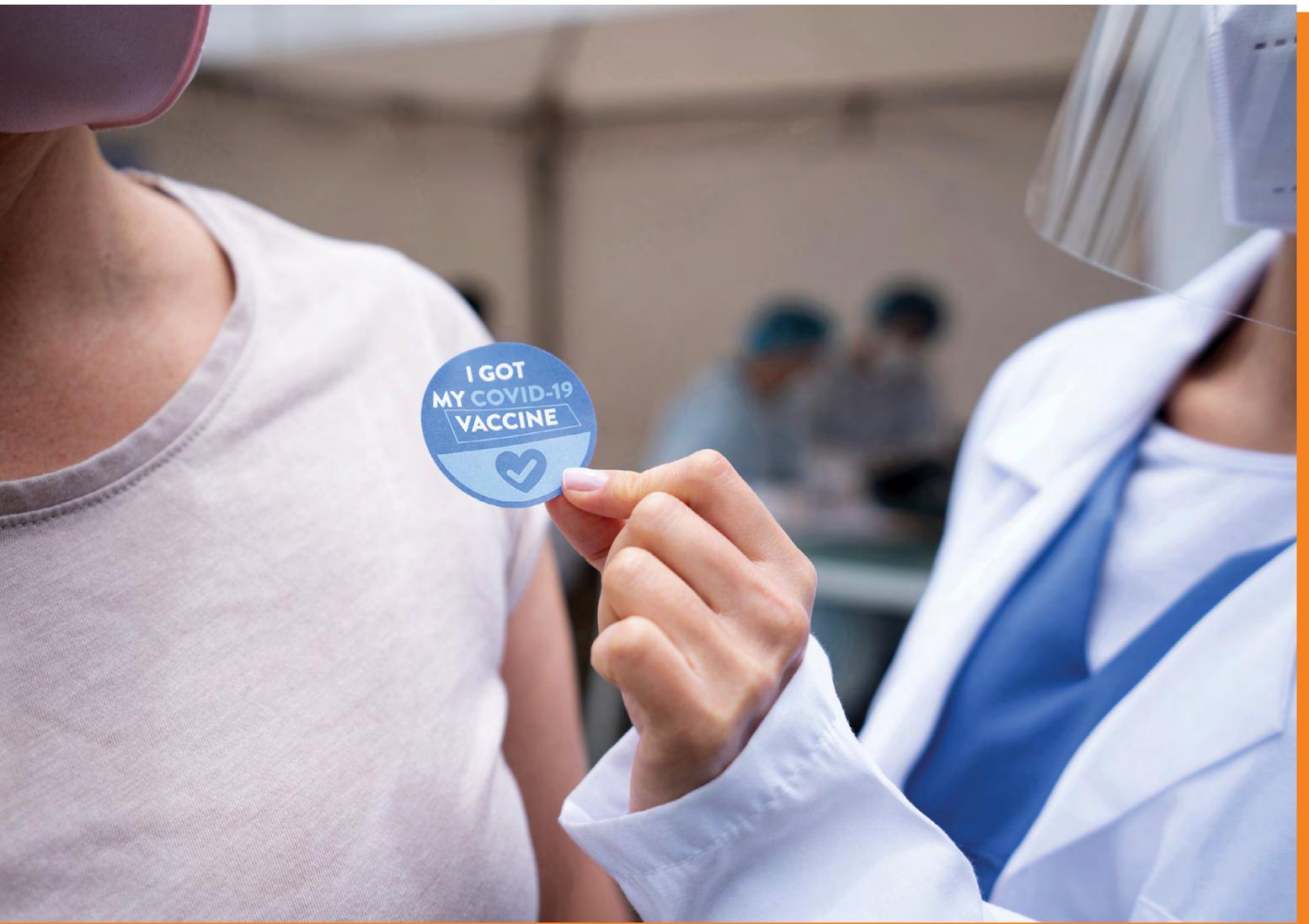
Depending exclusively on the federal government for immediate supplies and resources proved challenging throughout the pandemic. Since the beginning we have turned to our own capabilities to meet our needs, whether with masks, testing supplies, other personal protective equipment (PPE), or life-saving tools like ventilators.

We will leverage our broad purchasing powers to procure critical supplies like masks and testing supplies or making them easily available to counties and communities for needs related to COVID-19 and other emergencies such as wildfires.

## What's Next?

Masking as a mitigation tool has proven effective in helping minimize transmission, moving forward we will lean on the below. Public health officials will continue to assess the science and the data as we have been, and as appropriate, make changes to current masking guidance.

- Maintain a strong strategic stockpile with the goal to have 75 million high quality masks in the stockpile with the capability to distribute them across the state on an as-needed basis.
- Strongly recommend properly worn, high-quality masks in public indoor settings, especially in high-risk settings.
- Emphasize and encourage mask use messaging for the following settings:
  - High-risk settings where vulnerable individuals live or are cared for (hospitals, nursing homes, prisons)
  - Public transportation and air travel, per federal guidance
  - Public indoor settings that are crowded
- Emphasize mask use messaging for the following individuals:
  - Unvaccinated, per the CDC
  - At-risk for severe disease (elderly, underlying medical conditions)
  - Decreased immunity
  - With known significant exposure to COVID-19
- Continue outreach during winter respiratory virus season so our communities increase voluntary mask use when viruses most commonly circulate.



## AWARENESS

To remain aware, we must watch how COVID-19 is spreading, better understand the long-term impact of COVID-19, and further leverage our coordinated, whole-of-government response.

Our public health response has evolved throughout the pandemic. We began with 61 loosely coordinated local health jurisdictions moving at different speeds, with different resources and different objectives. Using well established emergency management protocols, California's State Operations Center has been the connection between local communities, the state and the federal government. While local communities will continue to have flexibility to develop more specific regional approaches, the state will continue to provide the infrastructure to drive objective metrics and deliverables throughout the pandemic.

Our efforts to augment and expand local disease investigation and surveillance capabilities have allowed the state to be a leader in tracking the virus and its impacts. The early investments in new information technology systems, data modeling and whole genome sequencing have created a robust system to track and monitor transmission. We now have the surveillance and disease tracking infrastructure in place to ensure we can respond to COVID-19 and outbreaks of other infectious diseases. Similarly, we will continue to leverage academic and research partners to assess COVID-19

impacts over weeks, months, years and decades. Just as California identified the first U.S. case of the Omicron variant, our new statewide COVID-19 Assessment and Action Unit will bring together the tools we have built to keep us ready and help inform the development of future interventions such as care delivery models and clinical care best practices and standards.

Directly communicating with Californians was a critical pillar in our overall response. We invested in community outreach, that has included direct appointment and referral assistance, and public education. Despite the rapidly evolving nature of the pandemic response, our consistent messaging framework has been that California is prepared and will take necessary actions to save lives.

## What's Next?

We know COVID-19 is a global challenge that plays out locally. Our experts across various disciplines (technology, public health, laboratory, and infectious disease) have all it takes to be vigilant for the next variant or early signs that a surge is rearing its nasty head once again.

- Build on the California COVID-19 Assessment Tool (CalCAT) which brings the best COVID-19 models together in one place to support policy and public health action, while developing ensemble estimates of critical COVID-19 metrics from a variety of models, giving us the ability to facilitate comparisons about trends.
- Focus on continuing to build a robust, regionally based waste-water surveillance and genome sequencing network to have early and rapid insights into the changing nature of the virus and variants. This network can be scaled up to support identification of future infectious diseases.
- With the COVID-19 Assessment and Action Unit the state will monitor the data and frontline conditions in real-time to ensure the state is ready to respond to new and emerging variants and changing conditions.
- Work with external partners and the federal government to launch the first-in-the-nation impacts of COVID-19 longitudinal cohort study to look at and follow the direct and indirect impacts of COVID-19 on individuals and communities over time.
- Continue to support and amplify local and community-based partnerships through the newly proposed Office of Community Partnerships and Strategic Communications.
- Maintain the monthly COVID-19 California survey that has engaged the diversity of the state on their beliefs and perspectives on a wide range of COVID-19 related issues.
- Leverage existing infrastructure to deepen the understanding of COVID, especially the effectiveness and safety of vaccines. Support community-based organizations to build upon the state's equity work.
- Continue to maintain regular coordination activities through the State Operation Center to mobilize an all-of-state-government response to future needs, and facilitate local and federal engagement, reliably.
- Promote the ability of CA Notify, a free exposure notification system for smartphones, to alert individuals if they have been exposed to COVID-19 so Californians have the information they need to act.

## READINESS

We cannot predict the future, but we can take what we've learned to better prepare for it. That means continuing to bolster our public health infrastructure, preparing for potential future hospital surges, maintaining sufficient stockpiles of PPE and working to improve air quality and ventilation in schools and other public settings.

Early in the pandemic, we moved quickly to develop surge capacity outside the health care delivery system by building up two new surge hospitals as well as other alternate care sites across the state to ensure every Californian could have access to the health care they needed. Over time, experience showed a better approach was to increase capacity at existing health facilities that leveraged established core services and resources. California's public health leaders recognized early on that COVID-19 is an airborne pathogen that spreads readily indoors when air circulation is not optimized. This understanding guided our actions since the earliest days of our response. This fact drove many efforts, including regulatory relief for businesses, to encourage Californians to meet, dine and play outdoors; to keep a door open and windows up to help circulate fresh air indoors.

The pandemic has taught us that improvements to air quality do not always require massive infrastructure investments or take years to implement. There are cost effective, immediate tools available. Californians also spent a great deal more time outdoors, enjoying the fresh air and nature.

California has built a sustainable and reliable logistics pipeline in response to COVID-19. This includes a robust supply of PPE and other critical supplies available for rapid deployment to the medical/health sector, first responders, front line workers, and communities in need. Items such as N95 respirators, surgical and cloth masks, face shields, goggles, surgical gowns, coveralls, and gloves are included in this critical capability.

To date, the state has distributed over 1.6 billion individual items of PPE to support the pandemic. At the height of pandemic response, the state managed a comprehensive distribution system consisting of all facets of procurement from production to ordering and delivery, warehousing, and direct shipments from vendors.



Governor Newsom proclaimed a State of Emergency based on the unprecedented threat of COVID-19 and its variants to the health and safety of all Californians. As we saw with the Omicron surge that is only now subsiding, COVID-19 is still very much with us. Through the state of emergency and limited number of executive orders that remain in effect, the state was able to act quickly and get millions of tests and PPE into the hands of our students and Californians across the state, expand vaccination efforts, and bolster our healthcare system capacity. The Governor will continue to assess the necessity of each open Executive Order provision and terminate provisions as they cease to be necessary.

## What's Next?

Our work moving forward will enable us to be ready to respond to any changes in our conditions.

- Maintain an up-to-date, strategic stockpile that allows California to independently respond to local needs.
- Work with local public health departments to develop, support, and implement these strategies to be ready for the next surge and the next infectious disease emergency.
- Allocate state appropriated resources to further accelerate the building of a 21st Century public health system. The Governor's 2022-23 Blueprint proposes:
  - \$300 million ongoing for state and local public health to build up capacity and transform California's public health system.
  - Requiring 25% of a non-profit hospital's community benefit funds be allocated toward community-based public health organizations that address the social drivers of health. This 25% equates to roughly \$500 million each year.
  - \$1.7 billion over three years to recruit, train, hire, and advance an ethnically and culturally inclusive health and human services workforce, with improved diversity, wages, and health equity outcomes.
- Establish three key efforts for health care facilities preparing for or responding to surges so, at any time, we can bring up to 3,000 additional staff to facilities across the state within 2-3 weeks of the need:
  - Support the local county or regional expansion of existing Medical Reserve Corps teams;
  - Maintain master contract agreements with 3-5 national registry companies that can be directly accessed by health systems; and
  - Monitor facility registry/traveler staff use data throughout the year to determine when staffing needs are highest and establish strategies to best support facility demand.
- Scaling back Executive Order provisions and terminating provisions as they cease to be necessary.
- Work with long-term care facilities to provide technical assistance and guidance regarding infection control protocols.
- Issue an Innovation Award to urge the development of low cost, effective ways to improve indoor air quality via improved filtration and air circulation and develop standards for high-risk settings.

## TESTING

We have come an incredibly long way since the earliest days of the COVID-19 pandemic, when doing more than a thousand tests in a day was an accomplishment of note. After nationwide challenges with supplies and collection strategies coalesced to eventually hamper California's ability to track and respond to the first surge of cases in the summer and fall of 2020, we were the first and only state in the nation to build our own high-throughput testing laboratory.

The state has increased testing availability in communities at highest risk for contracting COVID-19 such as essential workers, those in congregate care settings, and communities of color. State facilities have performed more than 8.4 million tests on samples from a network of more than 4,700 specimen collection sites developed with churches, schools, clinics, essential workplaces and community-based organizations.

California laid the essential groundwork of building up testing capacity across our communities with more than 7,500 sites established and, over time, expanded to help keep us prepared to track COVID-19. This work created deeper and wider access to testing. Roughly 65 percent of tests performed for PCR-only specimens are among racial minorities with 32 percent in the most disadvantaged neighborhoods based on the California Health Places Index (HPI) Quartile 1 and 26 percent in Quartile 2.

More than 4,800 schools have state-supported testing programs, nearly 200 OptumServe sites exist across California's communities, and more than 2,800 community-based entities supported sites are offering antigen or PCR testing or both. Our understanding for how to use the various modalities of testing to help manage the pandemic has grown, as well.

Leveraging antigen tests as an additional tool has helped navigate the latest COVID-19 surge. We have procured and distributed over 33 million at-home COVID-19 antigen tests. Our capacity on PCR testing has helped keep communities and families safe when the trajectory of the disease was uncertain, allowing us to identify early on those who are infected, even before they become symptomatic. During the Omicron surge, California used the testing groundwork of the last 20 months to keep our businesses open and our schools in person.

The effort to buy and distribute over 13 million at-home antigen tests for use by school staff and students during the recent return from winter break is in no small part the reason California has made up less than 1% of the nation's overall school closures in January 2022, despite having 12% of the national student population. We also distributed at-home antigen tests to long-term care facilities and hospitals allowing us to keep residents safe and staff working as much and as safely as possible.

In addition to these school efforts, California demonstrated its capability to quickly scale up testing capacity at an unprecedented speed during the Omicron surge—deploying the California National Guard, expanding hours and access to testing sites, and ensuring 90% of Californians are within a 30-minute drive of a state sponsored or supported testing site.

California was the first in the nation to detect an Omicron variant case, largely due to our robust whole genomic sequencing network. COVIDNet is a statewide network of more than 40 partners across the state including local public health laboratories, academic centers, private, and commercial laboratories. Over 450,000 specimens have been sequenced in California, and between March -November 2021, at least 15% of positive COVID-19 samples per month have been sequenced. We have developed advanced bioinformatics capabilities to provide data visualization, dashboards at the state and county level, an alert system for monitoring detection of emerging variants, tools to inform outbreak investigations, and linkage between sequence and epidemiologic data that can further characterize variants and inform public health investigation and response.

## What's Next?

California will continue to prioritize testing, not only to get through the remainder of the current surge but also ensure we are ready to respond to new COVID-19 challenges down the road. Moving forward, these key efforts will position California to pivot and move in whatever way we are required:

- Maintain the ability to perform at least 500,000 tests per day - a combination of PCR and antigen tests
- Ongoing procurement of additional at-home tests with nearly 30 million more on order or already delivered;
- Ongoing expansion of testing sites in the community and efforts to ensure these sites are “built in” to the health care delivery system already in place in California; and
- Ensuring trusted community sites and schools have the capability to continue serving their communities with convenient testing options.
- Provide greater clarity on the role of testing, particularly in supporting disease surveillance, supporting isolation, and early identification of the disease for patients who are most likely to benefit from treatment and therapeutics.
- Release a Request for Innovative Ideas to pursue a public-private partnership with a test manufacturer to disrupt the testing market to drive down the costs of at-home tests while securing a reliable and timely supply chain for California and leveraging existing state assets.
- Continue the important genomic surveillance testing, network, and genomic epidemiology analysis for SarsCoV2, and use the infrastructure built to monitor evolving variants, expand genomics for other infectious diseases of public health significance, and be prepared for the next pandemic.





## EDUCATION

California leads the nation in keeping children safely in classrooms. California has made up less than 1% of the nation's school closures in the 2021-22 school year, despite educating over 12% of the nation's students. This school year, we weathered two COVID-19 surges, all the while successfully prioritizing in-person instruction and the safety of students and staff. Hospitalizations for COVID-19 (including pediatric hospitalizations) and disruptions to in-person learning, although never inconsequential, have been substantially lower than in comparable states.

This is due to collective efforts of Californians to protect school communities. Roughly 1.3 million youth ages 5-11 have stepped up and received one dose and more than 1 million are fully vaccinated. Billions invested into school safety protocols. In the last two months, 28 million high-quality masks have been delivered to schools. Over 4,400 school-based COVID testing sites have been supported by the state at no cost and, in the last two months, more than 15 million at-home tests have been distributed to school communities.

California's response to conditions in schools has adapted to the dynamic challenges of the pandemic, based on science and humility. Emerging evidence continues to suggest that the Omicron variant is milder than prior variants. That future variants will be similarly mild is neither inevitable nor predictable, and we must remember the lessons learned from the Alpha and Delta variants, both of which came after and were more deadly than the original strain.

As we collectively move beyond the Omicron surge, the next phase of mitigation in schools focuses on long-term prevention and preserves safe in-person schooling, which is critical to the mental and physical health and development of our children.

## What's Next?

The goal remains to preserve safe and in-person schooling. Presented below is a summary of mitigation strategies for K-12 schools. For additional information, please visit [Safe Schools for All](#).

- Continue to promote childhood vaccination efforts, including school-located events with sustained emphasis on ensuring equitable access to COVID-19 vaccines. K-12 schools should prepare for forthcoming vaccine requirements which will help protect the most vulnerable among us and keep schools safe and classrooms open.
- Focus on improving indoor air quality in schools to protect students and staff against COVID-19 and many other respiratory infections and sources of unhealthy air, including emissions, seasonal allergens and wildfire smoke. California will continue to provide guidance and technical assistance to schools leveraging state and federal funds to make cost-effective improvements to ventilation and air filtration systems.
- Emphasize tools, such as updated group tracing guidance, so students who are not ill can remain in school and monitor for symptoms. Multi-layered mitigation in K-12 schools, along with declining case rates and improving community immunity, allow for an ongoing transition away from quarantining students. Evidence demonstrates that students potentially exposed to COVID-19 can remain safely in-school when mitigation protocols are followed.
- Continue to address the stigma and trauma children have experienced from this collective experience and much more. \$4.4 billion has been devoted to improving mental and behavioral health for California's children and youth, and a recent partnership with the Child Mind Institute on the launch of the California Healthy Minds, Thriving Kids Project to provide free, evidence-based resources for kids, educators and caregivers.
- Prepare for the eventual change to universal school masking in schools, which include ensuring equitable access to vaccination, testing, and individual protections for students, families, and school staff. Universal indoor masking has been the cornerstone of the state and national strategy to keep schools open. The goal of such efforts remains to preserve the sanctity and safety of in-person schooling.
- Continue working with federal partners to procure and distribute COVID-19 tests to schools. As resources allow, the state will also support a transition toward increasing use of over-the-counter (OTC) test in school settings, with particular attention to equity.
- Support outbreak investigations in schools with state and local public health resources through consultation and deployment of testing and vaccination resources.

## RX

Throughout the COVID-19 pandemic we have utilized and benefited from all modes of managing the virus by embracing the value and impact of treatments for those who have been infected. We are home to some of the leading scientists and clinicians who helped develop therapeutics that are now available. Once these life-saving interventions became more widely available, California was an early partner with the federal government to stand up specialized infusion sites capable of delivering therapies to thousands of infected Californians, saving more lives through treatment.

At 25 state-supported sites, California has continued to ensure these resources are available to our communities, even when federal resources have been withdrawn. For every newly available medication or intervention, our clinical leaders work with local teams to ensure our distribution is led by equity and is efficient. We will always back the science but never fear early adoption and use of a lifesaving intervention. Moving forward, we will double down our collective work to have those who test positive start effective treatments quickly to spare burden on our health systems and, most importantly, reduce avoidable morbidity and mortality.

## What's Next?

Just as we have disrupted the pricing of other medications, California will work to ensure lifesaving pharmaceuticals are not only available but also affordable.

- Connecting those who test positive for COVID-19 with the appropriate clinical assessment and medication supplier.
- Ensure allocations of effective therapeutics are ordered within 48 hours by local entities.
- Leveraging technology and telehealth specifically to accelerate this work and save more lives. The rapid expansion of virtual care and telehealth tools in California throughout the pandemic make the possibility of linking treatments to eligible infected individuals more likely.
- Continue to provide continuing education and real-time information to health care providers on new therapeutics.



# Building on Experience

---

Over the last two years, California took action to keep people safe, and make investments that will continue to benefit our state into the future. Below are some additional changes and improvements the state has made since the initial outbreak of COVID-19.

## State-Level Coordination

Under the leadership of the Governor's Office of Emergency Services, we activated our response systems early on, working closely with federal and local governments on the initial repatriations of Americans from Wuhan, China and the docking of the Grand Princess in Oakland, and we have maintained a significant infrastructure to drive objective metrics and deliverables throughout the pandemic. Using well established emergency management protocols, California's State Operations Center has been activated and managing the pandemic for over two years.

## Coordinated Response

Our public health response has evolved throughout the pandemic. We began with 61 loosely coordinated local health jurisdictions moving at different speeds, with different resources and different objectives. Although localism is still determinative, there is a connectedness and increased attention to regional approaches across our state's counties that did not exist before.

Our efforts to augment and expand local disease investigation and surveillance capabilities have allowed the state to be a leader in tracking the virus and its impacts. The early investments in new information technology systems and in staff training and standardized reporting functions, allowed us to transform a brittle set of disease investigation tools into a robust system to track and monitor transmission. Thousands of state workers were recruited and trained to support contact tracing efforts, ultimately working at the community level to help slow the spread of the virus. Additionally, the state is increasingly using technology to leverage automated notifications, such as CA Notify, a free exposure notification system for smartphones, to alert individuals if they have been exposed to COVID-19. Finally,

having reported more than 143 million COVID-19 test results and more than 8 million COVID-19 cases, we have done more than any other state. As a result, we have a foundation and the infrastructure as we move into the next phase of our surveillance and disease tracking efforts, ensuring we can respond to COVID-19 and outbreaks of other infectious diseases.

Bringing together early efforts with effective wastewater, hospital, and sentinel surveillance, growing a whole genome sequencing program along with local state-supported outbreak investigation efforts, anchored in an updated platform to report and monitor trends, Californians should feel confident in our state's ability to see what's coming with as much clarity and precision as possible. We also initiated data modeling and advanced analytics through the development of the California COVID-19 Assessment Tool or CalCAT, partnering with academics and data scientists early in the COVID-19 pandemic to inform projections and policies, and invested in a team to continue these efforts. Just as California identified the first U.S. case of the Omicron variant, our new statewide COVID-19 Assessment and Action Unit will bring together the tools we have built to keep us ready.

## Hospital Surge

Over time, experience showed a better approach was to increase capacity at existing health facilities that leveraged established core services and resources. Following this model and based on a hospital burden score that looks at a composite of measures to assess hospital need, the state currently supports 31 surge hospitals and six surge skilled nursing facilities. The state has also funded the expansion of beds with state funded staff, adding more than 1,200 new surge beds throughout the state. There are also 22 state-supported ambulance patient offload

programs, helping emergency departments accept patients more quickly, allowing ambulances back into communities. In total, there are currently over 3,500 staff deployed to 217 facilities statewide and over 28,000 staff have been deployed throughout the pandemic to over 800 health care facilities.

Recognizing the tremendous toll the pandemic has had on California's health care delivery system and incredible health care workers, the Governor's 2022-23 Budget proposal has proposed a \$1.7 billion investment to further build up our health and human services workforce. Ensuring we have a diverse and well-trained health and human services workforce to serve and support Californians has been a state priority well before COVID-19. But now more than ever, the need to make these investments, to support maintaining nation-leading nurse-to-patient ratios and ensuring protections of our workforce so they can thrive at work and in their communities, will remain top of mind for the foreseeable future.

### **Communications and Community Partnerships**

At the beginning of the pandemic, we launched the Your Actions Save Lives campaign, which has served as the umbrella for the state's pandemic communications initiatives. We primarily leveraged in-kind donations, engaged influencers, and partnered with philanthropy. As we built up our infrastructure, we recognized directly communicating with Californians was a critical pillar in our overall response. We invested in community outreach, that has included direct appointment and referral assistance, and public education.

As a result, we built a web of communications efforts throughout the pandemic to educate Californians about complex public health guidance and interventions and help citizens understand the overall goals in managing the virus and how to best use the tools to mitigate its spread. Despite the rapidly evolving nature of the pandemic response, our consistent messaging framework has been that California is prepared and will take necessary actions to save lives. Leveraging the infrastructure of the State's 2020 Census outreach effort, we were able to

quickly build a model that centered most of our communications approaches around community engagement and focused on issues of equity.

Leading this effort is the Vaccinate ALL 58 campaign, which has engaged more than 700 community-based organizations in partnership with philanthropy and dozens of Community Ambassadors. Additionally, the campaign has partnered with over 250 ethnic media outlets and utilized innovative tactics to meet people where they are, in the language they speak. The campaign has proactively engaged other state departments and agencies, truly taking a whole-of-government approach. All of these efforts have supported our commitment and proactive approach to tackling mis- and dis-information.

Overall, the community engagement efforts have led to California successfully implementing masking efforts in a wide variety of settings to reduce transmission of the virus, closing equity gaps in the administration of vaccines with nearly 75% of eligible Californians fully vaccinated, and supporting the most robust testing program in the nation, which averaged half-a-million tests per day during the height of the Omicron surge. The future approach to communications and community engagement will advance existing efforts, focus on keeping immunity high and promote the most effective use of masking. An added focus will be on the role, availability and benefits of timely treatment options, especially for those at highest risk for serious complications and death from COVID-19 infections. The overall focus will continue to be on equity and investing in communications and deepening community engagement.

The approach of leaning on our local partners through ongoing direct investments into hundreds of community-based organizations, which support and advance our public health preparedness and response efforts, will be supported through the newly proposed Office of Community Partnership and Strategic Communications. The proposed new Office will continue to build upon the data driven and equity centered approach and offer a centralized state entity to support coordination

and collaboration across state government and philanthropy. These investments will support the important community role in advancing public health, among other things, and be critical to our future success. In the end, California will not shy away from focusing in on the simple, well understood actions that make the biggest difference. Communicating these messages simply, clearly, and consistently will continue to be our north star.

## **Protecting Workplaces**

We took early actions to make our workplaces safer. Through executive action we ensured that qualified workers receive the care and support they need through worker's compensation benefits if they contracted COVID-19 at work. We took this same approach to allow our most vulnerable workers to take time off when sick from COVID-19. We partnered with the Legislature to codify these policies into statute.

To inform employers about new laws and workers about their rights, we developed training and workshops, including resources such as a model COVID-19 Prevention Plan, workplace postings, and infographics. Over 55,000 employers were reached through these activities. Our approach leveraged technology to make information more accessible, including an online Training Academy for employers and workers to access video and written training materials and an online wage claim portal to ensure workers are compensated for taking their paid sick leave.

## **Worker and Workplace Outreach and Education**

Given the increased risk to workers in essential industries, we developed the Safer at Work Campaign to assist workers and employers in better understanding and implementing the workplace health and safety and paid sick leave laws. This included a public awareness media campaign, outreach funding to more than 70 community-based organizations, and development of innovative navigator tools to simplify access and understanding of the laws and rules developed in response to the pandemic. Ultimately, this campaign reached over 20 million individuals through

radio, programmatic display and social media. Through the community engagement effort, we reached over a million workers in interactive engagements, such as training, meetings, phone calls, and canvassing.

Through the Reaching Every Californian campaign we partnered with community organizations, schools and legal service providers to offer more than 70 outreach presentations for workers in high-risk sectors on sick leave for COVID-19. Through the Workplace Rights Ambassador Project, which seeks to build a bridge to disenfranchised and vulnerable workers, we partnered with community organizations to provide in-depth training and support to community leaders (promotoras) to educate their members about sick leave and assist them in exercising their rights. Through our Business Engagement Program, we held dozens of web-based trainings and reached tens of thousands of employers with information on workplace laws.

Our Farmworker Rights Caravans partnered with community organizations to take an audiovisual message in Spanish and indigenous languages on worker protections directly to the fields in thirteen counties.

The Caravans also reached farmworkers and their families in community gathering places and at COVID-19 testing and vaccination clinics. Nearly 8,000 farmworkers were reached. We also ensured employers in this sector had the information they needed to comply with the law by communicating regularly and holding in-person meetings with dozens of growers and contractors around the state. Through media outreach for the Farmworker Rights Caravans, we reached over 5.7 million views of messaging in targeted agricultural regions.

## **Long-Term Care Facilities**

By mid-year 2020, nursing homes had become ground zero for the pandemic. Two key factors coalesced to create a high-risk environment for infections and ultimately high morbidity and mortality: (1) facility residents are among our community's most vulnerable and at-risk

populations due to their often older age and underlying chronic conditions and (2) the congregate, communal, nature of the facilities themselves with the variable degrees of infection control between staff and residents. Like the rest of the nation, California experienced a sweeping spread of COVID-19 in nursing homes. However, an immediate and intense focus on reducing the risk for residents of nursing home and other congregate care facilities quickly led to numerous changes and interventions: infection control standards were increased and supported through technical assistance; staff were augmented and trained to do their jobs with a focus on minimizing transmission primarily by advancing more protective, standardized and universally applied use of PPE; state initiated programs like Hotels for Health Care Workers launched to provide staff an opportunity to avoid broader community mixing and better personnel and resident protections; California invested in creating data platforms to better track testing, infections, PPE supplies and monitor compliance with infection control measures.

Together, California's facilities made accelerated improvements that have remained and been improved. These tools that focus on the needs of long-term care residents and facilities must also be examined through higher level improvements in our overall expectations of nursing homes and their operators. While there is certainly a need to stabilize and preserve our capacity, we must also push for transformations in how the facilities are supported and monitored. California will continue to work with partners across the state to maintain our advantage over the virus in long term care facilities while remaining prepared for potential challenges that soon may emerge.

### **Veterans Homes**

Additionally, California's eight Veterans Homes reacted very quickly and were well-prepared to respond to the COVID-19 pandemic. This approach was characterized by early action; proactive infection control practices; strong coordination throughout the system; and excellent teamwork at all levels – including with local, state, and federal partners. CalVet took

key steps prior to and early on in the pandemic, including updating infection control protocols used for a severe flu season and restricting visitations even before the stay-at-home order went into effect.

Over the last two years, the Veterans Homes have adapted rapidly as circumstances, guidance, and requirements have evolved and has received national recognition for their efforts. Staff and residents of the Veterans Homes have been instrumental in these efforts, which is evident in their high rates of vaccination. As of February 7, 2022, 94.5% of residents and 89.8% of staff are fully vaccinated, and 94.5% of residents and 70.3% of staff have received a booster shot.

### **Ventilation**

California's public health leaders recognized early on that COVID-19 is an airborne pathogen that spreads readily indoors when air circulation is not optimized. This understanding guided our actions since the earliest days of our response. This fact drove many efforts, including regulatory relief for businesses, to encourage Californians to meet, dine and play outdoors; to keep a door open and windows up to help circulate fresh air indoors.

Over the course of the last 15 months, Californians have come together to make innovative improvements to indoor air quality in several settings. For example, many restaurants made investments in air circulation and filtration by upgrading HVAC filters, windows and doors remained opened to freshen air more regularly and effectively across a host of small and large businesses, and many schools used COVID-19-related funding to invest in inexpensive, but effective, devices to improve the circulation and filtration of air in classrooms and other spaces protecting staff and students. The pandemic has taught us that improvements to air quality do not always require massive infrastructure investments or take years to implement. There are cost effective, immediate tools available. Californians also spent a great deal more time outdoors, enjoying the fresh air and nature.

## Emergency Response

Governor Newsom proclaimed a State of Emergency based on the unprecedented threat of the COVID-19 pandemic to the health and safety of all Californians. Of the 561 Executive Order provisions issued throughout the course of the pandemic response, fewer than 15% remain operative.

These open provisions ensure continued flexibility from statutory or regulatory requirements that remain critical to support our ongoing COVID-19 response, for example, ensuring hospital and medical staffing in the face of the Omicron surge, maintaining the State's robust testing program, waivers of state contracting rules to ensure quick access to critical masks and test kits, and maintaining effective workplace safety standards. None of the operative provisions directly impact or restrict the activities of the general public.

As one specific example, without the state contracting flexibility, California would have

been unable to move swiftly to procure the more than 13 million home test kits distributed to county offices of education across the state in December and early January to support the safe return to in-person learning as students returned from winter break. Likewise, other provisions ensure that the home addresses of public health officials remain confidential amidst unprecedented personal threats to these public servants and direct that the California Office of Emergency Services can utilize state fairgrounds and other property as needed to support the ongoing pandemic response.

The foregoing examples illustrate why maintaining the State of Emergency and keeping certain Executive Order provisions in place was critical to getting through the Omicron surge and remains critical to our ongoing response in the immediate term. Nonetheless, the Governor will continue to assess the necessity of each open Executive Order provision and terminate provisions as they cease to be necessary.



# Investments to Fight COVID-19

California has led the nation's fight against COVID-19, implementing first-in-the-nation public health measures that have saved tens of thousands of lives. The state has administered over 70 million vaccinations and boosters and has maintained one of the lowest death rates among large states.

Last year's budget appropriated \$1.7 billion to fight against COVID-19. Now, Governor Newsom's \$3.2 Billion Emergency Response Package will protect Californians by continuing that fight, focusing on keeping our schools open and our economy moving. The package includes \$1.9 billion in funding that has already been approved to immediately equip California's health care system with supplies and staffing.

## Bolster Testing

- Expand hours and capacity at testing sites throughout the state to help slow the spread of the virus.
- Distribute millions of COVID-19 antigen tests to local health departments, community clinics and county offices of education and schools.
- Support the state's testing facilities, including specimen collection and expanding capacity in order to meet demand.
- Assist state departments in testing their staff and congregate populations.

## Getting more Californians Vaccinated and Boosted

- Continue the "Vaccinate all 58" public education campaign to provide reliable information and build vaccine confidence while combating misinformation, all of which is in partnership with 250 ethnic media outlets.
- Maintain a robust community outreach and direct appointment assistance campaign by conducting door-to-door canvassing, phone banking and texting with over 700 CBOs and community partners in partnership with philanthropy.
- Support in-home vaccination and testing programs and transportation arrangement, for those unable to travel, to meet Californians where they're at.
- Provide free transportation to vaccination appointments throughout the state to help get more Californians vaccinated and boosted.

## Support Our Frontline Workers and Health Care Systems

- Support and distribution of critical personnel resources for health care systems to help protect frontline workers, patient care and hospital surge capacity as well as additional staffing for vaccination sites.

## Maintain State Response Operations

- Enhance the state's emergency response and public health capacities, including staffing and information technology at California Department of Public Health, Office of Emergency Services and Emergency Medical Services Authority.

## Support Mutual Aid, Bolster Public Health Investigation Efforts, Procure Personal Protective Equipment

- Provide mutual aid to support local governments.
- Continue statewide priority public health investigation activities to help keep Californians safe and slow the spread.
- Procure additional personal protective equipment, including children's N95 and surgical masks, and other durable equipment

The Governor's Comeback Plan (2021 Budget Act) and the Governor's Blueprint (2022-23 Budget proposal) present a once-in-a-generation opportunity to equitably improve the lives of All Californians, by investing in programs and services that are designed to lift all boats, but especially those which need to be lifted higher. The Comeback Plan provided us an opportunity to invest in programs and efforts that deepen our focus on the whole person while also promoting equity across all facets of society in response to challenges COVID-19 laid bare.

The Governor's Blueprint provides the opportunity to make additional bold investments to protect our most vulnerable communities—such as providing housing for individuals with serious behavioral health conditions who are experiencing homelessness — and to make investments that will address the upstream causes of health and human services needs in communities that have been deeply impacted by COVID-19—such as building up our public health infrastructure.

As we move forward, we will leverage the multiyear investments made to build up and strengthen the foundations of a Healthy California for All.

## Conclusion

**This January marked two years since we worked with the federal government to welcome the first flight of 221 U.S. citizens and diplomats who were being repatriated from Wuhan, China into California due to the emergence of a Novel Coronavirus that rapidly spread, infecting hundreds in a matter of days.**

**In hindsight, this gave us some early insights into the initial behavior of the virus, provided us with early data on secondary exposure, and gave us the opportunity to understand the non-pharmaceutical interventions (e.g., masking and physical distancing) that could help mitigate the spread of the virus.**

**Two years later, we are continuing to iterate on our response and learn about the evolving behavior of the virus. The initial days taught us to be nimble and humble. This is true now more than ever before. California has been a state that learns fast and adapts. It is in our DNA and will guide us moving forward.**



[COVID19.CA.GOV](https://www.covid19.ca.gov)

Your Actions Saves Lives

