

**Monterey County Board of Supervisors  
Referral Submittal Form**

**Referral No. 2022.06**  
**Assignment Date: 2/08/22**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:**

Date: 1/31/2022	Submitted By: Supervisor Wendy Root Askew	District #: 4
Referral Title: VIDA Project Extension		
Referral Purpose: Increase funding allocated to the VIDA Project to maintain operations through December 31, 2022.		
Brief Referral Description (attach additional sheet as required ):		
<p>In December 2020, the Monterey Board of Supervisors allocated \$4,989,651 to support the expansion and implementation of the Virus Integrated Distribution of Aid Project (VIDA) Project, formerly known as the Community Outreach and Education Pilot Project. VIDA is a partnership between the County of Monterey and the Community Foundation for Monterey County focused on addressing the COVID-19 pandemic's disparate impact in Monterey County's low-income and Communities of Color. Using the community health worker model, the VIDA Project was initially implemented in collaboration with ten community-based organizations (CBO's) focused on specific census tracts of the lowest quartile of the Healthy Places Index (HPI Census Tracts).</p> <p>On June 22, 2021, the Board of Supervisors directed staff to begin a right-sizing process for the VIDA Project. On July 27, 2021, the Board of Supervisors received an update on the phased approach to the right-sizing process, which resulted in a 35% reduction of Community Health Workers (CHWs) across the ten CBOs who are partners of the VIDA Project, effective September 1, 2021. A second right-sizing process subsequently took place, further reducing the VIDA Project.</p> <p>While VIDA continues to play a pivotal role in Monterey County's COVID-19 response—notably holding over 14,000 conversations, administering over 10,000 rapid tests, and assisting over 100 vaccination clinics in Monterey County—the Omicron-variant has caused another COVID-19 surge across the Country, with Monterey County reaching record COVID positivity rates. Monterey County's contribution to VIDA is set to sunset on March 31, 2022. While the Monterey County Health Department has secured additional funding through a HHS Health and Human Services Federal grant, without additional County funding, additional downsizing will be required.</p> <p>This referral requests staff to return with a report outlining costs of continuing the VIDA Project at current operating levels through December 31<sup>st</sup>.</p>		

Classification - Implication	Mode of Response
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input checked="" type="checkbox"/> Social Policy <input checked="" type="checkbox"/> Budget Policy <input type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation
	<b>Requested Response Timeline</b>
	<input checked="" type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:**

Department(s): <b>Health Department</b>	Referral Lead: <b>Elsa Jimenez/Krista Hanni</b>	Board Date: <b>2/08/22</b>
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s):	Referral Lead:	Date:
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____	<b>Department's Recommended Response Timeline</b> <input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____
Date: _____	

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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**Note:** Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.