



**MARIN OPERATIONAL AREA  
DISASTER & CITIZEN CORPS COUNCIL**

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**Minutes of the December 10, 2020 Meeting**

The Regular meeting of the Marin Operational Area Disaster and Citizen Corps Council (DC3) was held digitally on Thursday, December 10, 2020, in compliance of local and state shelter in place orders as allowed by Governor Newsom's *Executive Order N-29-20*. DC3 will not be providing in person meetings until further notice. The Council and Public have been given instructions on how to join and participate in these meetings.

**Council Members Present:** Dennis Rodoni, Joe Chinn, Michael McDermott, Garry Lion, Stephen Marcotte, Peter Mendoza, Mohamed Osman, Adriana Rabkin, Ed Schulze, Frederick Stemmler, Vincent Valenzuela, Bill Tyler, Jay Hubert, Chris Reilly, Jason Weber, and Catherine Way.  
**Council Members Excused:** Chris Choo and Michael Grant.

**1. CALL TO ORDER**

**Marin County Supervisor Dennis Rodoni ("Chair")** called the meeting to order at 3:01 p.m. The meeting was held virtually.

**APPROVAL OF September 10, 2020 MINUTES**

*The Chair asked for a Motion to Approve the September 10, 2020 minutes after a quorum was met. As submitted to the Council, with no corrections and no additions, the Minutes were adopted.*

**Motion: Schulze / Second: Marcotte  
AYES: ALL**

**2. CHANGES TO AGENDA: None.**

**3. Presentations:**

*COVID-19 Update, by Dr. Matt Willis*

Dr. Willis reviewed the HHS website that gives daily updates on the number of cases in Marin. He explained Marin's epidemic curve and how he's been able to read the vital signs of the pandemic through the charts. Globally, it has been shown that there are characteristic waves where you see increases in cases, a rapid surge, a plateau and then a decrease. Some people are calling this Marin's third surge, but he explained that he believes it to be the second.

At the beginning, the first increases related to epidemiology were due to travelers. Most of the cases in Marin County at the time were people who had been travelling internationally. Our first COVID-19 case came from the Diamond Princess Cruise ship, which was also Marin's first death.

The second surge that occurred in July was primarily our essential workers and the Latinx community, which was about 70% of the cases. Now, we have entered a third surge which has become more representative of the community as a whole. Transmission is coming from everywhere rather than in

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certain spots. Strategies need to be more global and comprehensive because of this community transmission. In addition, environmental factors also increase transmission. Day length cycles in terms of how the virus behaves in the winter versus summer, colder weather, people moving indoors, social gatherings, travel, and holidays - all these factors cause the surge to accelerate across the region.

We are keeping up with testing as well as increasing the number of testing done. We had our single highest testing day a few days ago; over 2,500 tests across the County in one day.

Right now, we are looking for the correlation between Thanksgiving gatherings and transmission. If anyone was infected on that particular day, we don't suggest someone be tested until at least four days later. We did see a spike in cases approximately four days later and on the days subsequent. This is concerning sign that the Thanksgiving holiday did really contribute to a surge. If you look earlier in November, we started seeing increases in cases, then a sort of turbo boost of a single day gathering that seems to have contributed to a lot more transmission.

Dr. Willis discussed the trend of ICU usage. Between 5% and 10% of diagnosed cases become hospitalized and one and three of them require intensive care. Within a day, for example, if there are 100 cases, five to ten patients require hospitalization and about three of them require an ICU bed. Unfortunately, when we do this kind of modelling, you start seeing how this adds up quickly. Just last week, we had approximately 250 cases.

The County implemented the State's Stay-At-Home Policy as a strategic response to the surge. The Governor announced a Stay-At-Home Policy which attempted to be a circuit breaker on the rapid surge in cases that are happening across the state. The state was divided into five regions – Marin is a part of the Bay Area region. Three of those five regions are under the Stay-At-Home Order because their ICU capacity is less than 15% collectively. Our ICU capacity right now in our region is at about 18%. Since we are close and rather waiting to drop below that 15% level, Dr. Willis and five other Public Health Officers made the decision to issue the Stay-At-Home Order in these counties. Sonoma County may be instituting a voluntary Stay-At-Home Order as well, and if we drop beneath 15% tomorrow, the State Order would supersede our order. These are high-level policy solutions.

The silver lining to this all is the vaccine. It is amazing that we can offer a vaccine this early in the process. It normally takes years and SARS-COV-2 is less than a year with us and we already have multiple vaccine products in the pipeline. This includes the *Moderna* vaccine and the *Pfizer* vaccine that Marin will be receiving next week. We should be getting two boxes of vaccines next week. Each box contains 975 doses, which isn't a lot. We really want to manage community expectations. This is a very small amount for a very select few of our most critical infrastructure, in the first few tiers. We are planning to distribute these in the next couple of weeks.

One thing about the *Pfizer* vaccine is that it requires ultra-cold storage. It is a very high maintenance vaccine and requires being stored at -80° Celsius. We will be receiving the *Moderna* vaccine a week later, about 3,000 doses. It requires less need for ultra-cold storage and hospitals and clinics have more conventional refrigeration available.

We are fortunate to have close relationships between public and private entities. We were able to reach out to *BioMarin*, *Buck Institute*, and *Dominican University* who were kind enough to step forward and donate freezers and thermometers for the vaccines.

As mentioned, we have a very limited amount of first doses. We will have about 2,000 or so of *Pfizer*. The first employees that will be prioritized for the vaccine are hospital staff, especially those in the emergency department and ICU, as well as skilled nursing facility staff. We have about 1,200 skilled nursing facility staff across the county. Based on a straw poll of those facilities, we will assume that 1,000 staff will accept the vaccine and we have allocated that many with those settings. We have thirteen skilled nursing facilities. The decision to prioritize them is because this is where our highest mortality is arising from. We have about 105 deaths now in the County from COVID-19 since the start of the

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pandemic. Approximately 80% of those were residents in long-term care facilities. When we do have outbreaks in these facilities, it is invariable due to a staff member who has become infected in the community, unknowingly. They are likely asymptomatic and come to work and in the context of that, may infect residents and other staff. We have had at least twenty outbreaks in facilities across the county since the start of the pandemic. Vaccinating the staff will be the most effective way to protect both the staff and residents.

Later on, through a partnership with CVS and Walgreens with CDC, vaccines will be offered for other long-term care facilities in terms of residential care facilities for the elderly. This depends on when the vaccine becomes available in those settings. Clinics, dialysis centers, first responders, and other health care providers are the second part of the first tier.

Out of operational consideration, the vaccination schedule for hospitals will need to be staggered. We can't vaccinate everyone in one hospital in one day as efficient as it would be. It's not feasible because of the likelihood that some portion may develop what we expect to be normal side effects when the immune system is stimulated by a vaccine. You would have a low-grade fever, chills, and aches. The studies have shown that these are not uncommon effects of the vaccine. This wouldn't be a complication of the vaccine, but a normal reaction to it. It can prevent people from working. This is why we have to stagger the vaccine schedule.

One of the reasons we are able to offer the vaccine next week is that we were able to secure deep freezer capacity thanks to our partnerships. This allowed us to be identified as a "pre-positioned site." The *Pfizer* product is coming to Marin because we have been named a pre-positioned site. The State is expecting approximately 2,000,000 doses to arrive statewide by the end of December for both the *Pfizer* and *Moderna* vaccine to be distributed. We are looking at proportional allocations for each week through December and so on.

Questions:

**Supervisor Dennis Rodoni** asked if someone that tests positive for COVID, is it recommended they get the vaccine?

**Dr. Willis** responded that he too was interested in that question as someone who was diagnosed with COVID in the past. However he said we don't know the answer to that. It would be great to exclude those who have been infected just to be able to preserve more doses for others. One interesting thing about the vaccine is that it seems that the vaccine itself might actually offer better protection than the infection, than a history of being infected.

When the vaccine is made, they are able to pick which proteins they want the body to make. The way the vaccine works is an mRNA vaccine goes into your arm, goes into your bloodstream, and gets absorbed into your cells. That mRNA will go to the factory part of your cells that manufacture proteins and it has to produce a certain type of protein. The protein that is made looks like a protein of the virus itself, and so your body will make antibodies to that protein. If the virus is introduced later, your immune system has been primed and it can fight it immediately. In some ways, this might be a more efficient way than a low-grade infection.

In a low-grade infection, there are a lot of proteins that the virus makes and your antibodies are trying to make a wider spectrum of them. The vaccine is mounted against the most efficient and most vulnerable aspect of the virus itself. So from this, the vaccine may be more effective at protecting people than a history of infection. Those who have been infected before have not been excluded yet from receiving a vaccine, but it may happen, especially if we have to ration.

**Adriana Rabkin, Marin VOAD**, asked based on the straw poll taken from staff at skilled nursing facilities, what percentage of staff needs to be vaccinated in order for everyone to be safe. Does it have to be 100% or can it be less?

**Dr. Willis** responded that the benefit begins with one and accelerates from there. There isn't a magic number, but more is better. It's probably for that notion of community immunity or herd immunity, that it would be around 70%. It's really hard to know exactly what that number is. It is also hard to apply that logic to a setting like a skilled nursing facility. If you haven't vaccinated all residents, even one staff member who isn't vaccinated could begin an outbreak. We're hoping to vaccinate as many as possible. Residents will be in the next cohort, after all the health care workers are vaccinated. This is where the notion of herd immunity would be more relevant for this setting since it would include everyone.

**Adriana** asked if the County was providing education for staff members about the vaccine and what was being done to encourage 100% of staff getting vaccinated.

**Dr. Willis** said that education is an important aspect of the distribution plan. Tomorrow, we will speak with the skilled nursing facility administrators and clinical leadership. We want them to understand the product and we can begin to educate people about the risks and benefits. Our general approach will use education and really listening to people's concerns rather than having a simplistic approach and assuming that people should just get vaccinated.

Our hope is that in the first tier, the emergency room and ICU doctors in Kaiser and Marin Health, that about 100% of them are ready to get the vaccine. This is based on what they have observed from the phase three clinical trials and their understanding of what those trials are. I hope that once the community sees that their most trusted health care leaders are choosing themselves to be vaccinated, that it would inspire some confidence to spread.

I don't want to let vaccines sit in refrigerators at the County. If there are some who choose to not be vaccinated based on hesitancy, we'll work with them and address their concerns. Maybe they'll need to observe how others are experiencing it and see if people get side effects or not. Either way, we will continue to offer the vaccine in waves, but having more people vaccinated is better.

**Supervisor Rodoni** had a question from Maggie Lang who wanted to know how long asymptomatic people shed the virus.

**Dr. Willis** responded that you are infectious for up to ten days which is what the period of isolation is that has been identified. There are some who remain positive for a longer period of time, and that may be what you are referring to. If you re-test a week later, even a month or two months later, some people stay positive. The CDC has been clear that if you test positive once, you shouldn't be re-testing to see that you're negative. There is a risk that if you get that second and/or third positive test, it doesn't actually represent active infection. It represents the residual RNA. The tests are looking for that RNA which can endure much longer. It is thought to be insignificant in terms of the risk for others around them, but the clinical period of infectivity is about ten days.

**Ed Schulze, District 5 Representative**, wanted to point out that the Marin Mosquito and Control Lab has an ultra-low temperature freezer in the case HHS wants to ask for their help.

**Dr. Willis** acknowledged this and said that it has been really inspiring to see how people have come forward. We have enough ultra-cold storage but the main issue is the number of doses that the County is qualified for.

**Peter Mendoza, AFN Representative**, wanted to commend Dr. Willis' office and the County of Marin for being forthright and being able to explain the issues with COVID-19 Stay-At-Home Orders in the way that the community can understand. Marin CIL is one of the agencies that will be working with the County on supporting the vaccine for the communities.

He also said that targeting messaging is going to be important for the community as well. There is a lot of information about the vaccine. People have a lot of questions, so it's important that we utilize the messengers, the agencies that work one-on-one with the community. It is also particularly important to reach out to people with disabilities and older adults, and those who assist them. We may have to use

mixed messaging, some directly to people with disabilities and also to their family members and others who provide them support. This is especially important when working with people who have intellectual or developmental disabilities.

**Dr. Willis** responded that this is a great example of the insights that our community partners have. When we get to a wider availability across the range of the community, questions of how we navigate messaging and gatekeeping in terms of access to ensure it is equitable are fundamental. From the state, local, and federal CDC perspective, we recognize that we need to approach this with an equity lens and really make sure that our most vulnerable are, in fact, prioritized. When the elbowing starts in terms of who should be in line to receive the vaccine, we need to have these structures established to ensure everyone has equal access. We also need to ensure the most vulnerable are getting the vaccine, including both the informed consent, knowledge, and access to the product in an appropriate time given their added vulnerability.

**Supervisor Rodoni** thanked Dr. Willis and recognized that it has been a very hard year for him with many difficult decisions that had to be made. He said he admired that he's put health first in what he has done and that it's really important for our community, long term.

In closing, **Dr. Willis** said that we are in an interesting time. He has been dealing with the Stay-At-Home Order and a protest at their campus and there has been a confluence of factors where we have hope – the light at the end of the tunnel coming with the vaccine at the same time as we are experiencing the darkest period of our surges. He has never been more concerned about our community than he is right now. The rate of increase in cases and all the factors that are going into influenza season and colder weather are critical. The fact is that this is happening across the region and nation. We cannot summon resources from anywhere else. Staffing agencies are tapped out. You can't transfer patients between hospitals across the region because every hospital is constrained. He hopes that we understand that this is the time to be stepping back to a new way of doing things and really orienting around our homes and staying at home.

Marin has demonstrated they have what it takes. We had a big surge in July and we got in front of it. We had an interval in the red and orange tier, where businesses were open and people were doing the right thing and it helped keep our rates down. Those are the skills and behaviors we will need to lean into more in the next two weeks.

He said you may be experiencing a lot of pushback in terms of what the Stay-At-Home Order means, but he's convinced that this is the only way we're going to get through this together. Hopefully it's just a short duration where we can interrupt transmission quickly in the next couple of weeks and get back on track.

**Supervisor Rodoni** thanked him again and reminded everyone to get their flu shot.

#### *PSPS/Extreme Weather Update, by Woody Baker-Cohn*

We had some very hot weather this year and had to open up cooling centers. These efforts were on the shoulders of the cities and towns which did a great job of opening up and staffing cooling centers. We were able to do this in a very safe way with social distancing and it was a huge success.

Going into winter will be different. In the past, we've worked with community-based organizations to organize congregate shelter for people experiencing homelessness, particularly in cold, wet weather. This is obviously problematic with COVID, so we've worked on a voucher system.

In the 2018-2019 winter, we had seven nights where sheltering was made available. Last winter, in 2019-2020, we didn't need to do this at all. We still haven't had to this year either. The EOC monitors what the weather conditions are in a rolling fashion so we can get ready for it. Social services staff can make sheltering available directly through community-based organizations. Public Health sets the criteria to keep people safe. But with COVID, the danger of congregate living is high and is getting higher.

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We had one PSPS event this year. These events are normally coincident with red flag warnings, which are the highest fire danger. By his count, we have had approximately ten red flag warnings this year. PG&E advised us a couple of times that we were told we might be targeted by a PSPS event, which was cancelled.

We did however, experience one PSPS event that was scheduled for October 25 – 27<sup>th</sup>. We received an early heads up from PG&E on October 22<sup>nd</sup>. We were notified that nearly all of their territory, thirty-eight out of approximately forty-three counties had some part in a PSPS event. One of the consequences of having earlier notification is there is less certainty. This is due to it being entirely weather dependent, so as time progresses, the situation becomes less certain. There can be false alarms, which are stressful. Both PG&E and the National Weather Service were saying it was probably the most extreme fire weather of the season with heavy offshore winds and very low humidity. That Friday, they advised us that about 15% of the County would be without power and we were given rough locations for the outage.

One of the nuances that affected us a year ago were based on distribution lines, the lines that come to your house and most buildings. PG&E can check on those, but transmission lines are trickier. Last year in regards to the Kincaid Fire, the transmission line that feeds the majority of Marin was taken out due to the fire.

With this experience in mind, for the October 2020 fires, we ramped up the EOC to handle this in addition to the COVID efforts. We doubled our efforts with checking on communities and facilities that had problems with the last fire and were able to do a lot of outreach to vulnerable populations. We had some knowledge of those who have power-dependent medical needs who we could reach out to. In addition, Marin Center for Independent Living was very helpful. They have a large stock of batteries for people on medical-dependent equipment. PG&E also has a registry for people who have access and functional needs.

Going back to PG&E's projection for the October shutdown at 15%, it dropped down to 12% and then 10%. PG&E agreed to open four customer resource centers (CRCs) around the County. At least three jurisdictions opened their own as well. We had a lot of good coverage.

In the end, due to miscommunication, PG&E shut down more than they intended, about 11-12%. Stinson Beach, which was removed from the scope of the outage, was turned off anyways. After realizing the mistake was made, they found the power couldn't be turned back on.

In addition, there was a fair amount of confused messaging coming from PG&E. Some people received messages saying they wouldn't be turned off, but in some cases already were. Others received incorrect messaging about restoration. One CRC was not where PG&E said it was. The CRCs are subcontracted out, so this created an additional level of difficulty.

By Monday night, restoration was at about 55%, which was a bit sooner than predicted. By noon on Tuesday, less than 1,000 customers were left to have power restored. It was very difficult to find out what was being restored as we went along.

The County PIO was able to get a lot of messaging out to the public. MCIL and others did a lot of great work for the AFN community as did the cities and towns for providing additional resources. The fire department upstaffed because of the red flag warning. Law enforcement also upstaffed in the case people needed help or if there were additional problems. The call center we've had active for COVID was also upstaffed in the case people needed more information about the outage. This gave us the ability to offload our 911 center. They often get a big surge of calls that aren't necessarily immediate danger needs, but people looking for information.

PG&E has discussed a lot about microgridding. This has been put in place in Marin City. The notion here is when they shut off the power, they can use generators. As we looked into this, it turns out PG&E doesn't have very much generator capacity. There are about eight sites in Marin that could work for this.

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However, PG&E doesn't have the generator capacity system-wide to bring in order to energize more than about a fifth of Marin if the entire county was out.

We have a lot of work to do in the off season. This includes the development of the Marin County Public Emergency Portal, which is now live at [www.emergency.marincounty.org](http://www.emergency.marincounty.org). It acts as a sort of "front door" to what's going on in the County, particularly with emergencies. In the past, it has been difficult to find information on what has been going on. The idea is that the public can visit this site, whether we have a PSPS or other emergency, and get some kind of information or a place that directs them to the information they need. If there was a red flag warning, there would be information on weather, preparedness, and links to more detailed sites. It would also include a map that includes traffic conditions.

Going forward, if there is an evacuation; we'll include the link to the site and map that has the most recent update. If it's flooding, it will show the flooded areas on the map. If there are evacuations and shelters, those will show up on the map as well.

Questions/Comments:

**Peter Mendoza, AFN Representative** thanked OES staff and the County of Marin for their support to people with disabilities and special needs during the PSPS and in regards to their disaster planning. Marin CIL was on duty during the entire PSPS to support the community. We delivered batteries in preparation for those who relied on medical equipment so they could be independently safe in their homes. We do advocate that people sign up for programs like the medical program through PG&E, not just for the discount, but in order to get increased notifications. We also encourage everyone, people with disabilities and other special needs, to avail yourself of the support that Marin CIL offers. You can learn more at [www.marincil.org/psps](http://www.marincil.org/psps).

**Adriana Rabkin, Marin VOAD** asked if there was a way to provide comments or feedback about the website.

**Woody** replied that there is a contact form on the website for the public to use. He mentioned that they would love any feedback. There is still a lot of tweaking to be done and we are flexible.

**Adriana** asked Woody to explain more about the voucher system for extreme weather. He replied that one would contact HHS for more information.

*Marin Recovers, by Max Korten*

Max Korten introduced himself to the DC3 as the Director of Marin County Parks & Open space, but since April, has been coordinating the *Marin Recovers* effort. He has been working to support Dr. Willis and has been updating the public health order related to COVID-19. He has also been working in partnership with the local business community, the Chambers of Commerce, the cities and towns, and a number of other community partners.

The current Health Order is in effect now until to January 4, 2021. One of the big changes is that before, there was this social bubble guidance that explained how to gather safely with people from other households. Now, any kind of gathering with other households, even outside, is prohibited. The following are some of the Health Order Guidelines:

- Masking rules are still similar to what they were before. It will be mandated once our ICU capacity falls below 15%.
- Grocery stores are allowed to be open at 35% capacity.
- All other retail stores, including shopping malls, are allowed to be open at 20% capacity.
- Restaurants are allowed for takeout or curbside pick up or delivery only.

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- Gyms and fitness studios are allowed for outdoors only.
- Outdoor recreation is allowed to be open.
- Hotels, motels, and short-term rentals are closed except for essential travel. Some of these are open as housing for homeless or people who require quarantine for COVID-19.
- Bars, brewpubs, and breweries are closed.
- Personal care services, including nail and hair salons, remain closed
- Museums, exhibit/performance spaces are closed.

Further details are listed on the Marin Recovers website. You can also find information about different relief funds and grants for small businesses. We really want to guide people to support their local businesses through retail and dining pickup and delivery.

*MERA Next Generation Update, by Dave Jeffries*

I wanted to give an update on the MERA, Marin Emergency Radio Authority project. For those who aren't familiar with it, MERA is a JPA that was created in 2004. There are twenty-five member agencies and includes all dispatch centers. There are about 3,000 radios that provide public safety a voice communications system across the County. There are also a few affiliates that use the system, but in different ways.

We are now in the process of replacing the existing system. It has been aging to the point where it needs to be replaced due to reliability issues though it has been doing quite well. Some of the measures we look at are still pretty solid, but we are at the point where equipment starts to reach the end of its lifecycle. It has become more difficult to find replacement parts since they aren't being manufactured anymore.

With capacity, we have exceeded our original design by hundreds of radios. We've been making some changes to accommodate this, but as we move forward, we are trying to build a potential system for up to 5,000 radios to provide the capacity we need to move forward.

We are also trying to identify high-priority areas that can benefit from additional coverage. We take a look at data providers through the different computer-aided dispatch systems from public safety agencies and our current coverage maps to identify some of those priority areas. We are trying to accommodate all of this into the next generation design.

There is another factor that is driving our changes to MERA that is out of our control. Several years ago, the federal government approved legislation that requires that we give back our current frequencies and the UHF-T band area. The government will sell those off to other users, and we're getting closer to the date when everyone is supposed to move off the frequencies.

There are some sites that we are decommissioning. There are eighteen sites that exist, which are being upgraded and/or having equipment replaced. Some sites will be placed in new locations.

As we move forward with the next generation system, some of the things we are looking for are new equipment, new technology, and increased system reliability. We are trying to fill key coverage areas, like 101 corridor north of Novato, Highway 1 coast from Muir Beach north, and some of the areas around Tomales as we move to the new system. This is a chance for the jurisdictions to upgrade their radio planning in terms of what channels and talk groups they want to use.

We are moving up to the 700-800 megahertz frequency area, so there will be changes brought on by that. Because this is new technology, the voice code that takes our voice and digitizes it and turns it into analog sound for us to hear, has improved and changed over the years. Our voice quality requirements have risen also, so we expect a higher digital quality.



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One of the biggest improvements for mutual aid that already exists, is a number of mutual aid interoperability talk groups across the Bay Area. We don't use them much now because we're not in the right band to use them. However when the new equipment comes online, we will have access to these talk groups. Some of them work like our MERA channels and others are conventional channels. It will make it easier for us to move to other counties to provide mutual aid. It will also make it easier for mutual aid to come into Marin since these frequencies are available around the Bay Area. There will also be updated encryption for agencies that use that.

Another big change for MERA operationally, is updated programming for the radios. Currently, when radios have to be updated, they need to be physically updated by technicians. With the new system, we will be able to use over-the-air programming primarily through Wi-Fi. This will save a lot of time and expense with reprogramming and will make the process a lot faster.

We will have the ability to have both dual and tri-band radios which will allow us to operate on different bands. A number of our radios will continue to have some access to the mutual aid channels in our current band, as well as the 700/800 band. Through some grant funding, the fire agencies were able to obtain mobile and portable radios that will work on three different bands in a single radio. These will be installed in the first quarter of next year.

Part of the updates include a new state-of-the-art paging system that will be installed for the volunteer fire departments. It will allow them to be toned out and they will immediately be able to hear radio traffic. We are also going to a new and updated fire alerting system integrated with the computer-aided dispatch locations. This provides a redundancy that doesn't exist right now. It relies on both a radio path as well as through the internet. We don't have these redundancies today, so if we lose one or the other, we have at least one to back it up.

As of right now, we have completed the California Environmental Quality Act (CEQA) review. We have also gotten our Coastal Permission permits and have gone through an extensive process of fine tuning the design with Motorola that our governing board approved this November. This included about sixty separate documents, totaling over 1,000 pages of information that contains a schedule that we are working from. We are currently working through the site leases and several of them are done. The others are in progress and we are trying to complete them in the next couple of months. Some of the sites require work to be done in conjunction with PG&E in order to make power available to some of these sites.

We have reached the point where we are putting together the first set of bid packages for the eighteen sites. Some sites will be combined together in one bid package. We hope to get these finalized in the next month so construction can begin. Each MERA site is responsible for doing the site work and construction. Once this is done, we turn it over to Motorola to install their equipment.

By June, we expect all of the mountaintop equipment to be delivered. Construction should start in the first quarter of next year. We are staggering all 18 sites and projecting this to be completed by July of 2022.

The Jail will be getting new communications as well. Radios don't work as well underground as they do above ground, so we will install additional amplifiers to fix that. The Motorola part of the installation should be completed in early 2023. Around that same time, we will get the paging system for the volunteer fire departments. Final radio deliveries should occur in June 2023, with fire station alerting to follow. The complete migration to the next generation system should happen in November 2023 with the final acceptance shortly after.

Questions:

**Ed Schulze, District 5 Representative** wanted to make sure the new MERA radios would be given to Fish and Game Wardens that patrol the wooded areas in the County. He also asked if any of the towers

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require auxiliary power. **Dave** responded and said all of the towers are set up with auxiliary power. They are designed to come off a hard-lined power source, but have backup generator support if needed.

**Garry Lion, Marin Economic Forum Representative** said he noticed on the map that Dave shared that the Mill Valley City Hall and Mill Valley Public Safety Building were being decommissioned. He wanted more information on that. **Dave** replied that a new site will be added, referred to as the Mill Valley Water Tank. It is at a higher elevation and will improve the coverage at one site rather than having to rebuild at both sites.

***Mid-Operation Assessment Report, by Bart Spencer, Tetra Tech Inc., Director of Emergency Management***

Bart introduced himself and Tetra Tech as the company who was contracted to OES to complete a Mid-Operation Assessment Report for the EOC activations. They were to conduct a review and assess the response related to the activations for COVID-19 and Woodward Fire. Afterwards, they would look for areas that needed improvement for future incidents.

There are two fundamental questions that were focused on – 1) Are we doing things right and 2) are we doing the right things? This led to the project scope that included five focus areas:

1. Operational coordination
2. Public information and warning
3. EOC functions
4. Co-Op operations
5. Health Service DOC coordination

An improvement plan was to be developed with these five areas in mind. Data was collected and information was provided by OES. We contacted more than 140 people who were identified by OES for an interview requesting their feedback. We also set up a survey that was sent to these individuals. We are in the process of finalizing the draft assessment report which will be delivered tomorrow, along with the draft improvement plan.

Our interviews were conducted over the phone, and many of these were an open-ended conversation allowing participants to provide feedback. These interviews were conducted with anonymity. It was a different way of looking at another side of the information. What we were looking at for response objectives were to keep people safe and secure, keep people informed, make sure responders were protected and supported. We also wanted to make sure that as the operational area, to include FBO, CBOs, and non-profits.

Over all, those who responded to the interviews and/or survey, thought things went well. Goals and objectives were conveyed to the staff, EOC staff felt supported, the location and food was good. People who were working were committed to their job. The transition from the actual physical EOC to where most people were located to working virtually from home, made people feel a little safer.

One of the things that was noted about this disaster is that it's different than others. People understand what needs to be done with an earthquake, fire, or flood. You are able to see the location of where the victims are. In this case, people who worked in the EOC were just as vulnerable as the public. While there were precautions taken, any time you went out in public, you were potentially exposed to the virus.

What makes this activation challenging is that we don't have a recent history of a pandemic. There is nothing on which we can draw on other than general emergency management protocols and procedures. Some of the challenges that were discussed are the following:

- Difficulty with communication pathways, especially since some people are working remotely.
- Issues with programs like Zoom or Microsoft Teams and connection issues.

**These Minutes were reviewed and approved at the March 11, 2021 Marin Disaster Council Meeting.**

- A lot of different levels of communicating throughout the County, whether it was emergency manager to city emergency managers or county administrator to city/town managers. There was some disconnect in the pathways in terms of making sure all the information was consistent or complete.
- Cultural challenge of working with people who have a health background vs. emergency management background.
- Making sure the right employee was assigned to the correct EOC position. Do they have the right training?

Questions:

**Catherine Way, Marin Council of Mayors & Councilmembers** asked Bart to confirm the number of people who were contacted for the survey/assessment. **Bart** responded that they were provided more than 140 names but the didn't speak to all 140. Some declined to comment. **Catherine** asked if any of the DC3 members were contacted. He said there were some on the DC3 who were contacted.

**Woody Baker-Cohn** added that they idea for the survey/assessment was to speak to those working in the EOC, city departments, and cities and towns, in order to get a broad view of what was going on.

**Adriana Rabkin, VOAD Representative** asked if the report will be shared with the cities and towns and the participants of the study. **Woody** said it will be shared with them and will be public. He said the goal was to capture the things we've learned so that they can be institutionalized going forward. We want to know about things that require improvement to make sure we aren't wasting the gains we've gotten.

**Bart** said the intent of this was to look for ways to improve. It is not to identify, so no names will be in the report associating anyone with a certain comment. We are not looking to criticize anything, but if the comments seem critical, it is meant to be constructive, not condemning.

**Supervisor Rodoni** thanked Bart for his time and for the report, and in particular, recognizing the rural communities need to be addressed in the system.

Public Comment:

Laura Trippi stated she is a part of the community emergency response group in Tomales and wondered if the assessment included any feedback from any community emergency response groups in the County and any members of the public.

**Chris Reilly, Marin OES**, responded that the majority of the people that provided feedback were EOC staff members and those from the cities and towns at various levels. Most of the volunteer groups and community-based organizations, faith-based organizations, were probably represented by **Adriana Rabkin**. She also confirmed she participated in the assessment.

**4. NEW BUSINESS:**

*None.*

**5. OLD BUSINESS:**

**Status of Grants Administered by Marin County OES**

*Please email OES at [oes@marinsheriff.org](mailto:oes@marinsheriff.org) for a copy of the grants report, which was shared at this meeting by Therese Gorostiza, OES Grants Manager.*

## 6. COMMITTEE REPORTS

### **Public Disaster Education & Preparedness Committee Report**

**Catherine Way, Marin Council of Mayors & Councilmembers**, said that PDEP has met twice, in October and November. We've circled around and reviewed all the work that PDEP has done in the last several years. We've done a lot of comprehensive work looking at subject matter to bring forward to DC3.

Looking ahead, we want to figure out how to strategically be effective in the coming year. Adriana and I have met with Supervisor Rodoni to ask how we could be supportive of the DC3's mission. As the supervisor in charge of this committee, he shared his feedback with us.

We discussed this further with PDEP members in November seeking feedback on how we can be the most effective. How do we provide the best information to DC3? What subjects should we focus on? How do we communicate this information, including to the public? We also discussed whether we should focus on the three prioritized items that DC3 voted on about three years ago. We are asking for DC3 members to submit a comment to us through the [pdepcommittee@gmail.com](mailto:pdepcommittee@gmail.com) email with suggestions of where you would like this committee to go in the year ahead.

In January, we will look at the comments and will try to get PDEP to plan the year. We would like to look at this material in advance and vet some of the ideas and bring them to Supervisor Rodoni for placement on the agenda. We don't want to be redundant and we don't want to cover items that have been covered by other departments.

**Adriana Rabkin, VOAD Representative** wanted to refresh everyone's memory on what the three items were that PDEP wanted to focus on:

1. Disaster Service Coordinator
2. Get Ready Program
3. Disaster Service Worker Program

*For more information about this committee's activities and copies of the handouts, please email OES at [oes@marinsheriff.org](mailto:oes@marinsheriff.org).*

## 7. ANNOUNCEMENTS/COUNCIL MEMBER ITEMS/ PUBLIC COMMENTS

Laura Trippi, of the public, wanted to follow up on her last comment. She wanted to encourage more of a user-oriented focus on the assessment and recommendations for improvement. She didn't believe there was a place for the end-users of the services of OES and the EOC, which is the public.

**Ed Schulze, District 5 Representative** reminded everyone to wear your mask.

Woody responded that they will take this back and make sure to focus on this in the future. We will be conducting more assessments since this was a mid-point and not the close out.

## 8. ADJOURN:

**These Minutes were reviewed and approved at the March 11, 2021 Marin Disaster Council Meeting.**

*Being no further business, the Chair asked for a Motion to Adjourn the Meeting at 4:45.  
**Motion: All in favor.***

**9. CERTIFICATE**

I hereby certify that the foregoing is a true and correct copy of the minutes of the Marin Operational Area Disaster and Citizen Corps Council meeting, held on December 10, 2020.

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**Date**

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***Therese Gorostiza, Office of Emergency Services***