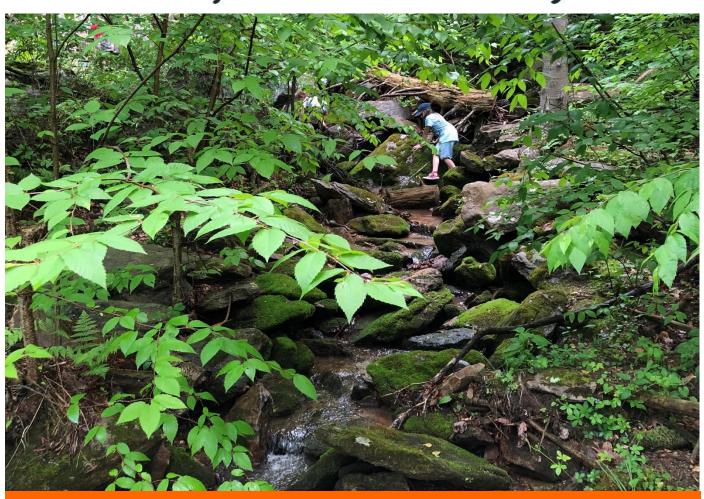
Iranklin Orwald

(harting the path to restore and reimagine Franklin (ounty, PA



RECOVERY TASK FORCE

Final Report & Recommendations

July 31, 2020

FRANKLIN FORWARD RECOVERY TASK FORCE

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Task Force Input

Thank you to the dozens of individuals who provided input through Healthy Franklin County task forces, Franklin Forward committees and key informant interviews.

A special thank you to our peers in York County who provided technical assistance and support as we worked through this process including Silas Chamberlin at York County Economic Alliance, Philip Given at York City and Felicia Dell at York County Government.

EXECUTIVE SUMMARY

Background

Healthy Franklin County, a health improvement collaborative embedded in the Community Services department as WellSpan Health, redesigned its task force structure at the onset of the COVID-19 pandemic to be more responsive to the most pressing needs in the community. It was clear from the beginning that Healthy Franklin County was the best positioned group in the community to serve as a communication and resources hub for the diverse stakeholders (including representatives from the non-profit, business, education, government, healthcare and faith communities) necessary to address the pandemic locally. Healthy Franklin County convened weekly calls with its leadership advisory committee, food security task force and behavioral health task force and created several ad hoc groups to address specific problems and concerns accordingly. It also brought online a Hispanic stakeholders committee which evolved into a Health Disparities Task Force.

In mid-May, Healthy Franklin County formed the Franklin Forward Task Force to lead reopening and recovery planning efforts, to assess the communities' response to COVID-19 and to identify strategies to help move the community forward during these uncertain times. Franklin Forward conducted a needs assessment/gap analysis as a first step in recovery planning efforts. Outreach to over 20 organizations, key informants and professional groups yielded short term recommendations which included a more thorough review of the community response to COVID-19 and the formation of a messaging and solidarity committee. The needs gap/analysis summary is attached at the end of this report as Attachment A.

Data Collection

Since early June, the Franklin Forward Task Force has conducted a variety of committee meetings and key informant interviews from local experts and professionals to help evaluate the communities response to COVID-19, and to make recommendations moving forward about how to re-open and manage recovery efforts as best as possible (knowing that there are many unknown variables and constraints). This process included a review of key sectors (non-profit, education, local government, law enforcement, court system, business community, real estate, and hospitality and tourism; special focus areas including emergency management, resources and preparedness and healthcare and resurgence mitigation; and a review of outreach to vulnerable populations and equitable and inclusive recovery. The reports for each are included in this report. A spreadsheet has been completed to aggregate key themes and comments from all of these reports, which is at the end of this report as Attachment B. Not only does this tool capture key themes but it will be used as a framework to collect key indicators and data as we move into the next phases of recovery.

Recommendations

Based on the data collected, the Franklin Forward Task Force has made a series of priority recommendations to help facilitate reopening and recovery efforts, which are noted in the next section. At the end of this report is a compilation of public policy recommendations reflective of each focus area.

For more information about recovery efforts, visit franklinforward.org.

PRIORITY RECOMMENDATIONS

Assess feasibility of creating a County Health Department and/or process to formalize the appointment of a local public health authority to coordinate the county's public health response to current and future pandemics and other emergencies.

There was frustration and confusion from all community stakeholders because there
was not a clear public health authority that was aligning emergency response plans,
communications and public health messages to the community.

Establish a permanent emergency response and recovery task force.

Healthy Franklin County and the Franklin Forward Task Force have demonstrated the
importance of cross-sector collaborations which are critical to mobilizing community
stakeholders quickly to respond to a crisis. A permanent task force should be
established moving ahead. This group should maintain a solidarity and messaging
committee throughout the pandemic.

Produce and distribute ongoing pandemic and crisis planning tools.

 The current crisis has revealed gaps in advance planning in both the public and private sectors. County emergency management, in collaboration with the planning commission and other partners, can provide technical assistance to community organizations, businesses, and local governments by serving as a clearinghouse for crisis planning information both during and in advance of crises and providing easy-to-implement tool kits.

Create a communications strategy that reaches all county residents.

 During the current crisis and in future disasters, the county should play a lead role in developing and implementing a communications strategy that deploys a variety of communication channels, technologies and community networks to deliver critical information to all residents. Key components of this strategy should be ensuring all communications are multilingual and that county government is empowering trusted community leaders to participate in disseminating the information.

Close the digital divide in Franklin County by investing in broadband infrastructure for all residents.

 With residents relying on the internet for education, news and information, telecommuting, and health care delivery, the disparity between those with access and those without has been exacerbated during this crisis. Broadband access is also crucial to retaining and recruiting businesses that provide employment to our current and future workforce. The county should leverage its own resources and attract federal and state investment to build out appropriate digital infrastructure to address the digital divide facing low-income communities, people of color and rural communities.

PRIORITY RECOMMENDATIONS

Evaluate existing portfolio of small business funding resources in the community and identify access and service gaps.

Emergency funding programs at the state and federal level served only a small portion
of Franklin County small businesses, leaving many of them vulnerable to failure during
this period of business restrictions. There are a variety of low interest and revolving loan
funds and grants available (through EDCs, CDFIs, CDCs and the SBA) but they may not be
accessible to all including businesses serving vulnerable populations, minority business
enterprises and Main Street businesses serving our downtowns and boroughs.

Create a plan to ensure access to Personal Protective Equipment and other crucial supplies.

Community partners should create an equitable plan to address PPE needs and identify
opportunities to source supplies through joint purchasing agreements to ensure that all
front-line public employees, non-profit social service providers, educational institutions,
and essential businesses have affordable and reliable access to PPE and other supplies
required by state and local regulations for safe operations.

Public health mitigation and surveillance.

 The county, PA DOH and local healthcare systems should continue to promote public health mitigation messages, provide testing and implement containment strategies (such as contact tracing) to slow the spread of COVID and to be positioned to assist with the deployment of mass vaccinations. A continued effort to reach vulnerable populations should be made through community health outreach strategies including minority populations who have disproportionately experienced COVID.

Ensure that all populations have access to mental health resources.

• The pandemic has caused social isolation, fear and uncertainty which can increase mental health problems, stress and anxiety. The true psychological impacts have not been determined yet but the community must prepare to manage what may be an impending mental health crisis. This will require the County and community partners to plan and allocate resources for mental health services and supports to build capacity for community resiliency.

Study the impact of COVID on the communities' quality of life and prosperity.

• The County and Healthy Franklin County should assess the long-term impacts of COVID on the health, economy and well-being of its residents.

Advocate for public policies that benefit the entire community.

• Community leaders and elected officials should advocate for legislative action and public policy reform that benefits Franklin County residents, organizations and businesses. This report includes policy recommendations (programmatic, organizational and public).

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KEY INFORMANTS: David Grant, Keystone Health; Ann Spottswood, WellSpan Health; Ruth Freshman, WellSpan Health; Jacob Crider, Franklin County Emergency Management Services; Robert Povlich, Franklin County Emergency Services; Sheri Morgan, Mental Health Association of Franklin County; Carrie Gray, Franklin County Government; Stacie Horvath, Franklin County Human Services; Kim Crider, WellSpan Health; Nickie Fickel, WellSpan Health; Robin Harmon, CareerLink

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- PPE for first responders from FEMA was good; issue with conservation at the beginning but responders adapted to manage inventory.
- o Emergency Management Services navigated communication with PEMA well.
- Once it was explained how excess deaths were counted or explained alignment with public health protocol was achieved.
- Once it was realized it wasn't a HIPPA violation to communicate to emergency responders of potential infection of patients safeguarded emergency responders (Ryan White -- universal precautions) it worked well.

Challenges:

- Long-term care facilities did not get the proper PPE; the County got a lot of requests. DOH denied PPE if there was not a case in long-term care facility.
- Communication with DOH & FEMA was not efficient or reciprocal nor was it efficient and between County Emergency Management Services and DOH & FEMA.
- Case numbers and death counts do not match at the local level with DOH data;
 reporting process is unclear and causes confusion.
- Lack of messaging from the County regarding emergency response; lack of public health authority caused confusion in the community (County had to have agreement with DOH to be an authority).
- Conflicting public health mitigation messaging from different governmental entities caused confusion and frustration with community members, emergency responders, healthcare providers and public health workers.

Recommendations for improvement:

- o Explore creation of a public health department
- Explore Reverse 9-1-1 call or emergency call systems to alert residents
- Identify a consistent, trusted source of information

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure (since the declaration of emergency) and significant disruption

• Goals: Minimize the impact of a pandemic on the Community.

Recommendations:

- Continue to facilitate PPE requests.
- Communicate FEMA/PEMA resources and reimbursement to community stakeholders in a timely manner.
- Applicants for federal assistance receive clear and functional guidance from PEMA so that reimbursement paperwork is processed without error by the appropriate deadlines.
- Promote and adopt guidance from medical community (CDC, PA DOH, OSHA) for all county workers.
- Prior to dispatch of emergency workers, PSAP should obtain as much information on potential infection to properly protect emergency workers
 - notify EMS for monitor.
- Check temperature and symptoms of all workers upon arrival.
- Place signs throughout facilities reminding workers of social distancing and COVID-19 symptoms.
- Stockpile all necessary PPE (masks, gloves, face shields, gowns etc.).
- Distribute PPE to employees at the earliest indication of an epidemic/ pandemic to reduce the spread of infection.
- o Implement telework practices and cancel assembly of large gatherings.
- o Implement frequent disinfection of common high touch areas.
- Establish frequent information sharing with county employees for situational awareness.
- Continue strong public health mitigation messaging.
- Conduct weekly or bi-weekly meetings with EMS coordinators and first responders.
- EMS, WellSpan Health, Keystone Health and DOH participate in respective incident command structures and or regular meetings as needed and if a resurgence of COVID-19 happens.
- o EMS to attend weekly South Central Task Force meetings.
- Provide, communicate, and coordinate reopening guidance and procedures with stakeholders –especially day-cares and schools.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

Goals:

 Identify assets from the private and public sectors as well as non-profit organizations that can assist Franklin County Government and EMS in a pandemic.

Recommendations:

- County review and update Hazard Mitigation Plan with regard to pandemic response.
- o Activate Franklin Forward Task Force to monitor recovery over time.
- Adopt guidance from the medical community (CDC, PA DOH, OSHA) for all workers.
- Meet and establish a memorandum of understanding or contract with the identified assets to establish roles and responsibilities (in lieu of not having a public health department).
- Assess capacity of the identified assets to determine their capabilities and limitations.
- Document after action reports to resolve identified deficiencies.
- Develop contingency plans in case the situation worsens or destabilizes; develop an algorithm to guide the process.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

- Goals: Review and improve Pandemic Plans for local government, healthcare facilities and other community stakeholders (include lessons learned from the COVID-19 pandemic).
- Recommendations:
 - Test the plans and stockpile PPE.
 - Create a strategy to reach the expected vulnerable populations and monitoring emerging vulnerable populations.

PUBLIC POLICY RECOMMENDATIONS: Short, Mid and Long Term

- Establish Franklin Forward Task Force (recovery committee) as an ad hoc committee of the County.
- Create a County Public Information Officer to perform full-time public information duties and assist with community resilience.
- Designate County staff to participate in overall strategic development, operationalization, implementation, maintenance, review and updates for the community resilience planning related programs for Franklin County.

- Review and update Pandemic Plans and restock PPE inventory.
- Maintain and strengthen communication channels with Chambersburg and Waynesboro hospitals to track all new cases of infection in Franklin County.
- Maintain reporting of new cases to DOH.
- Stockpile all necessary PPE (masks, gloves, face shields, gowns etc.).
- Adopt guidance from the medical community (CDC, PA DOH) for all workers.
- Maintain strong relationships with the South Central Task Force by delegating EMS staff to participate on committees.
- Utilize SCTF to assist with emergency personnel in the event of worker shortage.
- Ensure countywide recovery plan matches the FEMA National Recovery Framework phases of short-term (first 30 days), Intermediate-term (30-60), Long-term Recovery (>60 days).
- The County should evaluate and consider the creation of a Countywide health department and options to serve as a public health authority in times of a health crisis.
- Work with state government to allow the County Emergency Management Services the ability to see where disease outbreak is occurring so appropriate mitigation and preparation can occur.
- Greater need to utilize YAMMRS as a medical intelligence resource than viewing it as only a response arm.
- Examine ways to improve function and relationship between emergency management coordinators in Franklin County.
- Activate Franklin County Council of Governments to discuss opportunities for improvement with inter municipal planning, response and communications with pandemics.

KEY INFORMANTS: Sue Marshall, AGAPE Program (King Street Church); Amanda Keefer, Franklin County Housing Authority; Maria Banks, Chambersburg Area School District; Carolyn Clouser, WellSpan Health; Ed Franchi (Keystone Health); Kim Crider, WellSpan Health; Nickie Fickel, WellSpan Health, Noel Purdy, WellSpan Health

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- Effort to mobilize community groups to come together to reach vulnerable populations through Healthy Franklin County.
- Keystone Health stood up downtown testing site to increase access to Hispanic community in downtown Chambersburg.
- Door-to-door canvassing efforts to educate businesses and residents in downtown Chambersburg about COVID resources, social distancing and public health education (in English and Spanish). (Downtown Chambersburg has the most positive cases in the County).
 - Targeted efforts to distribute public health education fliers to Hispanic grocery stores and bodegas for distribution to customers.
 - Targeted canvassing efforts to reach residents in downtown
 Chambersburg with fliers about the red and yellow phases including
 emergency resource information (how to access care/obtain COVID test,
 mental health resources, food resources, 2-1-1, etc)
 - Targeted canvassing effort to inform residents in downtown Chambersburg about the Keystone Health downtown clinic.
- Relationships formed and reconnections with groups who weren't connected before.
- WellSpan Health Community Services reached out to safety-net providers and non-profits serving vulnerable populations to assess their needs and maintain communication loop.
- Community efforts to procure supplies and redistribute to populations in need (face masks, sanitizers, etc.).
- Building relationships with Hispanic stakeholders that were not in place prior to COVID; Healthy Franklin County formed a Hispanic stakeholders group which evolved into a Health Disparities task force.
- Franklin County Housing Authority canvassed the neighborhoods/residents they serve with social distancing education and resources.
- Healthy Franklin County food security task force mobilized quickly to:

- Monitor operations of emergency food providers and create communitybased fliers to promote them as well as congregate meals sites, back pack programs, etc.
- Recruit volunteers to help Office of Aging with meals delivery to homebound clients
- Raised funds for and created an emergency food distribution program with MILPA and Network Ministries for COVID positive individuals and their families or those who lost their jobs due to COVID.
- Designed a grocery shopping and delivery pilot program with Franklin
 County Housing Authority for their senior residents who are homebound.
- Healthy Franklin County created a webpage with public health mitigation education (and a social media toolkit) and community resources for COVID-19.
- United Way of Franklin County created a resources hub for community members and partner agencies looking for resources, volunteers and education and information about COVID.
- Philanthropic community created emergency funding resources.
- WellSpan Health created a homeless shelter protocol to assist those without stable housing and/or who could not safely quarantine in a congregate living facility.

• Challenges:

- Downtown business groups needed more contacts for outreach to Hispanic business owners.
- o A more refined outreach strategy to reach the Hispanic community is needed.
- o Inability to test individuals without symptoms (COVID, antibody tests, etc).
- o Lack of a formal relationship with the Hispanic community.
- Not being able to communicate public health messaging to all affinity groups;
 affinity groups were limited to the Hispanic community and messages needed to be differentiated to meet the needs of all populations
- WellSpan Health and Keystone Health could better coordinate efforts with each other with regard to reaching vulnerable populations, incident command communications, etc.
- The lack of a public health authority in Franklin County caused confusion in the community.
- Lack of data to recognize health disparities in communities impacted by COVID-19.
- Lack of health and safety guidance for communities of color and essential workers who often are members of vulnerable populations.

• Recommendations for improvement:

- Develop a culturally competent, comprehensive approach (and communications strategy) to reach vulnerable and minority populations.
- o Work to build standing relationships with the Hispanic community.
- o Transition Health Disparities task force to sustainable model.

- Keystone Health and WellSpan Health should create a joint plan of action to respond to a public health crisis, particularly with outreach to vulnerable populations (messaging, education, outreach, and coordination of services).
- Emergency response planning efforts should include a more diverse group of stakeholders including those who serve vulnerable populations.
- Track ongoing cases, testing and outcomes disaggregated by race, ethnicity, and other socio-economic statuses to understand where immediate resources are needed. Leverage gis mapping and EPIC data and tools to identify hot spots and trends.
- Connect displaced workers during the pandemic with resources to navigate unemployment, identify a new job, childcare support, training opportunities, access food and household services.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

* Recommendations are designed to be ongoing instead of being completed in the outlined timeframes

Goals:

- Ensure that proper lines of communication and resource alignment are in place and maintained for success.
- Advocate for the support for racial and cultural community groups
- Address financial insecurities for small business owners, front line workers, and displaced employees.
- Align resources for services of basic needs, PPE, small business support through available local, state and federal resources.

Recommendations:

- o Canvass downtown businesses and residents yellow and green phases
- Organize pop-up outreach events to reach vulnerable populations with public health education and tools
- Form a messaging and solidarity work group to create and distribute continued public health messaging throughout recovery.
- Establish Recovery Task Force to coordinate recovery planning and recovery efforts.
- Partner with Community Based Organizations to provide services to the most affected portions and populations throughout the county.
- Establish emergency funding for small and minority owned businesses that do not meet federal support guidelines.
- Identify indicators to monitor over time, such as unemployment and occupation data to identify the most at-risk populations in the work force.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

Goals:

- Provide equitable support and recovery assistance incentives to businesses and non-profits to support recovery and reopening.
- Leverage Healthy Franklin County network to reach all populations about continued public health education and mitigation efforts and community resources.

Recommendations:

- Develop and launch recovery grants and loan programs to administer CARES Act funding.
- Create and implement outreach strategy to businesses and organizations to address diversity, inclusion and equity.
- Continue to promote and share resources with community partners and community members about public health mitigation strategies, emergency resources and local, state and federal resources to help vulnerable populations.
- Provide internet and broadband access to vulnerable populations and communities to mitigate further resources and access gaps.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

Goals:

 Implement a race conscious approach for policy development to educate on and eliminate racial disparities and other forms of system discrimination.

Recommendations:

- Develop a county-wide Human Relations Commission
- Establish a countywide office of Equity and Inclusion to support the implementation of these initiatives.
- Review and update County plans to include emergency preparedness and social distancing strategies where appropriate (Comprehensive Plan, Hazard Mitigation Plan, Emergency Response Plan).
- o Partner with community groups actively addressing social and racial injustice.
- o Explore in a Racial Equity Impact Assessment for the county.

PUBLIC POLICY RECOMMENDATIONS: Short, Mid and Long Term

- Provide local governments smaller than 500,000 in population with the access for emergency stimulus funding to be leveraged to community-based organizations
- Expand financial resources for small businesses through emergency situations to include minority owned businesses with fewer than 10 employees.

- Develop Local Supplier Diversity Commitment policies to increase the percentage of locally sourced purchasing from the County.
- Explore feasibility of adding fixed routes to public transportation services.
- Explore creating an office of Equity and Inclusion at the County.
- Explore creating a Countywide Human Relations Commission at the County.
- Invest in broadband infrastructure to provide equitable access to technology.
- Advocate for inclusion of sexual orientation and gender identify protections in the Pennsylvania Non-Discrimination law.

KEY INFORMANTS: David Grant, Keystone Health; Ann Spottswood, WellSpan Health; Ruth Freshman, WellSpan Health; Jacob Crider, Franklin County Emergency Management Services; Robert Povlich, Franklin County Emergency Services; Sheri Morgan, Mental Health Association of Franklin County; Carrie Gray, Franklin County Government; Stacie Horvath, Franklin County Human Services; Kim Crider, WellSpan Health; Nickie Fickel, WellSpan Health; Robin Harmon, CareerLink

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- WellSpan Health a member of the Hospital and Healthcare Association of Pennsylvania (HAP) and reported daily to a regional agency which monitors bed capacity, PPE supply, ventilator capacity, number of COVID-19 patients in Med/Surg beds, intensive care units, along with many other metrics.
- Keystone Health participated in weekly calls with the Pennsylvania Association of Community Health Centers.
- WellSpan Health and Keystone Health reported COVID data on a daily basis to the Pennsylvania Department of Health.
- Franklin County EMC (Emergency Management Coordinator) participated in WellSpan Health (hospital capacity) weekly meetings and WellSpan Health had representation on the County EMC weekly meetings.
- WellSpan Health stood up a public COVID-19 Information Dashboard which provides daily updates regarding testing and patient cases across the health system and within each of the counties it serves.
- WellSpan Health and Keystone Health set up incident command structures within their respective organizations and developed a clear response strategy to the pandemic.
- The Franklin County Office of Emergency Management monitors key metrics from HAP, DOH and WellSpan Health including, but not limited to: hospital bed capacity, ICU capacity, ventilators and Personal Protective Equipment. This information is tracked over time, generating a custom report including key trends and critical thresholds, as well as monitored regional hospital capacity.
- Skilled nursing facilities, personal care homes, correctional institutions, and other high-risk congregate care settings have been the source of significant illness and loss of life in the County during the pandemic. Ongoing monitoring continues to occur through our emergency operations center for Franklin County. Reports are provided on a daily basis.

- Franklin County DOH public health nurses had regular and open communication with WellSpan Health and Keystone Health regarding positive COVID cases in the community.
- Utilizing grass roots organizations to help distribute public health mitigation education and resources to reach vulnerable populations.
- Keystone Health opened a clinic in downtown Chambersburg to serve vulnerable populations after analyzing location specific data of positive COVID patients.
- WellSpan Health (Emergency Departments in Chambersburg and Waynesboro and Urgent Care sites) and Keystone Health (downtown Chambersburg, Urgent Care and Migrant Outreach (statewide)) set up a variety of testing sites in the community to increase access to COVID tests.
- WellSpan Health and Healthy Franklin County mobilized quickly to assess the needs of non-profit and safety-net providers and to connect them with resources.
- Healthy Franklin County adapted its structure to be more responsive to the most pressing needs in the community including food security, distributing public health education resources and providing a regular community hub for stakeholders.
- WellSpan Health created a Slow the Spread grant to assist with public health mitigation and capacity building during the pandemic.
- Community organizations (United Way of Franklin County, Shippensburg Community Resources Coalition and grass roots organizations) created funding opportunities to help manage the impacts of the pandemic on organizations and individuals.

Challenges:

- Local testing capacity met the needs of symptomatic patients only because there was not an unlimited supply of tests; asymptomatic individuals were not tested.
- o The process to obtain a test was confusing and likely caused access barriers.
- Franklin County was not able to achieve a positivity rate of 5% before re-opening as recommended by the World Health Organization (WHO). The WHO advised governments that before reopening, rates of positivity in testing (ie, out of all tests conducted, how many came back positive for COVID-19) should remain at 5% or lower for at least 14 days.
- DOH did not have sufficient infrastructure in place to conduct contact tracing;
 there was a lack of capacity. WellSpan Health and Keystone Health did not have capacity to assist with DOH contact tracing efforts.
- WellSpan Health and Keystone Health weren't able to share COVID positive patient location data on a regular basis.
- There was a distrust among positive COVID patients to participate in DOH contact tracing.

- EMC daily monitoring of COVID cases was constrained by the DOH data which did not always include the level of detail needed to have a full understanding of where the hot spots were (this evolved over time).
- There was significant delay in testing capacity and timeliness of results that limited the ability of our healthcare and public health systems to respond as efficiently and as effectively as possible.
- Monitoring and testing for COVID-19 along with the institution of appropriate counter-measures in high-risk populations, including communities of color: one of the emerging concerns out of the present pandemic has been the disproportionate impact of COVID-19 infections on communities of color as well as vulnerable populations.
 - Particular attention has been paid to the homeless population in our community. Processes were put in place for appropriate isolation and quarantine when appropriate for individuals who are at risk for homelessness in shelters.
 - For communities of color, we have seen a significant disproportionate impact on our Hispanic community.
 - The collection of race and ethnicity data was not collected or reported in a standard way to DOH and therefore the data may not be accurate. However, publicly available data shows that the Hispanic and Latino populations were disproportionately impacted by COVID-19 in Franklin County.
 - Contact tracing and case investigation is being conducted by the local DOH with limited capacity. DOH did not have the infrastructure in place to adequately do contact tracing across the state and is currently building out a volunteer-based system and is seeking partners to assist. WellSpan Health is assessing its role and capacity to assist with contact tracing efforts.
 - A hotel protocol was researched but never fully implemented in Franklin County due to several limitations, concerns and constraints however adaptations of the hotel protocol sufficiently served the needs of patients. Key stakeholders including EMC and Rabbit Transit were present and engaged which yielded positive collaborations.
- Recommendations for improvement:
 - Continue daily tracking of bed capacity, supplies, and tracking of infection with reporting to acute care facilities in our region to allow for continued coordination of efforts in response. Communicate this information to the hospitals as well as EMC to assist with planning and coordination of response for any changes that are occurring in the pandemic.

- WellSpan Health and Keystone Health should create a process to share patient zip code data on a regular basis to identify hot spots and response strategies in a more coordinated approach.
- Coordinate sharing of publicly available data between EMC and healthcare systems and with the public.
- Work to expand testing capacity in our County. Consideration for expansion of testing criteria to allow for more complete monitoring of COVID-19 infections in our community.
- WellSpan Health and other healthcare system stakeholders and providers (including long term care facilities, nursing facilities, Keystone Health, DOH) to have representation on each organizations' respective incident command structures.
- Keystone Health to have representation on weekly meetings with WellSpan Health regarding hospital capacity and weekly EMC meetings with the County regarding emergency response capabilities.
- o Franklin County EMC to be included in the WellSpan Health incident command.
- Develop and improve capacity for contact tracing paired with established case investigation practices to move from not only mitigation but potentially to control measures.
- Review latest guidance regarding testing and infection control measures in longterm care facilities and improve monitoring processes at the county level to better support these facilities.
- Improve coordination of resources between the EMC, DOH and local stakeholders (including long-term care facilities);
 - resource coordination systems changed.
 - EMC processed first responder or non PPE.
 - PPE requests bypassed EMC and went straight to the DOH for healthcare and medical facilities.
- Improve communications about processes between EMC and all long-term care facilities that serve Medicaid populations; Centers for Medicare and Medicaid Services (CMS) sent requirements to exercise emergency procedures with facilities that serve Medicaid populations.
- Promote documentation within the health records, orders in electronic systems, as well as state-level tracking of race, ethnicity, and language preferences in our community. Use it to improve education and outreach to communities at risk.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

 Goals: Slow the spread of COVID-19 with continued containment and public health mitigation strategies while continually improving processes across systems.

Recommendations:

- Monitoring of Critical Hospital Bed Capacity, Ventilators, and Supplies including PPE.
- o Continue testing as noted in Crisis Intervention: Immediate Term section.
- Establish more comprehensive contact tracing at the county level in coordination with the state health center and health systems as resources allow. Expansion of efforts in this area will be region specific.
- Proactive support of high-risk congregant living settings:
 - Work to review new facilities under the jurisdiction of the State Department of Health as well as the State Department of Human Services.
 - Utilize Office of Aging Ombudsman to help facilitate local support with EMC.
 - Develop dashboard to allow clear line of sight to cases both in residents and staff.
 - Ensure clearer tracking of PPE needs in anticipation of increased cases in this high-risk environment.
- Monitoring and testing for COVID-19 along with the institution of appropriate counter- measures in high-risk populations, including communities of color.
 - Promote consistent race, ethnicity, and language preferences in labs being ordered. Coordinate with DOH, local healthcare system and state health center to ensure clearer understanding of infection patterns in high-risk populations, with the intent to more effectively respond and limit spread within our community.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

- Goals: Slow the spread of COVID-19 with continued containment and public health mitigation strategies while continually improving processes across systems.
- Recommendations:
 - Case Investigation and Contact Tracing.
 - Partner with public health partners, healthcare systems and other community partners to better coordinate identification of infection, case investigation, and contact tracing processes to allow for improved effectiveness, efficiency, data collection and analysis.
 - o Proactive support of high-risk congregant living settings.
 - Continue as noted in Impact Mitigation: Short Term section.

- Monitoring and testing for COVID-19 along with the institution of appropriate counter-measures in high-risk populations, including communities of color.
 - As noted before, data collection should facilitate early identification and appropriate countermeasures to limit the impact of COVID-19 in a culturally competent manner.
- EMC and local healthcare systems coordinate with DOH as the lead on mass vaccination planning efforts.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

- Goals: Slow the spread of COVID-19 with continued containment and public health mitigation strategies while continually improving processes across systems.
- Recommendations:
 - Case Investigation and Contact Tracing.
 - Continue as noted in Asset Activation: Mid Term section.
 - Monitoring and testing for COVID-19 along with the institution of appropriate counter-measures in high-risk populations, including communities of color.
 - Continue as noted above in Asset Activation: Mid Term section.
 - EMC and local healthcare systems coordinate with DOH as the lead on mass vaccination planning efforts

PUBLIC POLICY RECOMMENDATIONS: Short, Mid and Long Term

- With regards to the above recommendations, all processes should be established and supported in a sustainable manner as part of an ongoing strategy to prevent infection with COVID-19. In addition to responding to the pandemic, efforts should be made to promote wellness and self-care in the Franklin County community.
- The COVID-19 crisis clearly exposed our County's vulnerabilities in its ability to manage and mitigate a pandemic event. Franklin County has a population of 155,000 and it is estimated that 10% of the population are without healthcare insurance. This equates to approximately 15,500 of our residents.
- The County should evaluate and consider the creation of a Countywide health department and options to serve as a public health authority in times of a health crisis.
- Evaluate systems to plan for sustainable response and mitigation measures over time.

KEY INFORMANTS: Janet Pollard, Franklin County Visitors Bureau; Kim Crider, WellSpan Health; Nickie Fickel, WellSpan Health

Hospitality and tourism businesses are built around making people feel good and expanding their sense of well-being. COVID-19 with its spread from person to person, ensuing stay-athome orders, and limitations on gatherings impacted the hospitality and tourism sector abruptly and powerfully.

As 2019 came to a close, Franklin County's tourism sector was in a strong position. VisitPA identified 2019 as the highest-selling lodging year on record for PA lodging facilities. At the outset of the COVID crisis, VisitPA estimated travel and tourism revenue to drop to 80% of 2019 revenue.

Included in the impacts on the hospitality and tourism sector are lodging, dining, and shopping businesses as well as recreation, historic, and visitor center sites.

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

Franklin County came under a stay-at-home order on March 31 and non-essential businesses closed and only necessary travel was approved under the stay-at-home order. I-81 and the county's transportation linkage are positive contributors to the county's economy, particularly to the travel and tourism sector. COVID created an immediate decline in the dining, lodging and shopping portion of the hospitality/travel/tourism sector, but the county's accessibility to multiple transportation routes buffered the sharpness of the decline.

Franklin County's economy was healthy. The collective "downtown product of Franklin County" was a the most stable point it had been since the economic downturn of 2009. Downtowns in the five main communities of Chambersburg, Greencastle, Mercersburg, Shippensburg, and Waynesboro were welcoming new retailers and dining establishments.

The majority of the businesses had limited historical reference points to manage this type of impact on their businesses. Following the immediate disbelief, businesses went to social media, mostly Facebook, and to the business website to express concern and care for customers, the community and their employees and encouraged customers to know that they/their business would be there to support and meet needs of their customers.

What were successes and challenges

Successes:

 Timely dissemination of information to support the Hospitality Sector. Franklin County Visitors Bureau, Franklin County Area Development Corporation, the five chambers of Franklin County, and/or other community partners added:

- Specialty COVID pages to websites
- Shared opportunities for possible needs arising from COVID, i.e. PEMA and FEMA registration of hotels for use in pandemic response.
- Shared information via e-blast to inform the public sector of adaptations by businesses, specials, i.e. Takeout Blitz, CarryOutPA
- Provided information to Hospitality sector about programs, grants, and/or loans to support business and non-profits.
- Care for community was demonstrated by restaurants giving food donations. For example, Chick Fil A, Roy Pitz, and Caretti's Pizza provided meals for kids during the COVID school closure.
- Hospitality sector demonstrated adaptability and creativity in conducting business that will yield long-term value.
 - Dining establishments used social media and on-site business signage to promote selected delivery service for their business, i.e. Grub Hub, DoorDash. COVID-19 increased use of these services in Franklin County and provided an opportunity for restaurants to continue and increase this service post-COVID.
 - Dining establishments adapted menus to increase efficiencies and minimize food supply waste but offering limited choices.
 - Brick and mortar stores expanded use of Facebook to showcase products and to invite customers to shop online and set-up curbside pick-up.
- History partners and visitors bureau created virtual experiences and reached into archived online and video information to share past presentations.
- Visitors Bureau and tourism partners offered visitors reasons to keep Franklin
 County top-of-mind by offering fun activities for kids and families, ways to enjoy
 Franklin County virtually to plan for a future visit and talent sharing.
- Consumers shopped and dined at more local establishments due to travel limitations

Challenges:

- Recognizing that the Hospitality and Tourism sector is driven to people by people, the overall challenge is a process to effectively and thoughtfully balance two important elements—safety and economy.
- Some services/products cannot be virtual. Lodging requires in-person visitation.
 Without the traveler staying, employees were furloughed or put on-call. Room nights generated by the spring sports season were lost and in turn, impacted dining.
- How to give Mainstreet shops a fair chance to offer a safe customer experience and keep operative. Many small specialty shops were determined non-essential and felt challenged to maintain customers that could purchase their product line in the big-box stores that were determined essential.

Recognizing the impact a visitors center could have in circulating and recirculating COVID-19, Franklin County Visitors Bureau (FCVB) closed to the public on March 16 and began working-from-home for its staff. The focus shifted from attracting visitors to providing tourism partners with information to help sustain their business and keep the public aware of Franklin County PA as a place to visit when the time was right.

Between April 2 and April 15, FCVB called all lodging in Franklin County to confirm whether sites were open for business. At that point, only Willow Hill Motel, which is off the turnpike on Path Valley Road was closed. Also, near the turnpike in Newburg is Kenmar Motel, where FCVB was able to leave messages but did not speak to anyone.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure (since the declaration of emergency) and significant disruption

In the initial phase of the COVID Crisis, VisitPA shared a study conducted by Pollfish between April 3-11, where participants were queried for one-word that describes his/her feeling about travel. 46% said scared and 40% said uncertain. Nationally, in a study conducted by Longwoods International and Miles Partnership at this same period, 67% of travelers said COVID would impact their decision to travel in the next six months. By early June, it dropped to 46%. This phase is characterized by people feeling uncertain and transitioning more and more to a "donewith" mentality. People are wanting to move closer to home, so Franklin County's Hospitality and Tourism sector is poised to benefit from people wanting a staycation. Staycation trips are typically within 1-2 hours of home, and may or may not include overnight accommodation. Having been in-house for so much of the stay-at-home order, people want a night away. As the level of feeling secure increases, people are going to venture to smaller destinations with a good variety of natural areas and outdoor recreation. Franklin County is such a place and the Hospitality and Tourism Sector will rebound.

The major challenge is again about balance. The Hospitality and Tourism Sector needs to come back steadily and consistently. A step back to a full-out stay-at-home order will hurt the sector dramatically, so it is very important that Franklin County move forward, not backward in effectively managing the COVID crisis.

Successes:

- The good effort to get information out continued in this phase. Awareness of the network expanded and grew in effectiveness. Looking to the future, Franklin County has established the foundation for a community resource.
- Closures in the COVID period in the dining sector to early July include three chain restaurants, one catering and dining business, and one restaurant, which has sold and is currently planned to reopen.

- Hospitality sector demonstrated resiliency. Our product is small town America, and it is continuing. A prime example is Mainstreet Waynesboro welcomed a new business during COVID-19, Warner's Soda Shoppe.
- Tourism partners were able to negotiate modified rent and mortgage agreements.

Challenges:

- Keeping small businesses in the sector engaged to find out more, apply for funding, and not simply wait or pre-determine that "my business won't qualify" or "I won't qualify."
 Franklin County needs to help build small business confidence and work to expand their awareness of options.
- Reopening guidelines could be difficult to understand and written outside a realistic understanding of business operation.
- Limited or no availability of sanitizing aerosol products to make access to restrooms easier for the public. Also, the associated cost of more frequent cleaning and supplies.
- The benefits of PPP loans are ending. Businesses in this sector are looking closely at sustainability.
- Outdoor event guidelines are one size fits all. For example, tourism partners wanting to do events on 75-acre tracts are limited to 250. An area this large is safer than a shopping center parking lot with the same number of participants.
- People having a "done-with" COVID-19 mentality and not using caution.

Ironically, the "done-with" COVID mindset also stimulates people to visit. So, the Hospitality sector must be a leader in ensuring it is giving a safe, enjoyable experience because it needs visitors to continue through COVID and into post-COVID.

- Goals: Support the steady and safe reopening of the tourism and hospitality sector.
- Recommendations:
 - Continue to distribute information to consumers about opportunities to support local businesses, restaurants and recreational assets.
 - Promote and encourage use of small business loans, grants and other forms of assistance that can help tourism and hospitality partners recover and reopen.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

VisitPA conducted another study from July 6 to July 10, using Pollfish. In this study, consumers are feeling more prepared than when initially surveyed and are beginning to feel ready to get

back to engagement. Those seeking to travel are looking at August as a prime opportunity to travel because it is viewed as an opportunity before a chance of resurgence. With that, many consumers see fall more conservatively. Overall, those surveyed are looking to late winter and early spring as an opportunity to come out and enjoy experiences.

In the same survey, when asked what would motivate them to travel, consumers said availability of a vaccine and capacity to have a safe and healthy experience with the capacity to social distance. Health and safety are outpacing cost concerns. The consumer market is seeking trust and responses showed that consumers are more trusting of their own community. 67% surveyed are seeking safe attractions/experiences with good protocols.

VisitPA also noted that economy lodging is returning more in this phase of COVID as travelers seek outdoor access into rooms without the need to walk through corridors and multiple hallways. Also, noted was that young males are among the top traveling groups and seek out economy lodging.

Franklin County's outdoor experiences, proximity to major transportation routes, plentiful agritourism businesses, and moderate lodging venues will support the beginning of tourism recovery.

- Goals: Support the steady and safe reopening of the tourism and hospitality sector.
- Recommendations:
 - Franklin County Visitors Bureau will survey dining, lodging, shopping, recreation, and historic partners to detail more impacts.
 - Promote and encourage use of small business loans, grants and other forms of assistance that can help tourism and hospitality partners recover and reopen.
 - Prioritize hospitality sector businesses for the existing business relief grant programs that are being created at the local and county level.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

- Goals: Support the steady and safe reopening of the tourism and hospitality sector.
- Recommendations:
 - Franklin County Visitors Bureau will survey dining, lodging, shopping, recreation, and historic partners to detail more impacts.
 - Promote and encourage use of small business loans, grants and other forms of assistance that can help tourism and hospitality partners recover and reopen.

 Prioritize hospitality sector businesses for the existing business relief grant programs that are being created at the local and county level.

PUBLIC POLICY RECOMMENDATIONS: Short, Mid and Long Term

• Advocate to the state and federal level for hospitality support and that meets the needs of small businesses, not the larger retailer.

LAW ENFORCEMENT

KEY INFORMANTS: Matt Fogal, Franklin County District Attorney

CRISIS INTERVENTION: IMMEDIATE TERM *Timeline: 45 days from the start of the crisis*

What were successes and challenges?

Successes:

- DA's Office communicated with LE immediately regarding the status of court proceedings and limits on the number of persons/hearings in court, due to the Judicial Emergency Order (and subsequent supplements), and sought feedback on LE agencies' operational footprints and needs. DA's Office detectives were made available as necessary to backfill LE officers.
- DA's Office worked diligently with the court, County, Adult Probation Office and jail in order to maintain a safe and secure jail. Thoughtful decisions on releases were made on an individual basis, and we were able to clear a quarantine unit.
 Very open lines of communication were maintained (including with the Sheriff's Office) concerning newly booked inmates presenting from outside jurisdictions, or presenting with health challenges.
- LE agencies immediately triaged basic law enforcement operations, and complied with CDC guidance regarding PPE.
- DA's Office kept a very small personnel footprint in the office suite and had most individuals working remotely from mid-March onward.
- General public compliance with quarantine guidance and shutdown, and lack of need for LE intervention/enforcement.
- DA's Office reminded LE agencies of existing MOUs.
- Law enforcement agencies altered schedules and internal procedures to mitigate exposure.
- Per County collaboration and consistent with the ongoing limits of the Emergency Judicial Order, 6 ADAs were furloughed.

Challenges:

- Technical equipment to work from home.
- Business process to work from home.
- General confusion on the process of which businesses were essential/lifesustaining, and/or small pockets of general resistance to the concept of business shutdowns.
- Recommendations for improvement:
 - Technical equipment should be purchased in order to meet potential similar challenges in the future.

IMPACT MITIGATION: SHORT, MID and LONG TERM

Timeline: 2-4 months from closure and significant disruption

LAW ENFORCEMENT

- Goals:
 - o Safe and thoughtful reopening.
 - o Containment of virus.
- Recommendations:
 - o Clear guidelines for reopening and adherence to them.
 - o Leadership.

PUBLIC POLICY RECOMMENDATIONS: Short, Mid and Long Term

• Local and national political leadership which speaks truth and calls for shared sacrifice and unity.

LOCAL GOVERNMENT

KEY INFORMANTS: Carrie Gray, County Administrator

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- Moving to tele-work immediately.
- County Commissioner meetings moved to virtual.
- County services continued with little disruption.
- County departments collaborated with community partners to maintain communications and to identify strategies to address community response to COVID-19.
- Emergency Management Services department was actively engaged with PEMA,
 FEMA and local stakeholders about plans and resources.
- State Associations provided important information and guidance.

Challenges:

- County pandemic plan was vague (for example, remote work was not mentioned).
- County Code and other regulations (CDBG/DCED, etc.) did not address holding virtual meetings.
- The lack of a clear public health authority created confusion about how to responds and what messaging to communicate to the community.
- Regular and reciprocal participation from EMS and health care system representatives could have helped with emergency response planning efforts.

• Recommendations for improvement:

- Revise County Code and other regulations (or receive authorization) to be more flexible with meeting formats.
- Develop a communications plan that includes text alerts, Robo calls and traditional mail (to reach rural and/or vulnerable populations without internet access).

IMPACT MITIGATION: Short Term

Timeline: 2-4 months from closure and significant disruption

Goals:

- Research and communicate steps for recovery and reopening for Yellow, Green and All Clear phases.
- Assess impact of COVID-19 to County operations.

Recommendations:

LOCAL GOVERNMENT

- Work with municipalities to develop a matrix of possibilities and needs based on the timeframe.
- Create a recovery task force to assess the community response to COVID-19.
- Facilitate the distribution of local, state and federal funds to mitigate the impact of COVID to local municipalities, businesses, non-profits and organizations.
- Survey local municipalities to better understand the impact of COVID-19 and identify needs /gaps.
- Develop recommendations and best practices for municipalities to begin restoring suspended services, notably inspections, reporting and other mandated activities.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

• Goals:

- Continue discussions with County Department heads to project COVID-19 impact and lingering effects on municipal services.
- o Identify cluster issues for strategic grant funding requests.

Recommendations:

 Work with Municipalities to identify topical areas where grant funding is needed and consider having the County apply for a block of funds on behalf of the municipalities.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

Goals:

- Enhance continuity planning at the municipal level.
- Improve technology resources available to local municipalities.

Recommendations:

- In partnership with municipalities, develop a template for a municipal continuity of government plan to provide an easy way for municipalities to have a plan, and in the process learn more about their issues and concerns.
- Create a technology sharing resource for municipalities to expand their capabilities.

PUBLIC POLICY RECOMMENDATIONS: Short, Mid and Long Term

- Improve communications with elected officials and community stakeholders.
- Purchasing Consortium for PPE, business supplies for reopening (screens, signage, hand
- sanitizer, etc.)
- Provide federal and state funding to support municipal needs and operations.
- Expand broadband internet access in the community to support economic recovery and create more equitable access for all populations.
- Provide technical assistance for continuity planning.

LOCAL GOVERNMENT

• Explore creation of a public health department and or formalize the relationship between the County and PA DOH to appoint a local authority during a crisis

KEY INFORMANTS: Jim Cramer, Pen-Mar Regional Association of Realtors; Mike Ross, Franklin County Area Development Corporation

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- Real estate practitioner's capability to adapt to telework with virtual showings, etc.
- Retail
 - The restaurants who had existing drive-thru facilities quickly benefited until other restaurants integrated delivery & curbside pickup.
 - Banks were able to continue business utilizing drive-thru.
- Office
 - Due to technology most office users, excluding Medical, were able to work remotely.
- Industrial
 - Most industrial users were deemed essential and business continued as usual, with some e-commerce distributors seeing sharp increases in sales.
 Some industrial users required hiring additional staff to support the increased demand.

o General

- Some companies quickly pivoted their operations in support of COVID-19 mitigation & relief and provided new products and services.
- Banks in many cases provided temporary cash flow relief in the form of payment forbearance, for borrowers and tenants impacted by COVID-19.
- Digital video and audio communications, such as Zoom, WebEx, and other tools have generally replaced the need to meet face-to-face.
- The shift to teleworking, especially in urban areas like the Washington, DC beltway, is expected to result in accelerated relocation from densely populated areas to less populated areas, i.e., Franklin County. The residential relocations are expected to have a significantly positive impact on new housing starts

Challenges:

- Facilitating real estate transactions is difficult to do without in-person activity.
- Retail
 - Unless designated as an "essential business" most retailers were negatively impacted. Several Essential Retailers experienced an increase in sales, especially since most of the other retailers were not prepared for

e-commerce to deliver their product (ie: Retail-Apparel). 70+% of the national retailers did not pay their April 2020 rent.

Office

 Since most businesses shifted to working remotely, many are evaluating the value of telework and keeping it an option for employees indefinitely.
 This will impact the need for commercial office space going forward.

Industrial

- With increased demand for e-commerce most were not prepared for the immediate need to hire more employees to fulfill online orders at a time most were receiving better pay through unemployment.
- Some manufactures that supported other suppliers / assemblers of Essential products, were not initially identified as an essential business.

General

- The Commonwealth's determination process for what businesses were essential and non-essential was short-sighted and confusing. Waiver decisions were consistently inconsistent and exacerbated supply chain challenges.
- Shortages of personal protective equipment and supplies have been a challenge. Hand sanitizers, cleaning supplies, paper products, etc. have been in short supply.
- The Commonwealth mandated limitations on appraisal activity, property inspections, property showings, and settlement agents prevented real estate transactions.
- Real estate agents were not allowed to conduct "in-person" meetings, including visiting vacant spaces or properties, which precluded them from being able to use virtual tools.
- The blanket prohibition on foreclosures and evictions prevented property owners from enforcing tenant default language.
- The impact of COVID-19 on property values has yet to be determined.
- Commercial real estate investors and commercial lenders are concerned about the impact to their businesses. Banks are holding tens of millions of dollars in secured loans in which the collateral value of their security has likely been negatively impacted significantly as a result of Covid.
- Appraisers, who will be at the forefront of the recovery, are going to have difficulty assigning values.
- While Congress was well intentioned, there should never be legislation that incentivizes employees to stay at home-\$600 per week for dislocated workers. The enhanced incentive has made it more difficult for employers to recall their workers.

 The constraints arising from COVID-19 have impacted the working practices on construction sites where social distancing will need to be implemented and managed as additional costs will be incurred.

• Recommendations for improvement:

- On May 19th, Governor Wolf signed an executive order allowing for in-person real estate activity across the Commonwealth. From March 19th through May 18th in-person real estate activities were prohibited through the entire commonwealth. We need to ensure that if there is a resurgence of COVID-19 that leads to a future government shutdown that real estate is on the list of as a life-sustaining industry.
- o Explore options for the County and local non-profits to provide rental assistance.
- The Commonwealth's determination of "essential businesses" and waiver processes needs to be improved.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

- Goals: Support real estate community as they restart and reopen during recovery.
- Recommendations:
 - Facilitate the safe reopening of all businesses as soon as possible to stave off the termination of purchase agreements on industrial properties.
 - Elected officials should encourage compliance while working together to advocate for necessary policy changes. The pandemic has been politicized at the cost of our health, economy and democracy.
 - Bring together cross sector and community development associations
 (economic, realtors association, bar association, manufacturers association, etc)
 to advocate for progress and cooperation among policy-makers.
 - Provide CARES Act grant funding, hazard pay grant, rental assistance programs to eligible stakeholders.
 - When businesses we determined to be essential or non-essential, construction should have been "essential" as contractors were needed to retrofit facilities to ensure that businesses could plan for reopening.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

- Goals: Support real estate community as they restart and reopen during recovery.
- Recommendations:
 - Equip real estate practitioners with regulatory guidelines related to reopening, recovery, and social distancing to protect their guests and workers.

- Publicly promote safe measures are suitable and necessary to reengage the workforce to overcome their uncertainty and fear.
- Wide dissemination of a vaccine as one becomes available.
- Provide CARES Act grant funding, hazard pay grant, rental assistance programs to eligible stakeholders.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

• Goals: Support real estate community as they restart and reopen during recovery.

Recommendations:

- Develop a list of all manufactures, what they produce, what they could produce in a pandemic, and have a prepared plan to implement a redirection of goods being manufactured when needed in the future.
- Develop a list of all businesses (Essential & Non-Essential) and evaluate how these businesses may safely operate during any pandemic.
- Develop resources to further educate small businesses, for every industry, on best practices to create safe working environments.
- Assess internet services and broadband capability to ensure access to enable teleworking, online education and communications.
- Greater utilization of robotics, where possible, to reduce the risk of social transmission of disease through close working quarters.

PUBLIC POLICY RECOMMENDATIONS: Short, Mid and Long Term

- Monitor real estate (commercial and residential activity) economic indicators and assess rate of recovery.
- Create statewide online portal of all business, by use classification, with approved procedures that will allow all businesses to operate during a pandemic.
- Permanent implementation of remote notarization, improvement of e-recording procedures, and acceleration of response times on remote filings at PA Department of State. Ensure all county records are accessible to allow title companies to provide title insurance.
- Evaluate options for alternative care sites with the goal of caring for low-acuity COVID-19 patients (hotels, schools, dorms, etc) to prepare for a worst-case scenario.

KEY INFORMANTS: Sue Marshall, AGAPE Program (King Street Church); Amanda Keefer, Franklin County Housing Authority; Maria Banks, Chambersburg Area School District; Carolyn Clouser, WellSpan Health; Ed Franchi (Keystone Health); Kim Crider, WellSpan Health; Nickie Fickel, WellSpan Health, Noel Purdy, WellSpan Health

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- Effort to mobilize community groups to come together to reach vulnerable populations through Healthy Franklin County.
- Keystone Health and WellSpan Health quickly responded to provide COVID testing sites and to provide needed health care services (including mental health services) in person and virtually.
- Most service providers were able to modify their operations to deliver services virtually to vulnerable populations.
- Keystone Health stood up downtown testing site to increase access to Hispanic community in downtown Chambersburg (downtown Chambersburg had the most positive COVID cases).
- Door-to-door canvassing efforts to educate businesses and residents in downtown Chambersburg about COVID resources, social distancing and public health education (in English and Spanish).
 - Targeted efforts to distribute public health education fliers to Hispanic grocery stores and bodegas to distribute to customers.
 - Targeted canvassing efforts to reach residents in downtown
 Chambersburg with fliers about the red and yellow phases including emergency resource information (how to access care/obtain COVID test, mental health resources, food resources, 2-1-1, etc).
 - Targeted canvassing effort to inform residents in downtown Chambersburg about the Keystone Health downtown clinic.
- Relationships formed and reconnections with groups who weren't connected before.
- WellSpan Health Community Services reached out to safety-net providers and non-profits serving vulnerable populations to assess their needs and maintain communication loop.
- Community efforts to procure supplies and redistribute to populations in need (face masks, sanitizers, etc.).
- Building relationships with Hispanic stakeholders that were not in place prior to COVID; Healthy Franklin County formed a Hispanic stakeholders group which evolved into a Health Disparities task force.
- Franklin County Housing Authority canvassed the neighborhoods/residents they serve with social distancing education and resources on a regular basis.

- Healthy Franklin County food security task force mobilized quickly to:
 - Monitor operations of emergency food providers and create communitybased fliers to promote them as well as congregate meals sites, backpack programs, etc.
 - Recruit volunteers to help Office of Aging with meals delivery to homebound clients
 - Raised funds for and created an emergency food distribution program with MILPA and Network Ministries for COVID positive individuals and their families or those who lost their jobs due to COVID.
 - Designed a grocery shopping and delivery pilot program with Franklin County Housing Authority for their senior residents who are homebound.
- Healthy Franklin County created a webpage with public health mitigation education and community resources for COVID-19.
- United Way of Franklin County created a resources hub for community members and partner agencies looking for resources, volunteers and education and information about COVID.
- Philanthropic community created emergency funding resources.
- WellSpan Health created a homeless shelter protocol to assist those without stable housing and or could not safely quarantine in a congregate living facility.
- Franklin County Office of Aging was able to continue to provide meals programs to homebound seniors and provide check-in calls on a regular basis of their clients.
- First Start Partnerships reached out regularly to their families to assess their needs and help make referrals.

Challenges:

- Downtown business groups needed more contacts for outreach to Hispanic business owners.
- A more refined outreach strategy to reach the Hispanic community is needed.
- o Inability to test individuals without symptoms (COVID, antibody tests, etc).
- o Lack of a formal relationship with the Hispanic community.
- Not being able to communicate public health messaging to all affinity groups;
 affinity groups were limited to the Hispanic community and messages needed to be differentiated to meet the needs of all populations
- WellSpan Health and Keystone Health could better coordinate efforts with each other with regard to reaching vulnerable populations, incident command communications, etc.
- The lack of a public health authority in Franklin County caused confusion in the community.
- Lack of data to recognize health disparities in communities impacted by COVID-19
- Lack of a comprehensive outreach strategy to promote health and safety guidance to communities of color and essential-workers.
- Many long-term senior care facilities experienced high rates of positive COVID cases and likely needed more support and resources.

• Recommendations for improvement:

- Develop a culturally competent, comprehensive approach (and communications strategy) to reach vulnerable and minority populations.
- Work to build standing relationships with the Hispanic community.
- Keystone Health and WellSpan Health should create a joint plan of action to respond to a public health crisis, particularly with outreach to vulnerable populations (messaging, education, outreach, and coordination of services).
- Emergency response planning efforts should include a more diverse group of stakeholders including those who serve vulnerable populations.
- Track ongoing cases, testing and outcomes disaggregated by race, ethnicity, and other socio-economic statuses to understand where immediate resources are needed.
- Connect displaced workers during the pandemic with resources to navigate unemployment, identify a new job, childcare support, training opportunities, access food and household services.
- Lack of public support of all essential workers, transit workers, retail clerks, housekeeping, food processing etc. that were more likely to have been experiencing income and health challenges and been part of a vulnerable population pre-COVID-19.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Goals:

 Safely re-open the local economy, by minimizing risk of new infections for all community members, including vulnerable populations that are more likely to be in high contact or essential positions by following CDC and PA DOH guidelines.

Recommendations:

- Canvass communities and neighborhoods with vulnerable populations to distribute public health mitigation education, mental health resources, etc.
- Provide local, state and federal funds and assistance to maintain housing and food security.
- Organize pop-up outreach events to reach vulnerable populations with public health education and tools.
- Form a messaging and solidarity work group to create and distribute continued public health messaging throughout recovery.
- Healthy Franklin County to create Franklin Forward Task Force to assess community response to COVID-19 and make recommendations.
- Healthy Franklin County continue to convene community partners to monitor and address community needs and respond accordingly.

 Provide CDC and PA DOH guidance and resources on safe workplace practices and technical assistance as appropriate by local medical and infectious disease control experts.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

Goals:

- Provide equitable support and recovery assistance incentives to businesses and non-profits to support recovery and reopening.
- Leverage Healthy Franklin County network to reach all populations about continued public health education and mitigation efforts and community resources.

Recommendations:

- Develop and launch recovery grants and loan programs to administer CARES Act funding.
- Continue to promote and share resources with community partners and community members about public health mitigation strategies, emergency resources and local, state and federal resources to help vulnerable populations.
- Provide internet and broadband access to vulnerable populations and communities to mitigate further resources and access gaps.
- o Promote mental health resources and services on an ongoing basis.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

Goals:

 Support ongoing re-opening and recovery efforts to minimize impact to vulnerable populations.

Recommendations:

- Create a process to share social determinant of health EPIC data between Keystone Health and WellSpan Health to coordinate strategies to better serve vulnerable populations together.
- o Promote mental health resources and services on an ongoing basis.
- o Increase outreach to vulnerable populations regarding insurance access due to unemployment during COVID.
- Support safety-net providers and non-profits with greater collaboration and public/private partnerships.

- Support the broadband internet expansion policy, ensuring equal access for all.
- For the Commonwealth's Insurance Commission to create a more robust marketplace to ensure coverage for newly un-insured individuals.
- To analyze and determine impact of House Bill 2510, the Senior Protection Act to Safeguard At-Risk Seniors focusing on funding for long-term care facilities to determine the impact on Franklin County seniors and other vulnerable populations.

KEY INFORMANTS: Mike Ross, Franklin County Area Development Corporation; Amy Hicks, United Way of Franklin County; Amy Weibley, United Way of Franklin County; Annette Searfoss, First Start Partnerships; Carrie Gray, Franklin County Administrator; Tod Kline, Waynesboro Area School District; Robin Harmon, CareerLink; Megan Schreve, South Central Community Action Programs; Janet Pollard, Franklin County Visitors Bureau; Janice Daulton, Buds of Promise; Kim Crider, WellSpan Health; Nickie Fickel, WellSpan Health

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges:

Successes

- Local business groups (Chambers and Franklin County Area Development Corporation) adapted quickly to inform their respective stakeholders about CDC guidance and business resources and assistance.
- Activate diverse groups of community stakeholders to support emerging needs, for example, to raise emergency funds, make masks, find volunteers, deliver food to seniors, etc.
- Relationships that have been forged or connected out of the ensuing crisis.
- Small businesses were able to access resources very quickly if you were aware of them.
- 2-1-1 good for getting information out to the community.
- Information, resources and supplies sharing amongst community businesses and organizations that traditional would not have been engaged if not for the pandemic.

Challenges

- While business assistance programs and incentives worked to some degree, more energy should have been directed to assess needs and impact to have a better understanding of them before pushing out resources.
- Announcements of resources were way out ahead of the soft infrastructure and necessary intermediaries/partners to facilitate delivery of funds to communities.
- Lack of coordination between state and federal entities regarding recovery incentives and their respective guidelines, benefits, eligibility requirements and processes.
- Guidelines have changed consistently. Hard to assess who got what and their needs.
- DCED waiver system and guidelines were inconsistent and changing constantly;
 caused confusion and frustration.

- Recommendations for improvement:
 - Better alignment between state and federal governments.
 - o Improve preparedness model and plans at federal, state and local levels.
 - Invite policy makers to engage with advancing systems change.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Financial resources for employers and individuals was a prevailing concern from the start of the crisis. National averages suggest the average small business has access to \$12,000 and can float the businesses for up to 27 days.

Banking institutions moved with varying speed to address concerns of existing customers through voluntary deferments.

The federal and state government moved to create access to financial programs for employers such as the SBA's Paycheck Protection Program, and the Commonwealth Working Capital Access Program.

Goals:

- o Expedite education, awareness, and information sharing.
- Provide access to financial support resources for businesses, organizations, and individuals.
- Provide business continuity planning to weather the economic disruption.
- Assess economic impact to industries and individuals to help guide policy and programmatic priorities.
- Increase outreach efforts and build relationships with small businesses (including minority - owned businesses) to increase access to working capital and resources.

Recommendations:

- Create a strategy (decision tree) about promoting various business and financial resources to vulnerable small business owners who are not affiliated with traditional, membership-based business associations.
- Establish an ongoing ability to provide economic modeling and assessment across industry sectors and individual demographics to adequately prioritize limited resources.
- Assess needs/abilities/barriers of non-English speaking and minority-owned businesses to access loans.
- Provide CARES Act grant funding, hazard pay grant, rental assistance programs to eligible stakeholders.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

Goals:

- Support business community as they restart and reopen during recovery.
- Utilize CARES funding made available to Franklin County for the creation of a Small Business Recovery Grant Program.

Recommendations:

- Equip business sectors with regulatory guidelines related to reopening, recovery, and social distancing.
- Continue to provide financial restart resources to businesses and organizations (CARES Act grant funding, hazard pay grant, rental assistance programs)
 - Develop a strategy to deploy assistance and resources to vulnerable businesses, specifically those unable to access financial resources such as the SBA and PPP program.
 - Ensure resources are made available in multi-languages.
 - Develop a Restart Main Street strategy to assist the commercial viability of our main street communities throughout Franklin County.
 - Unveil Small Business Recovery Grant Program. (Small business defined as a for profit operation having less than 100 employees.)
- Connect dislocated workers with employment and training opportunities; upskill the workforce.
- Support non-profit and safety-net sectors services organizations.
- Monitor childcare sector as it will drive restart of the economy.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

Goals: Support business community as they restart and reopen during recover.

Recommendations:

- Monitor Manufacturing, Healthcare, and Construction economic indicators and assess rate of recovery in primary sectors.
- Develop a mechanism to track employees dislocated by the COVID-19 crisis and their return to employment.
- Create economic data dashboard to track impact of COVID on the local economy from pre-pandemic through recovery.
- Monitor out-migration patterns from metro areas into Franklin County as a result of increased telework opportunities.

- Continue to utilize Franklin County Area Development Corporation to deploy financial resources to support business growth.
- o Leverage and align County's Economic Action Plan and COVID response planning.
- Monitor high-priority occupation (healthcare, warehousing, logistics, grocery workers) needs and adapt education and training delivery systems as needed.

- Advocate for additional federal stimulus funds for Franklin County.
- Advocate for federal and state funding programs that benefit businesses of all sizes, including micro-enterprises with five or fewer employees.
- Advocate for federal and state investments in broadband infrastructure to close the digital divide and ensure Franklin County remains competitive.
- Create or designate a diversity and equity office or officer at the county level to advocate for equitable response and recovery now and during future disruptions.
- Office of Immigration at the County level to help new residents to establish themselves.
- Advocate for workforce development dollars to meet employer needs.
- As the economy rebounds, continued investment in critical infrastructure such as the transportation network, electric grid and water and sewer lines is essential.

KEY INFORMANTS: Tod Kline, Waynesboro Area School District; Annette Searfoss, First Start Partnerships; Janice Dalton, Buds of Promise

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- o K-12 Education
 - Partnering with area businesses and organizations to share information about open programs for employers and essential employees.
 - Sharing of tools and tips on how to educate children and students virtually among sector and peer groups.
 - Communication from county and local governments with superintendents.
 - Response and coordination from Emergency Management and superintendents.
 - Agility for school districts to shift to remote learning.
 - Ability to focus on nutritional needs for student learners.
 - Response from school districts to donate supplies.
- Early Childhood Education (in addition to above)
 - First Start Partnerships for Children and Families (Head Start/Early Head Start/Pre-K Counts)
 - Partnership with school districts to provide for nutritional needs of 712 children ages 0-5 through their food program
 - Partnership with Healthy Franklin County members to communicate programs available for 2020-21 school year to ensure continued education for eligible children and families
 - Flexible reporting/accountability from funders with continued stable funding (as well as funding for COVID-19 response)
 - Programs who were able to secure a waiver to continue to operate during the period of mandated closure and serve the childcare needs of essential workers
 - Programs who were able to sustain their businesses during the period of mandated closure and reopen in the "yellow" phase
 - Programs who were able to sustain their businesses during the period of mandated closure and reopen in the "green" phase
 - Assessing program strengths and needs with regards to health and safety procedures in place prior to COVID-19, assess strengths, and "ramp up" policies and procedures to align with recommended guidance from CDC, PA Department of Health and OCDEL
 - Payment of the state subsidized childcare reimbursement, based upon enrollment of approved subsidy families as of March 13, 2020

 Development of a Child Care Facility COVID-19 Health and Safety Plan to assess, evaluate, and plan for program strengths and areas for improvement to address policy and procedural changes

Challenges:

- K-12 Education
 - Ever-changing guidelines from the federal and state governments weakly communicate mixed messages.
 - Lack of clarity from the state/PDE regarding school closures, ECE programs and associated protocols.
 - The communication between government officials and local school districts.
 - Information overload for districts and providers to disseminate to families and community.
 - Little direction (only vague guidance) from government (PDE).
- Early Childhood Education (in addition to above)
 - First Start Partnerships for Children and Families (Head Start/Early Head Start/Pre-K Counts) had some staff experience challenges with working from home while their children were with them
 - Family/staff confusion on applying for resources available
 - Mandated closure with little to no notice
 - Loss of income
 - Furlough of teachers and staff
 - Having financial resources and capacity to sustain the closure
 - Keeping up to date with the ever-changing information and recommended guidelines
 - Communication with teachers, staff, families, and children
 - Technology barriers to connect with teachers, staff, families, and children
 - Creating policies, training staff, educating families virtually and through written communication
 - Overcoming anxieties and fears of returning to work and group care
 - Remaining current with regular licensing and STARS requirements while centers were closed (clearances, training, maintaining required paperwork, health assessments (child & staff), collecting and maintaining child immunization records, etc.)
- Recommendations for improvement:
 - K-12 Education
 - Establish a clear foundation of resources to provide providers and districts with guidance on procedures and safety guidelines that can be shared with learners and families.
 - Increase communications between government officials and school districts.

- Explore the option of establishing a county-wide health response protocol to centralize information for districts and providers in support of decision making.
- Assure an Education & Childcare representative for emergency management.
- Identify contingency plans for stockpiles of equipment that is accessible and affordable.
- Build in more Agility through systems and process improvements.
- Continue peer and sector-based communications to help provide best practices on resources on navigating layoffs, restart efforts and more.
- Strengthen communications among school districts and ECE providers (in process).
- Leverage shared training resources.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Goals:

- K-12 Education
- Continue offering quality educational, recreational and enrichment opportunities given restrictions under mitigation phases.
- Strengthen distribution of resources for learners and families.
- Support ongoing contingency plans for reopening.

• Recommendations:

- Provide clarity of attendance and truancy protocols upon return to school year from magistrates since some may elect not to attend.
- Improve access to IT equipment and internet access for employees and families (school districts could open school parking lots for learners to access internet access and have purchased additional hotspots for learners). In addition, districts could work with local governments and agencies to place hotspot and internet access points to reach more remote learners for internet access).
- Provide training resources to ensure employee's ability to utilize technology for teaching students and connecting with families.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

K-12 Education

Goals:

- Define plans for reopening and possible recurrence of COVID-19 in school districts.
- Identify sources for enhanced remote learning solutions for areas with limited access to the internet across the county.
- Establish contingency plans for transportation coverage in school districts.

Recommendations:

 County to communicate emergency management protocols to support school district planning.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

K-12 Education

Goals:

- School districts can reopen safely.
- Clear guidance is available for districts.
- Access to PPE and additional safety resources.
- Facilities have sufficient workers.

Recommendations:

- Distribution of a COVID-19 vaccine once developed care for essential workers and providers to ensure families' and employee safety.
- Maintain up to date points of distribution plans for school districts.
- Re-evaluate county-wide recovery plan to ensure recommendations are active and stakeholders are aware of the information.
- o Enhanced support from Children & Youth due to likely increased abuse reporting rates upon reopening of school.
- Shared services for bulk purchasing of PPE and cleaning supplies.

- Adjustments to the school code, such as required seat hours and the amount of money districts are required to pay for cyber and charter tuition.
- Provide more ability for school districts to open transportation contracts to make significant changes to reflect any future school closures.
- Establish defined roles of the county and its administrative offices in matters of emergency for stakeholders.
- County to work with broadband providers for investment in technology infrastructure and connectivity access for areas with limited access to internet across the county.
- Coordination among government recovery plans to eliminate duplication of efforts and provide clarity on protocols (State and Local).
- Work with State Health Bureau to assess mandate of vaccines when available.
- Equitable distribution of stimulus funding.
- Assure school codes and regulations reflect the PDE requirements for development of mandated plans (ex. 180 day/990 hours when planning an AB schedule or any other type of reopening plan).

KEY INFORMANTS: Amy Hicks, United Way of Franklin County; Amy Weibley, United Way of Franklin County; Sonja Payne, Shippensburg Community Resource Coalition; Denise Esser, Waynesboro Community and Human Services; Annette Searfoss, First Start Partnerships; Carrie Gray, Franklin County Administrator; Robin Harmon, CareerLink; Karen Johnston, Healthy Communities Partnerships; Sheri Morgan, Mental Health Association of Franklin County; Kelly Goshen, Keystone Health; Stacie Horvath, Franklin County Human Services; Kim Crider, WellSpan Health; Nickie Fickel, WellSpan Health

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes

- Collaboration: Pre-existing relationships led to easier collaborations to get work off the ground and help everyone pivot.
- Healthy Franklin County: Key community stakeholders were in place and/or easy to activate through Healthy Franklin County, which adapted its task force and organizational structure to respond to community needs due to COVID. Weekly calls, especially early on, allowed awareness of emerging issues so that all parties could brainstorm solutions.
- O Zoom and video platforms: Quick adaptation to video conferencing allowed work communication to continue and expand. Boards, committees and emerging workgroups could work together almost seamlessly and inexpensively. This also saved enormous amounts of time that would have normally been spent running between and securing meeting spaces.
- Social media: Social communications have allowed nonprofits to cut across communities, helping us reach new audiences and spread news quickly.
- Funding opportunities to support non-profits and their clients and stakeholders:
 - Payment Protection Program through federal government
 - WellSpan Health Slow the Spread Grants for non-profits
 - United Way Community Crisis Response and Recovery Fund
 - Shippensburg Community Resource Coalition Gift Card program
- Majority of non-profits were able to adapt to continue to provide some services, focusing on providing basic needs.
- Healthy Franklin County website housed a variety of emergency and public health resources for community partners and residents.
- United Way of Franklin County website provided a variety of resources for nonprofits, residents looking to volunteer or assist with community response efforts and more.
- Grass roots efforts mobilized to distribute information about the Keystone
 Health downtown clinic to downtown residents and continued public health
 information and emergency resources by canvassing downtown Chambersburg.

Challenges

- Political divide: Increased political contention, fueled by groups identifying along party lines have created distrust that is breaking down basic trust and communication. A lack of dialogue that allows for compromise or middle ground turned a health crisis into a political battleground, discrediting both parties.
 Social Media is increasing this divide by its very design—individuals experience an echo chamber that entrenches thought patterns.
- Lack of community emergency planning: Groundwork for community response
 to emergent situation that would cross all sectors is outdated/non-existent. Early
 in the crisis we had to spend time to figure out which organizations were
 positioned to take on specific tasks because this had not been designed
 effectively pre-crisis. A long-range community plan, with financial support for
 building capacity where needed would be ideal.
- Supply chain issues: With some needed items and supplies in short supply, many disruptions occurred with created barriers to providing in-person services.
 Without proper PPE, cleaning supplies and thermometers it was a challenge to provide services for many while meeting CDC guidelines.
- Equity: There is a concern that not all members of the community were adequately served, yet we could not seem to identify sources of data to reference. Agreed upon language/method to track and share access data that is also socially acceptable is needed. 2-1-1 may be apt to help with this across community programs and including health systems.
- Boys and Girls Clubhouse was closed.
- Mental Health Association of Franklin and Fulton Counties didn't have the technology needed to provide telehealth services online or over the phone nor was it able to provide telework options for their employees.
- While Health Franklin County and the United Way of Franklin County stood up webpages with a variety of critical resources, a more coordinated communication strategy should be created that reaches all populations. Central location for emergency resources that is accessible to all.
- There was not a clear public health authority or body that could or would communicate about how the community was responding to the crisis.
- The local public health office is staffed by public health nurses; it is not a fully operating public health department.
- There was not a coordinated effort in the region or the State about how to respond to the crisis. Keystone Health and WellSpan Health were providing testing and did their best to work with community partners to educate the community about how to access care and how to slow the spread with public health messaging and trying to get tools and resources into the hands of those who needed them, especially vulnerable populations.
- WellSpan Health and Keystone Health could better coordinate efforts with each other with regard to reaching vulnerable populations, incident command communications, etc.

There was no unified messaging across all sectors.

• Recommendations for improvement:

- Begin work to build trust and relationships that cross political divides and enhance communication so that the community can act as a whole and not as segments.
- Create an ongoing group to bring providers together in planning for community emergencies and agree upon how organizations can work together. Fortunately, this particular emergency did not erode basic infrastructure, beyond supply chain issues.
- Form a workgroup under Franklin Forward to address solidarity and messaging throughout the pandemic, reopening and recovery efforts.
- Research how other communities without a clear public health authority received and disseminated information.
- County Emergency Management Services should include more sectors with their planning processes and resources to include but not limited to the following:
 - Public information officer who makes regular announcements to the community.
 - Point-people who would be responsible for sharing key-information with their nonprofit partners/sectors to ensure wide-spread dissemination of information.
 - Funeral homes should be included in county-wide emergency response efforts. Make sure they are involved in the future.
- Forward planning should include planning for adapting supply chain- medical supplies, food, etc.
- Develop communication strategy for when closures are announced that can be followed/adapted by nonprofit organizations and small businesses.
- County advocate for separate funding streams for nonprofits within SBA loans and other state and federal funding.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

• Goals: Support the reopening and recovery of the non-profit community to ensure safety of staff and clients.

Recommendations:

- PA Department of Health provides clear guidelines for restarting that are consistent with state/federal guidelines.
- County EMS develops bulk purchasing strategy to assist small businesses and nonprofits with access to PPE to save time and costs.
- Healthy Franklin County to create Franklin Forward Task Force to assess community response to COVID-19 and make recommendations.

 Healthy Franklin County continue to convene community partners to monitor and address community needs and respond accordingly.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

• Goals: Support the reopening and recovery of the non-profit community to ensure safety of staff and clients.

Recommendations:

- Utilize local, state and federal resources to provide non-profits with funding and supplies to provide continuity of services in a safe and efficient manner.
- County to partner with local intermediaries to administer \$14MM federal CARES
 Act allocation to the community to include the non-profit community.
- Healthy Franklin County and Franklin Forward continue to identify impacts of the pandemic on the provision of essential services.
- Healthy Franklin County and Franklin Forward to catalogue strategies created during COVID to reach vulnerable populations and create a plan for future use.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

• Goals: Reduce the loss of services that the non-profit sector provides and plan for sustainability while meeting the diverse needs of the community.

• Recommendations:

- o Investment in communication infrastructure, especially 2-1-1.
- Increase access to broadband internet access so employers, schools and families can pivot to telework or online education more quickly should the need arise again. This kind of infrastructure is valuable for improving access for families and improved visitor experience in downtown spaces, improved commerce, etc.
- Increased investment into community food resources, mental health, and shelters.
- Assess impact of COVID on the non-profit community with a survey.
- Leading grant-making organizations (such as Summit Endowment, WellSpan Health and the United Way of Franklin County) should meet and plan on a regular basis to align their funding priorities to help build community capacity and resilience.
- Grantors should evaluate their guidelines related to approving funding for staff or long-term planning for non-profits; this could help insulate non-profits from emergency situations like this when they're fundraising efforts are handicapped.

- County Housing Task Force to create a needs assessment and housing plan which represents a variety of housing options that meets the need of vulnerable populations.
- The commercial real estate sector should evaluate its inventory and create an adaptive reuse plan that could meet the needs of vulnerable populations (housing, daycare, etc).
- Childcare sector and providers should evaluate their delivery systems and funding models to improve access to include creative investment partnerships.
- Monitor displaced workers due to COVID and provide opportunities for upskilling and training.
- Local non-profits should conduct equity assessments to find gaps in their organizational practices, policies and programs so that they can ensure that all community members have access to services.
- A more resilient community is one that can find common ground/ civil discourse.
 The non-profit community can lead and educate in this space utilizing the social determinants of health as a framework.

- Create a public policy agenda that supports Franklin County non-profits utilizing the social determinants of health as a framework including diversity, equity and inclusion.
- Increase and extend the charitable deductions exceptions in the CARES Act.
- Advocate for DCED to allow re-programming EITC funds to operations.
- Include philanthropic organizations in the County's emergency planning process and align with charitable giving responses.
- The County and Department of Health should explore the feasibility of a public health department and/or appoint a local authority to communicate with the public during a public health crisis in the future.
- Create a comprehensive County-wide emergency response plan and maintain a communication infrastructure with key stakeholders on an ongoing basis.
- County should catalogue strategies they used to evaluate and redeploy funds during the crisis and make a blueprint for future use.

KEY INFORMANTS: Adult Probation

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- Technology and work from home was efficient for most staff.
- Accommodating a high percentage of parole/releases.
- Rediscovered new procedures for direct inpatient commitments rather than Jail incarcerations.
- Work from home allowed staff to catch up on risk/need evaluations on all Court Supervised individuals by phone or video conference.
- Contacts with individuals was not disrupted, we were able to continue with phone/video contacts, Mass texting was utilized through AP system to update individuals to changes in reporting/ Office shutdowns and DUI School closures.
- Outdoor space for contacts was created with a large tent. Picnic tables, outdoor drug testing was completed with portable toilets, hand washing station.

Challenges:

- Obtaining PPE.
- General space needs for meeting with individuals so they did not access the entire office.
- Current COOP did not offer suggestions for virus pandemic, Management had to make decisions and modify procedures and practices.
- Work from home for staff that did not have access to broadband internet service.
- Recommendations for improvement:
 - Keep PPE on hand.
 - Update COOP.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Goals:

- Community Safety.
- Contact requirements.
- Reducing staff exposure to virus.

• Recommendations:

Outdoor Contacts.

- More field based contacts with social distancing.
- Field appointments.
- o Front line staff provided with proper PPE.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

- Goals:
 - Staff Safety, Community Safety
- Recommendations:
 - Dedicated field schedule, partner officers, work from home one day per week to keep the office at a 60% capacity. Keeping adequate PPE supplies

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

- Goals: Staff Safety, Community Safety.
- Recommendations:
 - Update COOP.
 - o Planning for potential "2nd wave".
 - Running contact reports, analyzing data related to violations/recidivism during decreased contact reporting months.
 - Increasing virtual contacts when necessary to reduce costs associated with staff travel.

KEY INFORMANTS: Child Support Hearing Officer

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

 Implementation of processes to allow access for Hearings to restart via video conference and/or teleconference.

Challenges:

- Getting folks to conduct themselves with the same level of professionalism over video or teleconference as they would in the courtroom (I have had litigants show up with no shirt on and one even used the bathroom on a video conference).
- Recommendations for improvement:
 - Provide a set of protocols to the public about decorum on the video and telephone conferences.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

• Goals:

- Continue to hear cases via video and tele-conference and provide in-person hearings when necessary.
- Recommendations: See above

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

Goals:

- Continue to hear cases via video and tele-conference and provide in-person hearings when necessary.
- Recommendations: See above

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

• Goals:

- Continue to hear cases via video and tele-conference and provide in-person hearings when necessary.
- Recommendations: See above

PUBLIC POLICY RECOMMENDATIONS: Short, Mid and Long Term

I believe that the public like the ability to attend these Hearings via telephone and video conference and not have to appear in person. I just think that it is important that they understand that the same level of respect needs to be provided to the Court whether they are appearing in person, or not.

KEY INFORMANTS: Good Wolf Treatment Court

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

 We were able to get a Zoom account for GWTC setup in April. This allowed our Probation Officer and Case Manager to meet with our participants through Zoom. Staffing team was also able to hold meetings through Zoom. We held a Zoom meeting with GWTC participants at inpatient facilities on April 24.

Challenges:

- GWTC court sessions at the Courthouse were canceled. Our Probation Officer and Case Manager were unable to meet with GWTC participants in the field.
- Recommendations for improvement:
 - Hold GWTC court sessions through Zoom.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Goals:

 Continue to keep Zoom account activated and hold staffing team meetings and court sessions through Zoom. Probation Officer and Case Manager will meet in person with GWTC participants and visited inpatient facilities when permitted.

Recommendations:

 Keep Zoom account activated until GWTC is able to hold staffing team meetings and court sessions in person.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

Goals:

 Continue to keep Zoom account activated and hold staffing team meetings and court sessions through Zoom. Probation Officer and Case Manager will meet in person with GWTC participants and visited inpatient facilities when permitted.

• Recommendations:

 Keep Zoom account activated until GWTC is able to hold staffing team meetings and court sessions in person.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

- Goals:
 - Return to having GWTC staffing team meetings and court sessions at the Courthouse.
- Recommendations:
 - o Follow CDC recommendations.

KEY INFORMANTS: Magisterial District Judge Rock's Office

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

- Successes:
 - Limiting the number of people in office.
- Challenges:
 - o People being confused as to whether the courts were open for business.
- Recommendations for improvement:
 - Clarification to contact the court directly.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

- Goals:
 - o Reduce time spent by litigants waiting in the courthouse.
 - o Increase uniformity in procedures.
 - Alternative dispute resolution.
- Recommendations:
 - Communication between DA, PD, Private Counsel and the jail for incarcerated.
 defendants prior to the preliminary hearing.
 - Technology and software to conduct "virtual" hearings.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

- Goals:
 - Keep previous goals moving forward.
 - Strengthen communication.
- Recommendations:
 - Use technology as a process to accomplish goals.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

- Goals:
 - o Ensure the court does not fall farther behind
- Recommendations:
 - o Increase the number of litigants per hour

KEY INFORMANTS: Clerk of Court

CRISIS INTERVENTION: IMMEDIATE TERM *Timeline: 45 days from the start of the crisis*

What were successes and challenges

Successes:

- Court stayed open Successes with limited access/reduced Work Force.
- We got set up for video conferencing to do Marriage License Set up Credit Card payment via phone or e-mail.
- Started Processing Dup. Marriage License online.
- Started Appointment for Marriage License.
- Bail paperwork was processed with-out the need of transport by the Sheriff's dept.
- Got caught up on filing/Data Entry.
- Court/Orphans Court proceeded with the use of video conferencing.

Challenges:

- E-filing did not run smoothly-Originals not always received.
- Marr. License Video Conf. technology on both ends didn't always work Increased cost of postage.

Recommendations for improvement:

- Get e-filing set up through CPCMS.
- Better communications between the different departments Better Clarifications of Operations.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Goals:

- Limit public access.
- Require masks.
- Allow in-person filing.

Recommendations:

- Continue marriage license via appointment.
- Continue online duplicate marriage license.
- Continue working with the court to continue Zoom hearings.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

Goals:

- To keep social distancing and masks in effect.
- Continue to work with Court to help prevent spread/contact w/public.

Recommendations:

- To have better communication with other offices in case of another wave or crisis.
- Educate ourselves on recommended practices.
- Work with IT to implement working from home or other measures if needed.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

Goals:

• To serve the people of Franklin County as effectively as possible while keeping everyone safe and adhering to guidelines ordered by the president Judge and also following CDC guidelines.

Recommendations:

- Devise long-term plan for future possible crisis.
- Continue to encourage appointments for Marriage License Applicants.

KEY INFORMANTS: Domestic Relations

CRISIS INTERVENTION: IMMEDIATE TERM *Timeline: 45 days from the start of the crisis*

What were successes and challenges?

Successes:

- The DRS implemented various technology in order to conduct business: telephonic conferencing thru Shortel phone system (worker and 2 clients),
 Google Meet telephonic conferencing (worker and over 2 clients) and Google Meet video conferencing for New Complaints and Spousal Support Complaints.
- The DRS encouraged clients to use e-services (state) for filing of complaints and petitions. If technology wasn't available to clientele, staff encouraged phone interviews.
- Effective May 11th, for those clients that requested a personal visit, conference rooms were established to provide social distancing for workers, clients and attorneys.
- DNA testing was conducted by a no touch process for the safety of the staff and clientele.
- Support Appeals held by the Support Master were conducted by Google Meet video conferencing.
- Gmail accounts were established for all staff and training on Google Meet Video was accomplished for all staff.
- For the most part, these changes make it more convenient for clientele and attorneys when they can conduct conferences and interviews remotely. In addition, there is less cost to the client, less travel time and less tension and chance of disruptive behavior. We hope to continue many of these processes post COVID 19.

Challenges:

- Communication from the State was very limited and the DRS's were given no direction. This is problematic since the computers and technology are controlled by the state and security and confidentiality are very strict. We did not have the ability to conduct video conferencing or work remotely. The BCSE and DRAP have established a workgroup to help resolve these issues for the future and informational memos were sent but after Franklin County DRS had already made decisions.
- After checking with the state IT Dept. and Franklin County IT Dept., the most practical decision was to purchase county lap tops. The decision to purchase six as a temporary solution was made. In addition three conference phones were also needed to hold conferences in person and social distance. The "red tape" that was required to purchase these computers was very time consuming causing frustration and delays. The total cost for six laptops, and 3 phones

- totaled \$9606. The actual cost to the county after 66% state reimbursement was \$3266. This cost was minimal to make the necessary changes to conduct business.
- Frequent changes in our operations required communication with the staff, clients and attorneys. New notices requiring the adding and deleting of information was done on a weekly basis or more.
- Also, getting the necessary cleaning supplies was also a challenge due to back orders. Staff were bringing in their own supplies to get through this crisis.

Recommendations for improvement:

- For minimal purchases during these types of emergencies, don't require all of the bureaucracy to buy the equipment to run the agency. Have amounts established that bypass the approval at so many levels.
- Future request for additional county laptops will be made in the 2021 budget.
 Approval needs to be granted to move forward with the ability to work possibly remotely in the future.
- Provide ample cleaning supplies, sanitizers, etc... in order to keep offices, surfaces, etc. clean.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Goals:

- Continue to provide services to our clientele thru the various means identified above.
- Provide enforcement which includes telephone and video contempt conferences, sentencing court through scheduled times and work automatic enforcement remedies that were recently activated in e-PACSES.
- Ensure the safety of staff, clientele and 3rd parties such as attorneys through social distancing, wearing of masks, cleaning of all surfaces, washing of hands and limited visits to clients and their attorneys.

Recommendations:

- Continue to use telephonic conferencing and interviewing of clients thru ShoreTel and Google Meet and expand the use of Google Meet Video conferencing.
- Keep cleaning supplies stocked to ensure safety of staff, clientele and other parties.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

• Goals:

- Explore VPN access with the state to determine if working remotely is a
 possibility for the future or could be accomplished for another pandemic.
- Understand the constraints of FTI Security and Confidentiality if working remotely is a possibility for the future.

Recommendations:

o If this is feasible, put together a plan to accomplish this goal. This may require additional purchases of laptops and cell phones for the staff.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

• Goals:

- Review changes in business practices such as reduced scheduling, telephonic and video technology for establishment and enforcement conferences and intake to determine if this practice should be continued.
- Make decisions on how business should be conducted with clientele and attorneys for the future.

Recommendations:

o Get input from the court, county and 3rd parties to determine what is feasible based on the current environment.

KEY INFORMANTS: Juvenile Probation Operations

CRISIS INTERVENTION:

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- Rapid response to staying connected to youth and families through technology.
- Continuation of most operations through ATC.
- Usage of Google Meets to keep staff informed.

Challenges:

- Frequent reworking of operations due to the ever changing guidelines and directives.
- Working without adequate computers with video and audio capabilities.
- Recommendations for improvement:
 - o Increase laptops and add audio and camera access on desktops.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Goals:

- Provide ongoing programming to youth.
- Ensure office distancing for safety of officers.
- Keep emergency operations active.

Recommendations:

- Use technology such as Google Meets to run one to one meetings with youth and families.
- Create a plan that rotates staff working in the office, out in the field and other remote locations.
- Provide safety tools and PPE to all staff, keep supplies available and easily accessible.
- Create a plan that includes how officers will respond to on call duties, arrests, and required court hearings.
- Limit travel to emergency situations only.

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

- Goals:
 - o Improve safety measures for officers.

- o Safely provide in house programming for youth.
- o Safely conduct wellness checks and home visits in person.
- Continue required distancing and other CDC safety guidelines.

Recommendations:

- Continue accessible PPEs.
- Provide bullet resistant vests for protection when in the field.
- o Require PPEs to be worn when interacting with the public in person.
- Limit vehicle and office sharing.
- o Require limits for the amount of youth with PO supervision in county buildings.
- o Sanitize areas after each use.
- Limit transports of youth to emergencies only.
- Discourage attendance in large group meetings unless using ATC.

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

Goals:

- Utilize ATC for interactions where it is feasible and can save costs and be more efficient.
- Utilize remote work when possible for cost savings and efficiency.
- Have ongoing training on health safety procedures.

• Recommendations:

- o Create policies regarding the use of ATC and remote work.
- o Ensure all staff has access to ATC with VPNs and remote desktop access.
- Include training with other mandatory training.

KEY INFORMANTS: Court Administration & Court of Common Pleas, Franklin County Division of the 39th Judicial District

CRISIS INTERVENTION: IMMEDIATE TERM

Timeline: 45 days from the start of the crisis

What were successes and challenges

Successes:

- Identifying and maintaining communication among all: President Judge, Common Pleas Judges, Minor Judiciary, Court Administration, Court Department Heads (APO, JPO, DRO), Administrative Office of Pennsylvania Courts, County Administration, local Bar Association, Contractual Conflict Attorneys, Jail Administration, Sheriff's Office, District Attorney, and Public Defender's Office.
- Issuance of Emergency Declaration Orders from the President Judge.
- Direction and communication from PA Supreme Court, State Court
 Administrator, and AOPC Legal directly to President Judge(s) and District Court
 Administrator (s).
- Cooperation with and from Media re: Press Releases and court access.
- o Collective efforts and ideas of many while navigating the unknown.
- Public cooperation.
- Embracing ACT (Advanced Communication Technology).
- Staff working remotely.
- The creation of new procedures that will likely continue to be embraced post pandemic.

Challenges:

- Technology needs (securing equipment, exploring/incorporating/navigating virtual platforms to host meetings and virtual court sessions, and establishing VPN connections initially).
- Space needs ~ Maintaining court scheduling demands within parameters per Supreme Court Order(s) and Judicial Emergency Order(s) while balancing CDC Guidelines within confines of space allotments (layout for social distancing within small spaces).
- Conflicting direction In terms of how decisions of the County affect Court operations (and vice versa) and how decisions of related.
 offices/departments/row offices/general operations impact facets of court operations.
- Staffing (balancing staff rotation at Courthouse with a work from home rotation schedule, making quarantine decisions on a case-by-case basis, making employee furloughs decisions and delivering furlough plan to employees, and maintaining moral while some departments made decisions based on individual ideological factors that were contrary to the majority).

- Securing PPE (Personal Protective equipment).
- Relevancy of current COOP plan for this magnitude and duration in length re:
 Pandemic Planning.
- Balancing public safety while being conscientious of jail population/staff exposure.
- Jail operations impact on court scheduling needs (jail staffing limited resources dictated scheduling).
- Misconception by some that the Courts were closed during the pandemic.
- Planning for and the resumption of proceedings (on-bond, access to court, juries, etc.).
- Securing/identifying locations for expanded court needs in order to create increased social distancing.
- o Threat of possible COVID exposures in the workplace among employees.
- o Administration of the minor judiciary.

• Recommendations for improvement:

- o Maintain an increased supply of PPE to have readily available on hand.
- Secure signage for permanent posting re: CDC guidelines.
- Multiple portable sanitizer stations incorporated within buildings (preventative post-COVID).
- Ease of plug/play technology incorporated within all courtrooms, hearing rooms, and meeting locations.

IMPACT MITIGATION: SHORT TERM

Timeline: 2-4 months from closure and significant disruption

Goals:

- Ensure continued access to the Courts ~ Constitutional democracy.
- Strike a balance between the resumption of court operations and protecting public safety.
- Continue adaptation of new procedures.
- Continue use of ACT.
- Creation of Block scheduling for proceedings with implementation post-COVID.
- Reduce spread of virus.
- Secure off-site locations (alternate facilities) other than the existing court facilities to proceed with essential Court functions (if deemed appropriate).
- Participate in National Center for State Courts webinars on relevant topics during and after COVID for sustainability of Court operations.

- Recommendations:
 - Continue with Block scheduling post-COVID.
 - Continue with use of ACT.
 - Continue to permit staff to work remotely via VPN when/where applicable.
 - Replace desktops with laptops/tablets with cameras as these devices provide for greater remote access with individual use versus shared use.
 - o Greater visual presence of PPE and signage.
 - Increase restrooms (sizes and locations) so to account for greater social distancing among visitors, public, employees, and all staff.
 - o Increase touch-free surfaces (i.e. automatic water facets, etc.).
 - o Installation of doors that open hands-free (goal to reduce touch surfaces).

ASSET ACTIVATION: Mid Term

Timeline: 4-6 months

- Goals:
 - Access to the Courts.
 - Balance of public safety.
- Recommendations:

RESILIENCE: Mid to Long Term

Timeline: 6 months to 1 year and beyond

- Goals:
 - Public safety.
 - Access to Courts.
 - Continue deep cleaning of all court facilities and areas used daily by courts, employees, and public per CDC guidelines.
 - Elimination of cloth surfaces (public seating) and expansion of areas with visible social distancing options (seating).
 - Update COOP.
 - o Increased Signage (visual signage versus printed and taped messages).
 - Increased ability to post messages for the public from outside entry points.
 without the need to tape to glass on doors/windows which obstructs view (goal to eliminate billboard type messages posted everywhere).
 - Increased use of ACT to include platforms such as: PolyCom, Google Meet, Zoom and plug/play from within all courtroom, hearing rooms, meeting rooms.
 - Creation of an e-filing system.
 - Review of local rules (i.e. need for more e-signature, handling of courtesy copies, and increased use of video conferencing where applicable).
 - Jail expansion to allow for quarantine blocks.
 - o Increase staffing where applicable (i.e. jail operations).

- Recommendations:
 - o Debriefing exercises.
 - o Review of input gathered from Task Force(s) such as this.
 - o Collaboration.

PUBLIC POLICY RECOMMENDATIONS

EMERGENCY MANAGEMENT, RESOURCES AND PREPAREDNESS

- Establish Franklin Forward Task Force (recovery committee) as an ad hoc committee of the County.
- Create a County Public Information Officer to perform full-time public information duties and assist with community resilience.
- Designate County staff to participate in overall strategic development, operationalization, implementation, maintenance, review and updates for the community resilience planning related programs for Franklin County.

EQUITABLE AND INCLUSIVE RECOVERY

- Provide local governments smaller than 500,000 in population with the access for emergency stimulus funding to be leveraged to community-based organizations
- Expand financial resources for small businesses through emergency situations to include minority owned businesses with fewer than 10 employees.
- Develop Local Supplier Diversity Commitment policies to increase the percentage of locally sourced purchasing from the County.
- Explore feasibility of adding fixed routes to public transportation services.
- Explore creating an office of Equity and Inclusion at the County.
- Explore creating a Countywide Human Relations Commission at the County.
- Invest in broadband infrastructure to provide equitable access to technology.
- Advocate for inclusion of sexual orientation and gender identify protections in the Pennsylvania Non-Discrimination law.

HEALTHCARE AND RESURGENCE MITIGATION

- With regards to the above recommendations, all processes should be established and supported in a sustainable manner as part of an ongoing strategy to prevent infection with COVID-19. In addition to responding to the pandemic, efforts should be made to promote wellness and self-care in the Franklin County community.
- The COVID-19 crisis clearly exposed our County's vulnerabilities in its ability to manage and mitigate a pandemic event. Franklin County has a population of 155,000 and it is estimated that 10% of the population are without healthcare insurance. This equates to approximately 15,500 of our residents.
- The County should evaluate and consider the creation of a Countywide health department and options to serve as a public health authority in times of a health crisis.
- Evaluate systems to plan for sustainable response and mitigation measures over time.

HOSPITALITY AND TOURISM

• Advocate to the state and federal level for hospitality support and that meets the needs of small businesses, not the larger retailer.

LAW ENFORCEMENT

• Local and national political leadership which speaks truth and calls for shared sacrifice and unity.

PUBLIC POLICY RECOMMENDATIONS

LOCAL GOVERNMENT

- Improve communications with elected officials and community stakeholders.
- Purchasing Consortium for PPE, business supplies for reopening (screens, signage, hand
- sanitizer, etc.)
- Provide federal and state funding to support municipal needs and operations.
- Expand broadband internet access in the community to support economic recovery and create more equitable access for all populations.
- Provide technical assistance for continuity planning.
- Explore creation of a public health department and or formalize the relationship between the County and PA DOH to appoint a local authority during a crisis

REAL ESTATE RECOVERY

- Monitor real estate (commercial and residential activity) economic indicators and assess rate of recovery.
- Create statewide online portal of all business, by use classification, with approved procedures that will allow all businesses to operate during a pandemic.
- Permanent implementation of remote notarization, improvement of e-recording procedures, and acceleration of response times on remote filings at PA Department of State. Ensure all county records are accessible to allow title companies to provide title insurance.
- Evaluate options for alternative care sites with the goal of caring for low-acuity COVID-19 patients (hotels, schools, dorms, etc) to prepare for a worst-case scenario.

VULNERABLE POPULATIONS

- Support the broadband internet expansion policy, ensuring equal access for all.
- For the Commonwealth's Insurance Commission to create a more robust marketplace to ensure coverage for newly un-insured individuals.
- To analyze and determine impact of House Bill 2510, the Senior Protection Act to Safeguard At-Risk Seniors focusing on funding for long-term care facilities to determine the impact on Franklin County seniors and other vulnerable populations.

ECONOMIC RESTART AND RECOVERY

- Advocate for additional federal stimulus funds for Franklin County.
- Advocate for federal and state funding programs that benefit businesses of all sizes, including micro-enterprises with five or fewer employees.
- Advocate for federal and state investments in broadband infrastructure to close the digital divide and ensure Franklin County remains competitive.
- Create or designate a diversity and equity office or officer at the county level to advocate for equitable response and recovery now and during future disruptions.
- Office of Immigration at the County level to help new residents to establish themselves.
- Advocate for workforce development dollars to meet employer needs.
- As the economy rebounds, continued investment in critical infrastructure such as the transportation network, electric grid and water and sewer lines is essential.

PUBLIC POLICY RECOMMENDATIONS

EDUCATION (EARLY CHILDHOOD & K-12)

- Adjustments to the school code, such as required seat hours and the amount of money districts are required to pay for cyber and charter tuition.
- Provide more ability for school districts to open transportation contracts to make significant changes to reflect any future school closures.
- Establish defined roles of the county and its administrative offices in matters of emergency for stakeholders.
- County to work with broadband providers for investment in technology infrastructure and connectivity access for areas with limited access to internet across the county.
- Coordination among government recovery plans to eliminate duplication of efforts and provide clarity on protocols (State and Local).
- Work with State Health Bureau to assess mandate of vaccines when available.
- Equitable distribution of stimulus funding.
- Assure school codes and regulations reflect the PDE requirements for development of mandated plans (ex. 180 day/990 hours when planning an AB schedule or any other type of reopening plan).

NON PROFIT SECTOR

- Create a public policy agenda that supports Franklin County non-profits utilizing the social determinants of health as a framework including diversity, equity and inclusion.
- Increase and extend the charitable deductions exceptions in the CARES Act.
- Advocate for DCED to allow re-programming EITC funds to operations.
- Include philanthropic organizations in the County's emergency planning process and align with charitable giving responses.
- The County and Department of Health should explore the feasibility of a public health department and or appoint a local authority to communicate with the public during a public health crisis in the future.
- Create a comprehensive County-wide emergency response plan and maintain a communication infrastructure with key stakeholders on an ongoing basis.
- County should catalogue strategies they used to evaluate and redeploy funds during the crisis and make a blueprint for future use.

ATTACHMENTS

ATTACHMENT A: Franklin Forward Needs Assessment/Gap Analysis Summary Report

ATTACHMENT B: Sector and Special Focus Area Data Spreadsheet

Franklin Forward Task Force Needs Assessment / Gap Analysis Summary Report

The Franklin Forward Task Force convened on May 20, 2020 to develop a recovery and re-opening plan related to the COVID-19 pandemic community response. As a first step, the group reached out to various stakeholders in the government, business, education and non-profit (including safety net and social services providers and those who serve vulnerable populations) sectors to assess the current needs related to operations, program delivery, supplies and concerns or issues that are anticipated as our community moves into the next phase of recovery. The work group reconvened on June 11 to report out their findings and to determine next steps. The findings below were captured two months out from the beginning of the crisis.

Findings

COMMUNICATION

- Across all sectors, essential communication channels are in place between regulatory entities
 (CDC, DOH, DCED, OSHA) and authorities and those who needed the information from a safety
 and operations perspective. While the information communicated from various entities was
 often disjointed, changed frequently and/or conflicted with other entities, essential information
 did flow out to those who needed it, from a service provider, operator or business perspective.
 Critical information was disseminated from the governmental entities, professional associations,
 and business and trade groups. These channels have improved over time.
- Efforts to communicate critical public health messaging direct to consumers and residents should be better coordinated at the community level. The lack of a clear public health authority coupled with the politization of the pandemic caused frustration, apathy and general mistrust among residents.
- Local grass roots groups coordinated with healthcare providers to distribute public health
 mitigation information to high risk, vulnerable and minority populations with door-to-door
 canvassing efforts and through relationships with trusted advocates.

ASSISTANCE

- Announcements of financial resources from the state and federal governments as an immediate response without a thorough needs and impact assessment caused confusion and gaps in service due to the lack of well-designed delivery infrastructure.
- Community organizations and institutions (government, healthcare, business and faith community) collaborated and mobilized quickly to create emergency funding opportunities for the non-profit sector which focused on either slowing the spread of the coronavirus or meeting the operational needs of social services providers and/or their respective consumers and stakeholders (housing and utility assistance and mental health funds).
- It appears that most non-profit, governmental and industry-based organizations are assessing the needs of their respective stakeholders on an ongoing basis and are actively working to assist them with recovery and reopening efforts while working on their own plans.
- Most agencies have fears about how things will change when funding shifts and evictions, utility shutoffs, and mounting bills lead to serious local consequences.

SURVEILLANCE

- Surveillance testing has started in some of our nursing homes, SNF, etc. but the levels and funding vary.
- Funding for long term testing is a concern.

PREVENTION

- Most stakeholders reported little to no PPE needs. There were some requests for N95 masks or gowns, but that was not the norm. Hand sanitizer and hand soap were the biggest needs across the board.
- The need for cleaning supplies is developing and is different among the stakeholders. Childcare
 and other agencies who are just reopening have a greater need than those who have been
 operating. Some of the guidelines are still murky which adds an element of uncertainty of what
 will be expected and what supplies will be most needed. Anti-bacterial wipes are needed across
 all sectors.

WORKFORCE

- There are stakeholders who still have furloughed staff that they are trying to find roles for in this new phase. Staffing is an issue among some of our agencies working with seniors due to non-compliance with reporting guidelines (not reporting travel or possible exposure). Redeployment of staff will continue to be an issue with certain agencies as funding shifts.
- Mental health of employees, consumers and residents was the most prevalent concern among stakeholders. Misinformation, social media, news coverage, etc. are have a detrimental effect on most individuals in our area. Fear, anxiety, and depression are felt to be on the rise.

SHORT TERM RECOMMENDATIONS

- Continue regular communication and outreach to stakeholders and maintain feedback loop about their respective needs' assessments, surveys and data collection.
- Form a solidarity and messaging work group to address community messaging around recovery and reopening efforts
- Identify successes, challenges and recommendations for improvement as well as policy recommendations, sector-by-sector, related to the community response to COVID-19 with an equity and inclusion lens; issue report by July 31, 2020.
- Promote mental health resources and opportunities for de-escalation training.
- Create a data dashboard to monitor impacts and recovery efforts of COVID-19.