Chapter 15
Effects on Staff

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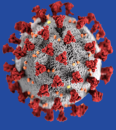
Version History

Version #	Date	Notes
0.1	10/23/2023	First Draft submitted to CPR Team
0.2	11/2/2023	Final Draft revised per review by CPR Team
0.3	4/4/2024	Final Draft revised per Expert Review and CPR Leadership review

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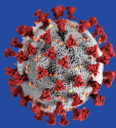
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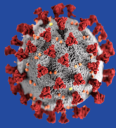
15. Effects on Staff

Public Health Emergency Preparedness and Response Capabilities: Responder Safety Health

Related CDPH AAR Chapters: Human Resources Administration, Data and Reporting, Contact Tracing, Infection Prevention, Operational Organization.

In this chapter, some abbreviations may be used interchangeably with their respective full spellings for ease of reading.
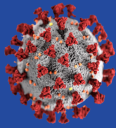
Overview

This section provides a high-level overview of milestones and activities related to this chapter.

The COVID-19 pandemic response had wide-ranging effects on CDPH staff, over half of whom were redirected to the response effort. Responders dealt with grueling work schedules, redirections and rotations, new and increasing priorities, and the challenges of balancing response work with their normal roles. Some responders who were redirected to "out-of-class" assignments worked at higher levels without added compensation, and many responders were affected by a Statewide 10% pay cut, which lasted for almost a year. Although the State provides an arduous pay differential, it was activated later in the pandemic and has a stringent set of criteria that must be met, making CDPH staff ineligible. CDPH staff were instead compensated through the normal arduous pay process, which was a time consuming and lengthy process for all involved. Most employees who submitted arduous pay requests included several months and did not see compensation for months after submission, Many responders working on CDPH response teams were employed by different organizations and subject to different compensation and vacation structures. These multiple challenges, coupled with the stresses of living through a pandemic, contributed to widespread burnout, vacancies and employee turnover, fatigue, and low morale amongst CDPH staff and responders, in particular.

To address the burnout and staffing issues, CDPH initiated department-wide employee health and wellness measures. CDPH leadership drew on best practices from California Connected, the State's contact tracing program, and adapted them for all CDPH staff. Leadership also used tools and resources available to them through our partners at 34 Strong. Leadership also embarked

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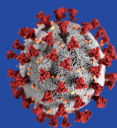
on an effort to transform CDPH into a healing, trauma-responsive organization. Leadership initiated COVID-19 recognition events, instituted more robust staff and responder communications, and contracted with vendors to offer webinars, tools, and professional development programs. These programs covered a variety of topics, including how to recognize and navigate the impact of toxic stress and trauma in the workplace. As part of this new focus, leadership also emphasized the importance of taking breaks, implemented a 2022 "summer pause" when case rates were low, reducing meeting durations, implementing no meeting Fridays, and encouraged staff to take time off.

While many of these initiatives were not started until the second half of the pandemic, CDPH acknowledged the effects of the pandemic response on its staff and emergency responders, created multiple support programs, and launched an organizational change effort to becoming a healing, trauma-responsive organization.

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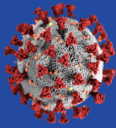
Main Strengths and Successes

This section describes the Main Strengths and Successes, including findings and corrective actions, related to this chapter. Further elaboration and a more detailed discussion of these strengths and successes can be found in the Analysis of Activities section.

1. **In response to widespread burnout, CDPH developed many new initiatives to support emergency responders and transform into a more trauma-responsive organization.**

   Amidst rising concerns of staff burnout, CDPH launched many new initiatives to transform its culture and support its emergency responders and staff. CDPH leveraged mental health and wellness initiatives used by the State's contact tracing program as a model for developing similar offerings for all CDPH staff. Leadership also focused on building trust by cultivating an organizational culture focused on wellness, trauma-responsiveness, and resiliency. Beginning with a COVID-19 Recognition Event to honor response teams, CDPH introduced a series of mental wellness initiatives focused on mitigating the effects of trauma and stress. The department emphasized its new focus on healing through practices such as "meditation minutes" at meetings, leadership participation in trauma-responsive training, and more frequent communications. In 2022, leadership also endorsed a "summer pause," advocating for reduced meetings times and encouraging staff to take time off. Lastly, CDPH contracted with vendors to offer staff coaching, webinars, and tools focused on promoting mental wellness, improving coping skills, and maximizing resiliency.

   Finding/Corrective Action: CDPH should continue to institutionalize mental wellness by engaging in trauma responsive trainings, providing staff with wellness tools, implementing steps to avoid burn-out, and providing opportunities for reflection and appreciation. *(ID: Effects on Staff 1)*

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Main Challenges and Lessons Learned

This section describes the Main Challenges and Lessons Learned, including findings and corrective actions, related to this chapter. Further elaboration and a more detailed discussion of these challenges and lessons learned can be found in the Analysis of Activities section.

2. **CDPH implemented redirections and staffing rotations, but lacked a proactive staffing plan for emergency responders.**
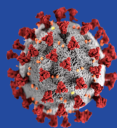
   As the pandemic response accelerated, CDPH quickly redirected increasing numbers of staff to response teams. Many were redirected to their new roles with minimal instruction and training, and some had to continue their regular job duties in addition to their response roles. Some staff were also asked to assume increasing responsibilities that were not aligned with their position, leading to them working "out of class." Additionally, CDPH implemented staffing rotations to give staff breaks from response work. While rotations were effective for some roles, they were less suitable for technical positions that required continuity and significant expertise. The myriad challenges highlighted the need for a comprehensive response staffing plan to include when to contract for long-term response staff instead of relying on internal redirections and rotations. SMEs also felt that CDPH should offer emergency responder and disaster service worker training to all staff, training for managers on extended crisis response, and maintain a list of transferrable skillsets and individuals interests to help guide future redirections.

   Finding/Corrective Action: CDPH should develop a comprehensive staffing plan in advance of future emergencies that addresses best practices for redirections and rotations, and includes a list of transferrable skillsets and individuals interests to help guide future redirections. *(ID: Effects on Staff 2)*

   Finding/Corrective Action: CDPH should attempt to define emergency response roles and responsibilities in advance and identify options to temporarily adjust compensation if needed. *(ID: Effects on Staff 3)*

   Finding/Corrective Action: CDPH should offer emergency responder and disaster service worker training to all staff and training for managers on extended crisis response. *(ID: Effects on Staff 4)*

3. **Pay cuts, inadequate compensation, inconsistent policies, and overwhelming work pressures led to burnout and low morale for CDPH responders.**

   During the pandemic response, CDPH staff who were redirected to the COVID-19 response faced significant challenges related to compensation, burnout, and work-life balance. Although CDPH processed arduous pay to compensate those with intensive work demands, its late implementation and rigid prerequisites made it difficult for many to benefit. Additionally, a nearly 10% pay cut for State workers coupled with frequent seven-day workweeks significantly depressed morale. Lastly, CDPH's disparate staffing sources created inconsistent pay and policies for staff working on the same response teams: responders who were officially employed through different organizations (e.g., the University of California system) were often unable to use their vacation time, and subsequently lost it with no mechanism to reclaim the time or money. Conversely, State staff were not paid at the same level as contracted staff for doing the same work.

   Finding/Corrective Action: CDPH should work with CalHR to revise and streamline the arduous pay process, and should offer arduous pay earlier in the next response. *(ID: Effects on Staff 5)*

   Finding/Corrective Action: CDPH should work with its partners to determine total compensation (pay and benefits) to determine needed modifications to contract agreements and State staff compensation. *(ID: Effects on Staff 6)*

4. **CDPH initially did not provide consistent communications to staff, leaving the workforce feeling disconnected and lacking support.**

   During the first year of the response, CDPH provided infrequent updates to staff, leaving staff feeling disconnected. SMEs reported that CDPH lacked a centralized venue and an up-to-date email distribution roster to disseminate support and resources to COVID-19 responders. There were also no venues to receive recognition from leadership. While the contact tracing team had established best practices in staff communications, such as off-boarding appreciation, recognition sessions, and celebrating major milestones, CDPH did not have a
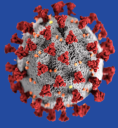
department-wide protocol in place to recognize and appreciate responders. Although CDPH eventually enhanced communications and provided staff recognition opportunities, these steps should have been taken sooner to facilitate staff connectedness and support.

Finding/Corrective Action: CDPH should institute a comprehensive staff communication and recognition plan to provide frequent updates and support resources. *(ID: Effects on Staff 7)*

See the related findings "Operational Organization 16 and 18 in the Operational Organization chapter in this AAR.
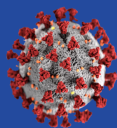
Analysis of Activities

This section elaborates and provides more detail on the findings, corrective actions, and lessons learned that are presented in the Main Strengths and Successes and the Main Challenges and Lessons Learned sections.

CDPH Redirected Staff on an Unprecedented Scale and Implemented Staffing Rotations

▪ Prior to the COVID-19 response, during typical emergency activations CDPH's emergency response staff would be drawn primarily from the Center for Preparedness and Response (CPR) and a handful of CDPH volunteers from the various Centers/Divisions/Offices. However, it quickly became clear that this traditional approach would be insufficient to respond to the pandemic, which was unprecedented in size, scope, and duration. To meet staffing needs for many pandemic response teams and workstreams, CDPH implemented department-wide redirections. During the COVID-19 pandemic, more staff were redirected and for significantly longer periods than in any prior emergency response.

▪ When CDPH activated its emergency operations centers, SMEs noted that it was a "scramble to set up really basic stuff," especially at the Richmond Campus Coordination Center (RCCC). Early challenges included determining on-call schedules, identifying staffing and list-serves, and arranging for meals to be brought in for 24/7 operation. The lack of existing job aids and written procedures made these administrative tasks difficult. According to SMEs, CDPH should document these administrative procedures and lessons learned to streamline future RCCC activations.

▪ Due to the urgency of response work, staff redirected in the first months of the pandemic were stretched thin, and priorities shifted so frequently that it was hard to keep up. According to one SME, "it was 24/7 reactionary." Another noted that they were redirected without being provided any introduction, orientation, or instruction related to the redirected role. Moreover, many staff faced the added pressure of dual roles, and had to attend to both their regular responsibilities and their response roles. As one noted, "management needs to provide supplementary support to help redirected staff tend to their regular duties, or officially acknowledge and accept that there are simply a lot of things that won't get done."

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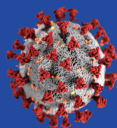
- In Spring and Summer 2020, workdays often stretched 15-18 hours, with some response teams regularly logging 100-hour weeks. This led to widespread ~~overwork and~~ staff burnout. As one leader stated, "there was no opportunity for any kind of support for staff during that time." Another noted, "the needs were evolving on a day-to-day basis, and the response teams were splitting and expanding into different groups; we had no systems in place."

- In an attempt to alleviate the burden on staff and provide breaks, some response teams (including data and reporting teams, epidemiology teams, and contact tracing teams) implemented rotational schedules. Staff were cycled through 2-week periods of work and 2-week periods of time off. As one SME noted, "when you first have an emergency you don't know how long you're going to be in it, and we only had so many staff with these skillsets."

- Rotations were characterized as a double-edged sword. As one leader summarized, "the longer people were able to commit, the more effective they were, but conversely, folks just got tired." CDPH "struggled to find the balance" between workforce continuity and sustainability. This conundrum was especially true for technical roles involving data, reporting, and epidemiology, since staff working in these roles needed more time to develop institutional knowledge and technical expertise.

- While SMEs highlighted rotations as a best practice for some groups, they noted that rotations are not effective across all areas. In general, an early investment in a comprehensive staffing plan would be beneficial for future pandemics. Future planning should include a determination of when the response staffing strategy should shift to hiring long-term response staff, instead of relying on redirections and rotations. This could entail creating a list of transferrable skillsets and individual interests in advance, which could provide insight on what skillsets the State would need to contract for. In addition, SMEs recommended the CDPH offer emergency responder and disaster service worker training to all staff. As one leader noted, "the area of staff redirection is so essential – it is one of the most important foundational areas to ensure a smooth and effective response."

- For further discussion on how the redirection process was operationalized, see the Human Resources Administration chapter of this AAR.

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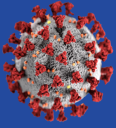
- For further discussion on rotations for technical staff, including the benefits of hiring a long-term pandemic workforce, see the Data and Reporting chapter of this AAR.

- For a discussion of State redirections to the contact tracing team, see the Contact Tracing chapter in this AAR.
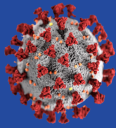
Many CDPH Staff Worked Outside of their State Classifications

- CDPH's redirections were implemented quickly to respond to urgent needs and in many cases, some redirected staff assumed new responsibilities that were significantly greater than their original roles. These staff were working "out-of-class." In some cases, employees received promotions, but this is limited to promotions and appointments that follow the merit system (civil service requirements).

- According to one leader, a main challenge with working out-of-class is that "roles have either not been clear initially, or that the responsibilities increased for people over time." While it is difficult to anticipate increases in role responsibilities, especially when they increase over time, a more transparent, proactive approach would be helpful, SMEs noted. Out-of-class assignments are "unavoidable" in an emergency and can even represent an opportunity but are hard to manage retroactively, according to one leader. Additionally, transparent communication from managers as roles grew in scope would help to set expectations and acknowledge higher work burdens. For a discussion of out-of-class work across different State departments, see the Contact Tracing Chapter of this AAR.

CDPH Offered Arduous Pay to Responders, But it was Limited

- In summer 2020, CDPH implemented the Arduous Pay process, designed to provide additional compensation to employees whose work significantly exceeded normal work demands. Arduous pay was an attempt to retrospectively shore up compensation for responders who were working exhaustive hours.

- In addition, the policy's rigid requirements often disqualified employees from eligibility. For example, staff were required to work 60-hour workweeks for two consecutive weeks to qualify. Thus, employees who worked more than 60 hours one week and less the subsequent week were ineligible. Additionally, the administrative barriers associated with tracking
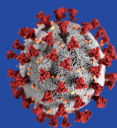
and submitting hours deterred staff who were eligible from submitting a request for the pay. Arduous pay was also not proportionate to the employee's regular rate of pay and compensation was capped at $300 per week, up to $1,200 per pay period, for a maximum of $4,800 per Fiscal Year.

- Non-State staff faced additional administrative burdens that deterred them from seeking arduous pay. This was a significant challenge since many of CDPH's response teams were staffed by long-term contractors, who, although they had been with CDPH for years, are employed by different entities (including the University of California or Heluna Health). In addition to lengthy paperwork, these staff faced different qualification requirements, which were determined by their employers. This led to arduous pay being applied inconsistently between State staff and non-State staff, although these individuals were often working similar hours on similar teams. As a result of these barriers, many staff did not seek arduous pay compensation.

- In the future, SMEs noted that it would be helpful to streamline the arduous pay process to make it easier for both State and non-State staff to access. This could include establishing specific forms and systems in advance (and be activated quickly at the start of an emergency), reducing the amount of paperwork that responders are required to fill out, and aligning requirements across the different employers who make up CDPH's response teams. As one SME noted, "it would be really helpful to do some work in advance to know what's possible for each of the employers that we have here as part of our team," and to "think in advance about how to make it equitable."

Staff Fatigue was Exacerbated by Pay Cuts and Inability to Take Vacation Time or Sick Leave

- In June 2020, the Governor's administration reduced most State workers' pay by almost 10% to address a projected budget deficit. The pay cut was reversed a year later in June 2021. During those 12 months, staff, including many CDPH emergency responders, regularly worked 7-day work weeks at this lower pay rate. This created poor morale and discouragement. According to one SME, the pay cuts were "pouring salt on the wound."

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- While contracted employees were not affected by the State pay cut, they struggled with the inability to take time off. CDPH's response teams included many employees who were technically employed by other organizations (e.g., UC or Heluna Health) and were subject to different leave policies. When some contracted employees reached vacation accrual limits and were unable to take time off due to work demands, they lost their accrued vacation time. "I couldn't use it so I lost it, and there was no setup to make amends to that," one SME noted.

- Overall, CDPH lacked an organized system to track vacation time for responders, partly due to the complexity of many disparate funding sources and staffing sources. Vaccination and time off protocols differed across the different employers and staffing sources, and consequently there was no one charged with maintaining a "collective, holistic view," SMEs noted.

- For further discussion of the pay cuts from an infection prevention perspective, see the Infection Prevention chapter of this AAR.

The Contact Tracing Team's Staff Support Strategies Served as the Department's Blueprint

- In Spring 2021, CDPH leadership recognized the growing urgency for a systematic, centralized approach to comprehensively address staff burnout and fatigue. Leadership desired to transform the organizational culture into one of recognizing and mitigating the adverse effects of chronic stress and trauma. According to one leader, "COVID-19 created a situation where the majority of our workforce is traumatized." Consequently, CDPH contracted with a trauma-informed resilience trainer who began conducting training with leadership in an effort to "address it from a systems-based approach," one SME noted.

- CDPH simultaneously embarked upon a series of internal research and assessments. While researching initiatives to support all staff, they turned to California Connected, the State's contact tracing program, for best practices. The contact tracing program (which was overseen by CDPH staff) had long been providing mental health and wellness initiatives for its case investigators and contact tracers (CI/CT) through its Virtual Training Academy (VTA), an online training platform.
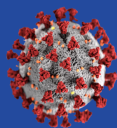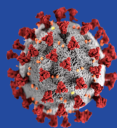
- The VTA offered robust initiatives to meet the mental health needs of the constantly shifting CI/CT workforce. The team offered initiatives to contact tracers and case investigators such as biweekly "Communities of Practice" sessions focused on self-care, peer-to-peer sharing, and modules to address stress and burnout. CDPH response leadership began exploring how to adapt some of the initiatives from the contact tracing program to all CDPH staff. According to one SME, "the contact tracing team had built so many best practices to leverage and apply across all areas of the response." For further discussion of the contact tracing program, see the Contact Tracing Chapter of this AAR.

CDPH Invested in Mental Wellness Initiatives

- Leveraging resources and lessons learned from the California Connected program, CDPH initiated efforts to address employee mental health department-wide. One of the first initiatives to recognize staff for their work was a COVID-19 Recognition Event on June 15, 2021. The Directorate, Center Deputy Directors, and Deputy Directors gave presentations to recognize and honor each response team's work.

- After the Recognition Event, CDPH launched a "Mental Health and Wellness Series" during All Hands meetings and other venues to provide regular opportunities to recognize staff for their efforts and educate staff on available mental wellness resources. At All Staff meetings starting in June 2022, leadership gave presentations on trauma and stress, which continued through the rest of the response. In July 2022, CDPH launched a "Brown Bag Lunch" series of three sessions to focus on the impacts of toxic stress.

- CDPH also invested in staff support resources and contracted with vendors to provide resources on improving mental health and resilience, and minimizing stress. Regular newsletters were sent out promoting a CalHR resource, "Healthier U," an online wellness service that offers state employees tools, webinars, and other resources. The Human Resources Division (HRD) also promoted its Employee Assistance Program, which offers counseling, virtual therapy, and wellness materials to employees.

- In an effort to rebuild trust, leadership focused their messaging on a new vision of CDPH as a learning and healing organization that prioritized equity, anti-racism, and a trauma-responsive culture. Leaders reported

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that modeling mental health-focused behavior was important. For example, All Hands meetings started with a "mindfulness minute," in which leadership encouraged attendees to reflect and take time for themselves. Leaders also participated in a Trauma-Responsive Leadership Development course, a 3-day in person event to help leaders learn, develop awareness, and expand the skills needed to recognize sources of organizational harm and trauma.

▪ While these initiatives were appreciated, they did not start until 2021 and 2022, well into the pandemic response. SMEs noted that it would have been helpful for CDPH to bring in extended crisis response consultants and trainers much earlier in the response, and to offer these services to all managers. Specifically, it would have been helpful for consultants to develop a methodology to effectively rotate limited resources, manage complex streams of information, avoid burnout, create emergency response processes, and establish sustainable routines. As one SME noted, "if we knew how to work smarter under such challenging circumstances," CDPH staff could have responded "without quite as many scars."

CDPH Implemented Summer Pauses and Meeting Reductions

▪ Capitalizing on a brief decrease in COVID-19 disease and infection, CDPH introduced a "summer pause" in 2022. During the CDPH-wide summer pause, CDPH leadership encouraged employees to take vacations while disease rates were declining. Leaders also discouraged having meetings on Friday afternoons and during lunch-hours, and encouraged reducing meetings from one hour to 45 minutes in certain instances.

▪ Leadership buy-in was important to the initiatives' success. Leaders modeled this behavior by taking time off themselves and reinforcing "pause" protocols during team meetings and in communications. According to one SME, leaders were "actually walking the walk and talking the talk."

▪ Not all CDPH staff were able to benefit from the summer pause, especially staff working in the Center for Preparedness and Response (CPR) and the Medical and Health Coordination Center (MHCC), and staff working in administrative operations. Multiple emergency activations occurred in Summer 2022, including the mpox emergency and the infant formula shortage. When these crises subsided, attention turned towards the

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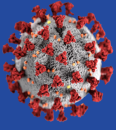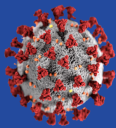
coming fall RSV and influenza. According to one SME, for the staff working on these emergency activations "there's been no let-up."

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Equity

For a discussion of workforce equity considerations, see the Human Resources Administration chapter in this AAR.

Data and Technology

For a discussion of how the California Connected program used MS Dynamics to help manage its redirected workforce, see the Contact Tracing chapter in this AAR.

For a discussion of the MHCC's tracking of redirected staff, see the Operational Organization chapter in this AAR.

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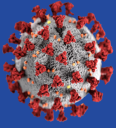
Communications

This section describes communications specific to this chapter.

- In the first year of the pandemic, regular leadership updates were sparse, and staff frequently felt disconnected. Until Summer 2021, there was no venue for all CDPH staff to come together to find general support and resources, connect with their peers, or find leadership recognition and gratitude. According to one SME, during this first phase "more timely, targeted, and frequent recognition of staff would have helped keep motivation up and the emotional toll down." After the initiation of All Hands meetings and staff recognition events (discussed earlier in this chapter), communication improved over the course of the pandemic response.

- CDPH also initially lacked an up-to-date email distribution list of all COVID-19 responders, which hindered communications. In 2021, the MHCC created a roster of all response staff, which facilitated more effective and timely communication with all responders. For further information on the rostering project, see the Operational Organization chapter in this AAR.

- While CDPH initially lacked an overarching support network for all COVID-19 responders, the contact tracing team provided best practices in their communications with their program staff of contact tracers and case investigators. The contact tracing team provided off-boarding appreciation, recognition sessions, and celebrations of major milestones such as the one-year anniversary of California Connected, the State's contact tracing program and public awareness campaign.
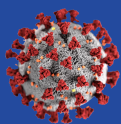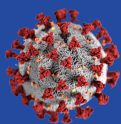
Workplan

This section is designed to be used as a workplan for future pandemics.

Definitions:

- **Phase**: The phase of the response in which the major tasks should be conducted (Planning; Initial start-up, Ongoing operations, or Close-out).

- **Major Tasks:** The tasks and activities that have to be conducted as part of the public health emergency response to a respiratory pandemic.

- **Success Criteria:** Criteria used to assess whether a task has been achieved successfully.

- **Considerations Based on COVID-19 Response:** Things to consider, including pitfalls, risks, and lessons learned, based on the COVID-19 response.

- **Finding ID:** The ID(s) from the related Finding/Corrective Action (where applicable).

- **Lead:** The lead person(s) responsible for task completion.

Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Planning, Initial Start-up,	Develop a comprehensive response staffing plan	• CDPH has adequate staff to support its response operations. • CDPH staff are properly trained, equipped, and compensated for	• Differentiate between responses suitable for rotation/redirection and roles requiring long-term contracted staff. • Offer training and instruction to	• Effects on Staff 2, 3, 4	

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Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
		their response roles.	redirected staff on their new roles. • Prevent out-of-class assignments. • Develop/maintain a list of transferrable skillsets and individual interests to help guide future redirections. • Offer emergency responder and disaster service worker training to all staff. • Document administrative procedures to enable easier activation of emergency operations centers.		

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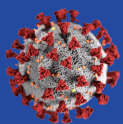
Confidential - Low

Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
Planning, Initial Start-Up, Ongoing Operations	Create policies and procedures to ensure responders are compensated for their extra efforts	• Arduous pay (or similar) is implemented at the start of the response. • All CDPH responders can access arduous pay easily. • When responders choose not to take PTO, they do not lose it.	• Collect data on total compensation (pay and benefits) to determine needed modifications to contract agreements and state staff compensation	• Effects on Staff 5, 6	
Planning, Initial Start-Up, Ongoing Operations	Create and implement communication plan with all responders	• Staff receive regular communications about support resources. • CDPH offers opportunities for staff appreciation.	• Establish and maintain an All-Hands meeting throughout the emergency response. • Maintain frequent and transparent communications. • Maintain an up-to-date email distribution list of all responders. • Consider celebrating milestones and	• Effects on Staff 7, Operational Organization 16, 18	

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Response Phase	Major Tasks	Success Criteria	Considerations	Finding ID	Lead
			creating events to honor/recognize staff.		
Initial start-up; Ongoing operations	Provide resources to support responders and create/maintain a trauma-responsive culture	• CDPH staff are supported and burn-out is avoided, even during emergency responses.	• Continue to provide various staff support programs and initiatives. • Consider contracting with mental wellness companies to provide tools and resources. • Institute opportunities in meetings for reflection and peer-to-peer sharing.	• Effects on Staff 1	

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