



2021-2022 BUDGET

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Contra Costa County Health Director



**4,000
EMPLOYEES**

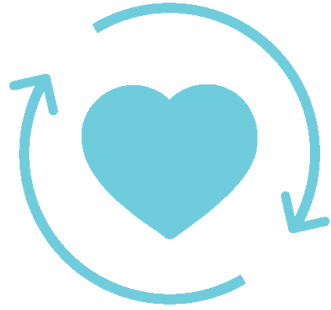


**1,100 Disaster
Workers Deployed**

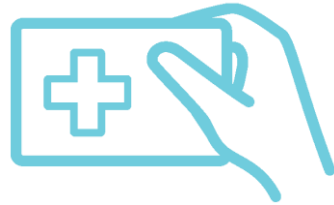
*Our mission is to care for and
improve the health of all people in
Contra Costa County with special
attention to those who are most
vulnerable to health problems.*

Contra Costa Health Services and COVID Response





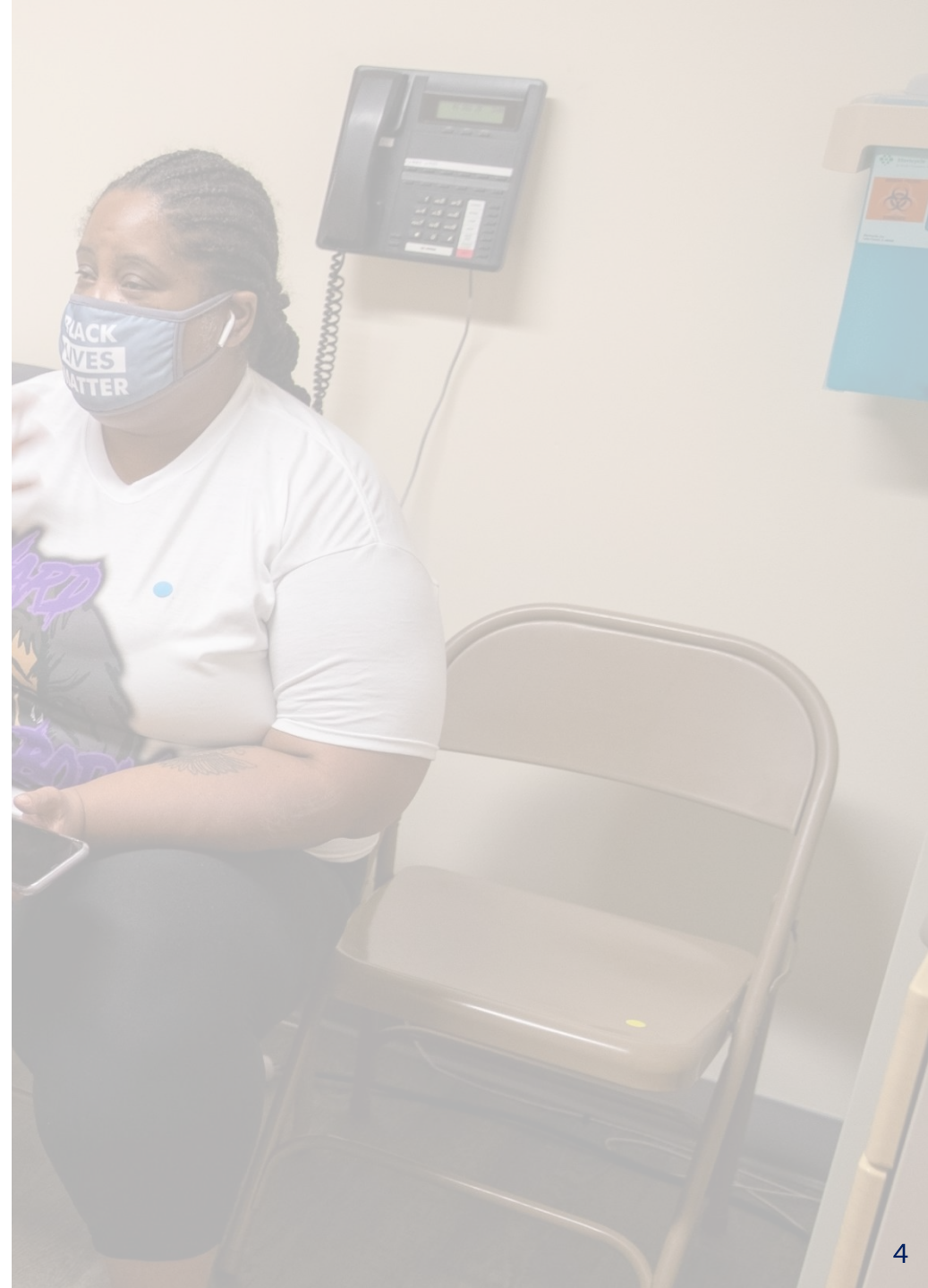
**PREVENTION
& PROTECTION**



**HEALTH
COVERAGE**



**DIRECT
HEALTH
SERVICES**



2020

A Year Like No Other

- China reports cluster of pneumonia cases in Wuhan
- U.S. begins screening travelers
- 1st confirmed U.S. case
- CCHS assembles response team
- Department Operations Center opens



Feb 2020

- 1st case from Travis AFB
- Emergency operations initiated
- Began testing & contact tracing
- COVID-19 Vulnerability Index

April

- 1st surge
- Face covering order
- Community testing sites opened
- Eviction protection & rent freeze ordinance
- Public dashboards launched
- Alternative Care Sites
- Project Room Key
- Rapid Response Playbook for at Risk Populations

June

- Businesses & outdoor dining reopen as spread slows
- African American Task Force Juneteenth Event

March

- 1st local case
- Shelter in Place order
- Airline & cruise ship monitoring
- COVID-19 website & call center launched
- Shift to telehealth
- Testing sites for healthcare workers & first responders opened
- Undocumented Populations Task Force

May

- 1st case in county detention center
- Community Engagement and Outreach Work Group established

July 2020

- Surge
- State issued 1st health order closing businesses
- Enforcement Ordinance enacted
- Latinx Work Group
- Historically Marginalized Communities Work Group
- Youth Ambassador Program
- \$1.6M community grants

Sept

- Project Homekey Pittsburg hotel purchase
- Free flu shots at testing sites

Dec

- Surge
- Bay Area implements regional stay-at-home order
- Congregate Care Playbook
- Ethical & Equitable Vaccine Allocations Committee
- Healthcare worker vaccinations begin

Aug

- New North Richmond testing site
- State launched *Blueprint to Safer Economy* tier system

Nov

- County moves back to most restrictive tier as cases spike
- State Stay-at-Home order
- West County mass testing event

Jan 2021

- 1M COVID-19 tests
- Surge
- Began vaccinating 75+
- Expanded eligibility to 65+
- Mobile vaccination teams deployed
- Vaccine appointment phone line
- Vaccine dashboard
- African American PSA

March

- County moves to red tier
- 1st J&J vaccine delivery
- COVID-19 Rent Relief Program
- 1st local case of U.K. variant
- Hope & Healing memorial event
- Opened vaccines to all
- Opened 1st large-scale vaccination site

Feb

- Expanded eligibility to essential workers
- “Help Your Neighbor Get Vaccinated” campaign
- K-6 schools cleared for in-person instruction

April

- Opened walk-in vaccination clinics

COVID-19 Impact on 2021/22 Budget

- COVID-19 had an immense impact on Health Department Finances
- Every aspect of Departmental financial activities has been impacted, e.g., medical care delivery, telemedicine, testing, tracing, vaccine administration, housing, facility sanitizing and cleaning, staff training, etc.
- For the March 2020 – December 2020 time frame, COVID-19 related expenditures for the Health Department were \$242,544,778.



COVID-19 Impact on the 2021/22 Budget Development

This Expenditure Amount Was Offset By:

The CARES Coronavirus Relief Fund (CRF)	\$	163,630,237
The CARES Provider Relief Fund (PRF)		24,548,893
State and Federal Grants		15,579,983
Homeless Grants		38,785,665
Total	\$	242,544,778

Health Services Department COVID CARES (CRF) Revenues by Division

March – December 2020

Health Services Divisions	Total	%
Hospital & Clinics	\$ 93,607,580	57.2%
Public Health	40,957,224	25.0%
Detention Facility	18,827,051	11.5%
All Other Divisions	5,511,456	3.4%
Health, Housing & Homeless	4,726,926	2.9%
Total	<u>\$ 163,630,237</u>	<u>100.0%</u>

Note:

Total CARES expenditures reimbursed by the Department of Treasury amounted to \$161,023,704.

State CRF funded a portion of Public Health payroll expenses in the amount of \$2,606,533 in FY 2019- 20.



COVID Federal/State Grants and Provider Relief Fund (PRF) Revenues

March-December 2020

CA Department of Public Health (ELC Enhancing Detection)	\$8,917,986
¹ Families First Coronavirus Response Act	\$1,877,139
CA Department of Public Health	\$1,521,784
HRSA - Healthcare for the Homeless COVID	\$1,416,644
Women, Infants & Children (WIC)	\$394,417
Immunization - COVID, Flu	\$348,955
DHCS / Families First Coronavirus Response Act	\$336,539
All Other	\$766,519
Federal/State Grants - subtotal	\$15,579,983
HHS Stimulus COVID Payment ²	\$10,327,264
CARES/Medicare DSH Adjustment ²	\$14,221,629
CCRMC Provider Relief Payments - subtotal	\$24,548,893
Grand Total	\$40,128,876

¹ - Includes ELC funding for Heluna Health in the amount of \$590,170

² - CARES Act provided PRF payments to support healthcare providers in the battle against COVID-19 pandemic



CCC Health, Housing & Homeless COVID Non-Congregate Sheltering Revenues

March-December 2020

COVID Non-Congregate Sheltering (NCS) Expenditures

Project Homekey CARES (PHK)	\$17,400,000	44.86%
FEMA (In Progress)	\$14,100,000	36.35%
CARES (CRF)	\$4,726,926	12.19%
Project Roomkey (PRK)	\$1,700,000	4.38%
Homeless Coordinating & Financing Council (HCFC)	\$858,739	2.21%
Total	\$38,785,665	100.00%

Note:

Project Homekey Award (PHK) - \$17.4M: Totally expended towards hotel purchase and related costs. Total PHK award is \$21.576M. As of December 2020, HHH spent \$17.4M. The unspent balance of \$4.176M (State General Fund) intended for hotel operating subsidy is available for utilization through June 2022.

FEMA - \$14.1M: Funding of last resort for COVID-19 non-congregate sheltering expenditures after Federal, State and other local funding are exhausted. Revenue will take approximately 24-36 months to receive.

Project Roomkey Award (PRK) - \$1.7M: From non-congregate shelter options for people experiencing homelessness, protect human life, and minimize strain on health care system capacity.

COVID-19 Impact on 2021/22 Budget Development

- Given magnitude of COVID-19 cost involved, the unsettled timing of pandemic's end, and the multiple developing revenue streams, a normal budget process was not possible.
- In consultation with the CAO, we developed a responsive budget structure to deal with the unique ever-changing situation.





Budget Design/Development

- Recommended Budget developed assuming a return to normal activities.
- Budget assumes any costs or lost revenue related to COVID-19 for July 1, 2021 through June 30, 2022 would be addressed as an adjustment, when known, to the recommended budget.
- All COVID-19 costs would be addressed through eligible “cascading” revenue streams, i.e., Medicare, Medi-Cal, Direct State Allocations, Federal Allocations (inclusive of CARES, American Rescue Plan Act Funds) and then FEMA as a last resort.
- Residual/Unreimbursed cost would rely on County reserves or possibly Measure X as one-time offsets.

Budget Design/Development

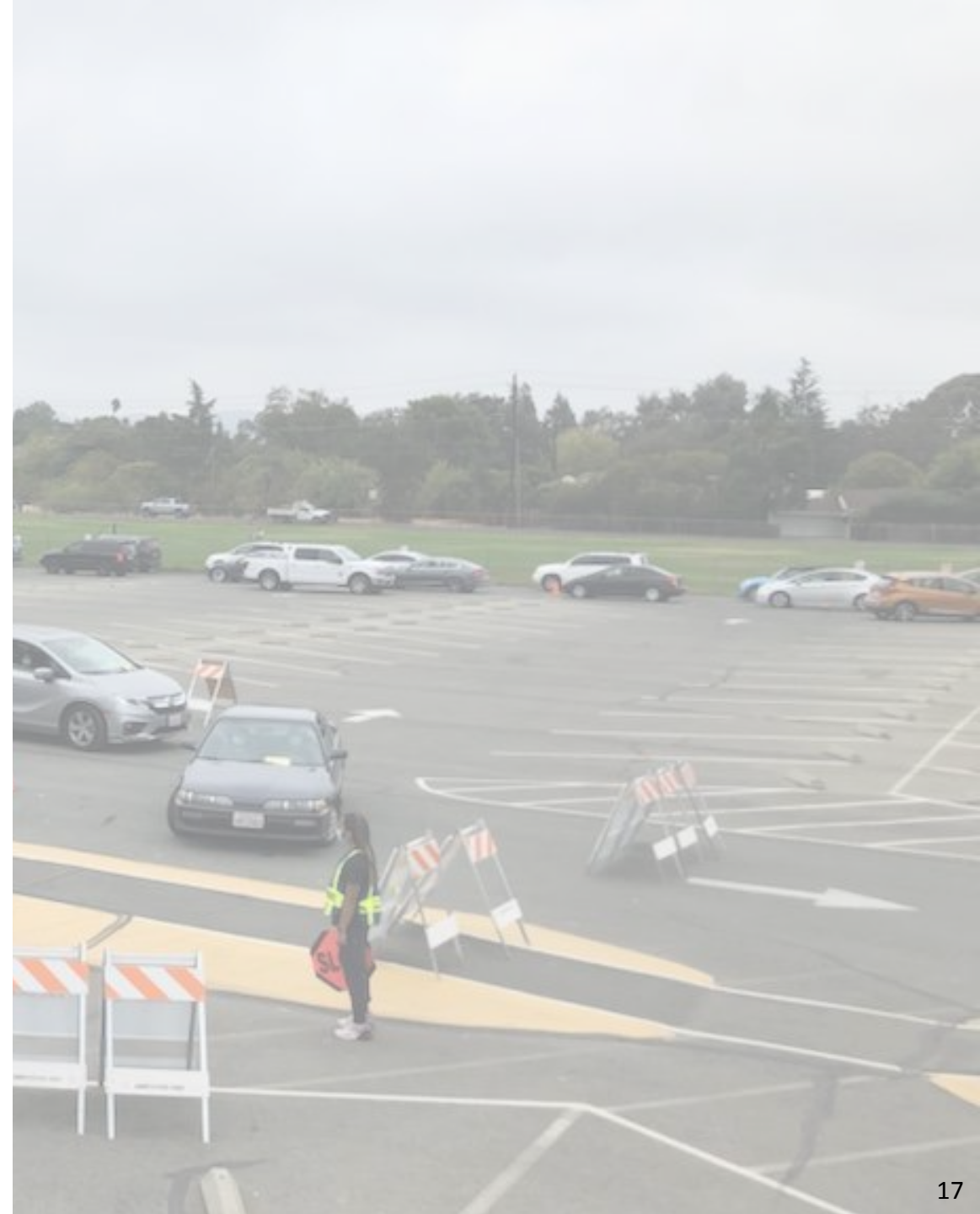
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- Monthly monitoring of the COVID-19 cost and revenue would occur; quarterly reporting to Board would occur; a mid-year appropriation adjustment would be made as required.
- Accordingly, the only County General Purpose revenue increase for the Department is an addition of \$4.1 million for Detention Health in response to Prison Law Office settlement.
- County General Purpose revenue for all other divisions is maintained at FY 2020/21 level, i.e., no increase in 2021/22 Recommended Budget.
- Any new programs in 2021/22 would require dedicated funding streams, e.g., Measure X.



Budget Design/Development (cont'd)

- Recommended budget excludes any cost estimate related to the 9/30/21 expiring California Nurses Association labor contract.
- Any settlement cost increase will impact the CCRMC, Detention, Public Health and CCHP budget units.
- Financing for the potential cost increase is unknown at this time.



2021/2022 CCHS Recommended Budget

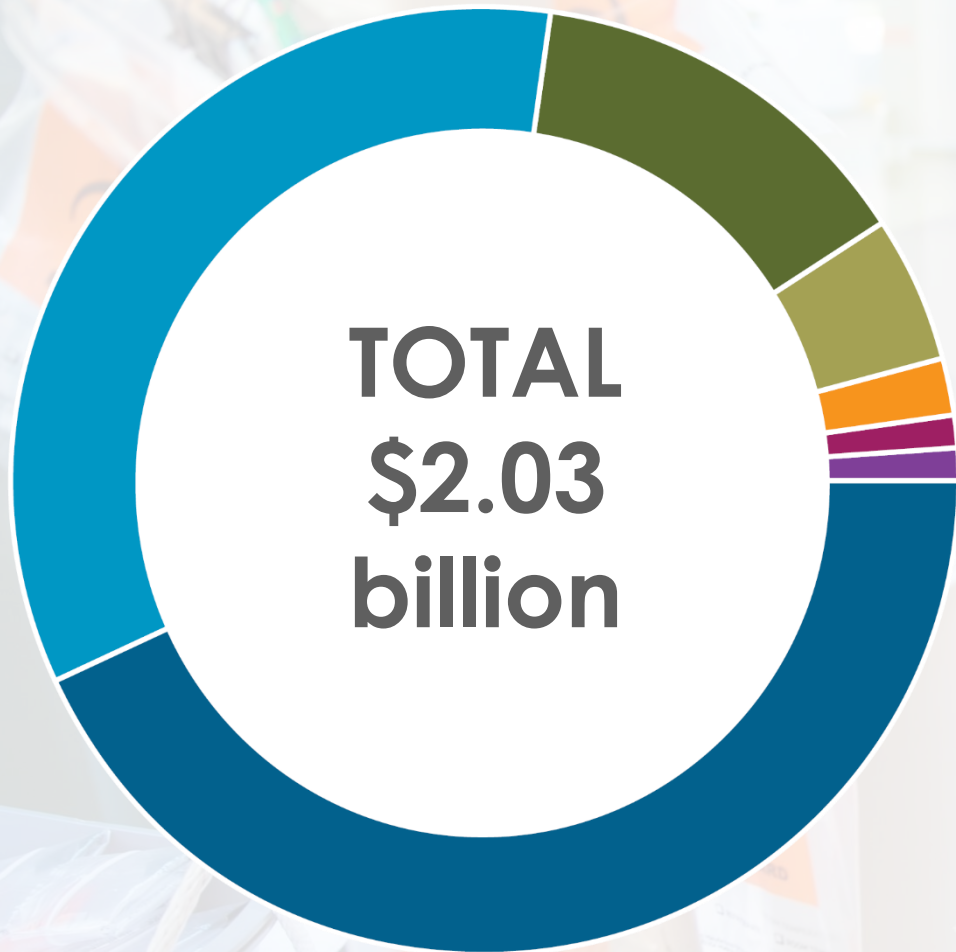
\$2.03 billion **Expense**

\$1.87 billion **Revenue**

\$162.5 million **County General
Purpose Revenue**



2021/2022 Recommended Expenditures



CC Health Plan	\$879.3M
Hospitals & Clinics ¹	\$694.4M
Behavioral Health ²	\$274.5M
Public Health ³	\$105.2M
Detention	\$36.5M
HazMat & Env Health	\$24.9 M
Health, Housing & Homeless ⁴	\$18.3 M

(1) Includes Emergency Medical Services (2) Includes Mental Health, Alcohol and Other Drugs & Conservatorship
(3) Includes Public Health & California Children's Services (4) Includes Homeless Programs & Public Administrator

Summary:

2021/2022 Recommended Budget

Expense

Salaries and Benefits	\$ 719,189,000
Services and Supplies	\$ 1,168,342,500
Other Charges	\$ 157,168,000
Fixed Assets	\$ 13,737,000
Expenditure Transfers	(\$ 25,271,000)

Expense Total

\$ 2,033,165,500

Revenue

Other Local Revenue	\$ 460,512,848
Federal Assistance	\$ 154,568,903
State Assistance	\$ 1,255,627,749
General Fund Subsidy	\$ 162,456,000

Revenue Total

\$ 2,033,165,500



Looking Ahead

- Cal AIM
- County Organized Health System
- Behavioral Health
- Community Crisis Services
- Equity

CalAIM

Governor's Budget includes the "California Advancing and Innovating Medi-Cal (CalAIM)" initiative:

- Reforms to expand, transform, and streamline Medi-Cal services delivery and financing
- Impacts majority of CCHS Divisions
- Implemented over number of years





CalAIM Focus

- High-risk, high-cost population
- Transforming, streamlining managed care
- Rethinking Behavioral Health Service delivery and financing
- Extending components of the current 1115 Medi-Cal Waiver
- Should be favorable to CCHS
- Lot of unknowns

County Organized Health System (COHS)

- Letter of Intent to convert Contra Costa Health Plan (CCHP) from two-plan model County to a single-plan model
- Two-and-a-half-year conversion process
- Would add 38,000 members to CCHP's existing 200,000 roster
- Would provide a seamless array of services to all Medi-Cal recipients





Behavioral Health

- \$2.5 million grant to renovate portion of Miller Center for six bed children's psychiatric emergency center
- 20 additional beds for psychiatric inpatient care opened at CCRMC last year



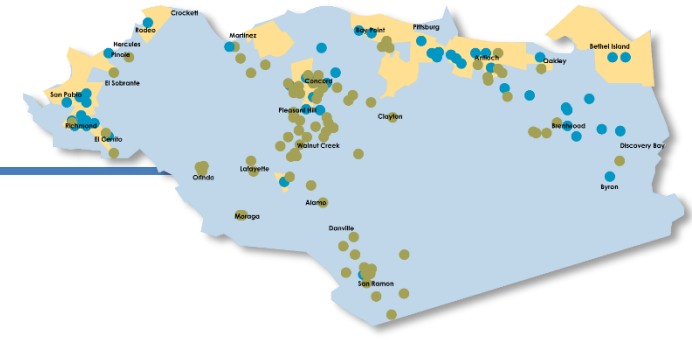
Community Crisis Services

The American Rescue Plan Act allows California to provide community-based mobile crisis intervention services:

- Provided by a multidisciplinary mobile crisis team to individual outside hospital/facility experiencing a mental health or substance use disorder crisis
- Services must be available 24/7/365
- Team includes behavioral health care professional trained in trauma-informed care
- State option available for 5-year period
- Enhanced federal matching for costs set at 85%



Equity



- **Pandemic Response and Vaccine Distribution**
- **CCHS Equity Planned Efforts:**
 - Racism as a public health crisis
 - Participating in community process to establish County Office of Racial Equity and Social Justice
 - Department-wide equity plan and priorities to be established

A healthcare worker, likely a nurse or doctor, is shown in a hospital setting, wearing a light blue surgical mask and green scrubs. They are holding a newborn baby wrapped in a white cloth. The baby is lying on a blue surface, possibly a bed or a table. The background is slightly blurred, showing a typical hospital room environment. The text "ON THE FRONT LINES" is overlaid in large, bold, white, italicized capital letters across the center of the image.

ON THE FRONT LINES

THANK YOU

