

COVID-19 Update

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COVID-19 Response Status as of July 20

Cases:

The 7-day average of new cases is higher than it was in July of 2020. (224 vs 222 cases). We had already peaked on this date in Summer 2020, and we haven't peaked yet in Summer 2021.

Considering factors like more contagious variant, our community returning to many group activities and with many still unvaccinated, another large surge in fall/winter is entirely possible. We at the Health Services Department need to continue our various efforts to support health and safety for all.





Testing:

With increased cases and travel, COVID-19 testing demand at County sites has more than doubled in the last month alone.

We are performing 756 tests a day compared to 352 a month ago. With schools reopening and increasing return to work, testing demand is only going to increase.

We are keeping testing sites open that were previously scheduled to close this month (e.g., San Ramon).

Vaccination:

Public Health and CCRMC/HC continue to operate 10+ vaccination sites in addition to our mobile vaccination clinics. We will need to further expand them in the fall as vaccines for younger children are approved, for a potential booster shot, and to help overcome vaccine hesitancy.

Vaccine operations are very labor and logistically intensive, need cold chain management, it comes with regulatory compliance needs, etc.



Address Gaps in Care:

In addition to the direct impact on has resulted in thousands of missed screenings, missed diagnosis, missed and dental screening in children, etc.

Health Services will need to make a investment in patient care in the and years to close these gaps.



Don't let little health problems become big ones.

Schedule a visit today with your primary care provider for vital care like cancer screenings.





Communication:

To provide timely information and combat misinformation, Health Services is investing in redesigning its website and data dashboards.

There is continued investment in mass communication, alerting technology and supports for media updates, social media campaigns and community presentations.

Staff is currently dedicated to a call center that is already experiencing increased volumes with the current surge.

Public Health Communicable Disease Management:

To efficiently manage lab results reporting, case notification, case assignment and case/contact tracing both for the current surge and to prepare the County for future emergencies, our Public Health Division is investing in redesigning and digitizing its workflows using advanced tools and technologies.

This will also assist in disease outbreak tracking for our most vulnerable population living in congregate settings like SNFs, residential care as well as schools, workplaces, etc.





Surveillance:

Surveillance will play a large role in driving our public response as we approach fall.

Health Services continues to use innovative tools surveillance, we will be scaling up the capacity of Public Health lab including its sequencing capacity.

This will require investment in advanced technology with advanced skills like Bioinformatics, lab Epidemiologist, molecular analysis, etc.

In reference to our April 20th Budget presentation and our May 3rd follow-up Board discussion the following is a summary of the significant items covered.

The total "one-time" revenue received by the Health Services Department for COVID-19 eligible expenses for the time period March 2020 – June 2021 was \$242.5 million.



- This amount includes \$38.8 million for Homeless programs; Provider Relief and State grants of \$40.1 million that offset volume-based Medi-Cal losses; and \$163.6 million in CARES Coronavirus Relief Funds (CRF) to support the expenditures incurred responding to the Pandemic.
- The Health Services Department fully utilized all available COVID-19 funding and all of the budgeted \$159 million County General Fund support in fiscal year 2020/21.

• A line item COVID 2021/22 expense forecast, based on trended prior period expenses, was provided indicating an annual unfunded cost of \$135.3 million (attached).

 The only known new revenue source to pay for the forecast expenditures was the recently passed American Rescue Plan Act (ARPA).

- The American Rescue Plan was reviewed upon passage. The only significant funding stream identified to directly support local COVID-19 expenses was the State and Local Fiscal Recovery Fund (CSLFRF).
- Accordingly, Health Services requested an estimated \$110 million from the CSLFRF Year 1 allocation to support the County's FY 2021/22 on-going COVID-19 response activities.

Since our Board presentations three new revenue items have been identified:

- ARPA provided a direct allocation to our FQHCs in the amount of \$3.3 million for vaccine and contact tracing.
- The State provided an ARPA pass through allocation for expansion of Mental Health services in the amount of \$2.5 million.
- The State provide an ARPA pass through grant of \$500,000 annually for three years for Public Health Workforce development.

Additionally, the pending State budget has a number of categorical ARPA health funded programs
e.g., Homeless Housing Assistance, Behavioral Health Infrastructure Grants, Mobile Crisis, Home
Community Based Services etc.

• But none of this pending funding is flexible enough to cover the cost previously supported by the CARES program.

- As a result of the ongoing pandemic, the cost of responding to the pandemic, and the lack of any other revenue source to fund the COVID-19 response:
 - The full American Rescue Plan CSLFRF Year 1 allocation of \$112,029,452 will be required to maintain the current level of COVID-19 response activities Fiscal Year 2021/22.
 - This will still result in a funding gap of \$23.3 million, the revenue for which has yet to be identified

Recap of COVID-19 Funding Streams

and

Projected 2021/22 COVID-19 Expenses

Attachment

HEALTH SERVICES DEPARTMENT CARES CORONAVIRUS RELIEF FUND (CRF) July 2021 through June 2022

		PROJECTED EXPENDITURES	
PAYROLL COSTS FOR PUBLIC HEALTH EMPLOYEES*			
PERMANENT SALARIES AND BENEFITS	\$	37,696,92	
TEMPORARY SALARIES (include Emergency Service Workers)	~	19,607,70	
OVERTIME PAY		12,371,91	
EMERGENCY SICK LEAVE (80 HOURS)		12,571,51	
ADDITIONAL SICK LEAVE (64 HOURS)			
TOTAL PAYROLL COSTS FOR PUBLIC HEALTH EMPLOYEES	\$	69,676,54	
SERVICES AND SUPPLIES			
LAB SPECIMEN TESTING	\$	21,281,60	
FACILITY SURGE AND SITE PREPARATION EXPENSE	•	1,200,00	
CLEANING AND DISINFECTING		7,943,10	
REGISTRY/MEDICAL PERSONNEL		9,440,21	
HOUSING AND HOMELESS SERVICES		-	
TESTING MACHINES AND OTHER TESTING COSTS		5,292,80	
MEDICAL AND OTHER RELATED EXPENSES		3,677,36	
MATERIALS & SUPPLIES		3,473,88	
COMPUTER AND OTHER MINOR EQUIPMENT		900,00	
IT SYSTEMS SUPPORT SERVICES		2,182,63	
REPAIRS AND MAINTENANCE		2,162,29	
TELEWORK		1,200,00	
EQUIPMENT RENTAL, EQUIPMENT REPAIR/MAINTENANCE		1,919,68	
PERSONAL PROTECTIVE EQUIPMENT		1,917,22	
EQUIPMENT ACQUISITION		600,00	
SECURITY & SAFETY		1,059,75	
PHARMACY SYSTEM UPGRADES		-	
TRAINING AND MISC. COST		720,70	
COMPUTER SOFTWARE		351,70	
COVID-19 TRANSLATION SERVICES		311,76	
TOTAL SERVICES AND SUPPLIES	\$	65,634,74	
TOTAL COVID RELATED EXPENSES	Ś	135,311,29	

^{*}Costs are for services substantially dedicated to mitigating or responding to the COVID-19 health emergency.

THANK YOU



