



Local Health Department Budget Requests

Local health departments are critical partners in California's COVID-19 response and have been tasked with ramping up contact tracing and disease investigation, testing, and now vaccination efforts. While the state has supplemented these efforts, local health departments continue to require additional funding to continue these activities and effectively fight COVID-19. This request is urgent due to current surge and strain that local health departments are experiencing as cases increase dramatically. Local health departments cannot conduct contact tracing and disease investigation, maintain the network of testing sites, outreach to vulnerable populations and deploy vaccination plans without additional resources as soon as possible.

While roughly \$2 billion has been made available to California through the recent Coronavirus Response and Relief Supplemental Appropriations Act of 2021, details on how that funding will be allocated in our state are not yet available. Local health departments ask that the Legislature and Administration take immediate action in the current budget year to provide the following funding (state and federal) to local health departments to support continued COVID-19 response efforts for the next six months.

\$400 million to Prioritize COVID-19 Vaccine Distribution and Administration. Funding would support local health department staffing and logistics for point of dispensing (PODs) sites, including costs associated with facilities, security, vaccinators, data entry staff, and clinicians. In addition, funding would support mobile strike teams deploying to vaccinate vulnerable populations such as skilled nursing and other long-term care facilities, farm workers and other key sectors. Funding will also be used to support outreach to populations eligible to receive the vaccine and underserved areas, as well as local health department efforts to allocate vaccine to external partners such as hospitals and other health care providers. Local health departments would also use the funding to leverage partnerships with trusted messengers to encourage communities to get the COVID-19 vaccine.

\$280 million for COVID-19 Testing. Funding would support continued operation of local health department testing sites. Though many of these local sites were originally funded with CARES Act and/or federal ELC funds, many local jurisdictions have already fully expended these funds and those funding sources are insufficient to maintain the sites given the length of the pandemic. Local health departments invested a significant portion of these funding streams to increase access and encourage more people to test, and the success of these efforts is clearly demonstrated in ongoing and increased demand for testing statewide. To ensure access to testing is not significantly reduced for Californians, additional funds are needed to maintain the existing infrastructure. In addition, while the state has expanded access to the Valencia Branch Lab for many jurisdictions, it is important to note that that effort is not without costs to the local health departments. This funding will support the costs associated with specimen collection and transportation to the Valencia Branch Lab in those jurisdictions that have been granted access to utilize that resource. Funds will also support ongoing communication about local availability of testing sites.

\$440 million for Contact Tracing, Disease Investigation and Supports for the Most Vulnerable. Funding will support efforts to maintain and expand contact tracing and disease investigation capacity in California. Local health departments expanded their contact tracing and disease capacity, which has since been supplemented by the state in many jurisdictions. However, absent additional funding, the state would need to deploy hundreds more contact tracers to backfill the loss of the local infrastructure. Local health departments would also lose key contact tracers and disease investigators that have been trained in the local process and data systems and likely some of the bilingual capacity that meets local needs.

Even if state contact tracers and/or disease investigators were made available, these activities would be slowed as local health departments waited for the deployment of staff and offered necessary training. Providing this funding ensures that those individuals that have been carrying out contract tracing and conducting disease investigation for the duration of this pandemic can continue to do so effectively and efficiently. Funding will also support outbreak management activities of local health departments and incentivizing and supporting individuals to quarantine. Project Roomkey funding has been instrumental in housing individuals at risk or experiencing homelessness and are recovering, exposed to, or at high risk for medical complications of COVID-19; however, local jurisdictions have had to dedicate additional resources in non-congregate sites for those that are homeless and those in crowded housing. The demand and need for non-congregate housing solutions to protect those most vulnerable remains high and local efforts should continue to be supported and enhanced.

In addition to the immediate asks identified above, it is also critical that California reinvest in our public health infrastructure beyond just the current pandemic. To that end, we ask that the Legislature and Administration invest in 2021-22 the following:

\$50 million ongoing General Fund for Public Health Infrastructure and Equity. Funding will support local health departments in hiring additional staffing to strengthen the capacity to perform the critical ongoing work of local health departments and improve health equity beyond the immediate pandemic. When not engaged in pandemic emergency response activities, public health is present in a wide array of critical work throughout our communities, including but not limited to public health nurse home visiting programs for new and expecting mothers, communicable disease surveillance and contact tracing, chronic disease prevention and wellness promotion, homelessness outreach, immunizations, environmental health (e.g., restaurant inspections), and oral health services. With this flexible funding, staffing trained and dedicated to these areas can also be deployed during pandemics or to address other critical public health challenges.

\$3.45 million General Fund for Public Health Infrastructure Study. Funding would be provided to the California Department of Public Health (CDPH) to contract with an appropriate entity to conduct an evaluation of local health department infrastructure and make recommendations for the staffing, workforce needs, and resources required to fund local public health accurately and adequately. Funding would also support the submission of a legislative report by CDPH.

For questions, please contact CHEAC Executive Director Michelle Gibbons at mgibbons@cheac.org.