REPORT & RECOMMENDATIONS

Montana Local and Tribal Health Departments'

Use of the Coronavirus Relief Funds (CRF)

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A REPORT FROM THE MONTANA PUBLIC HEALTH INSTITUTE AND THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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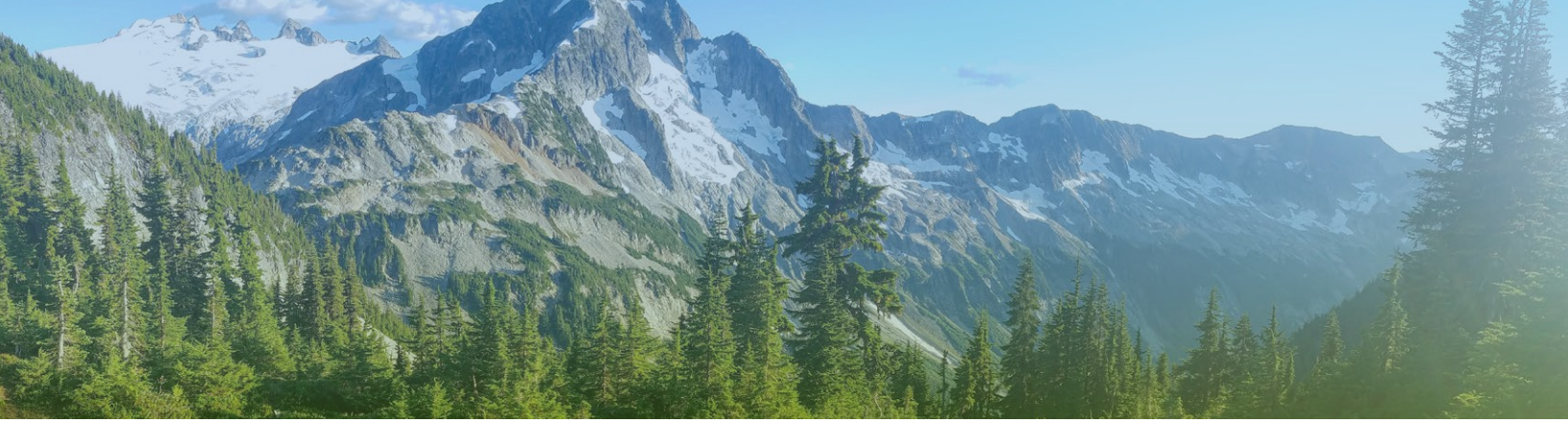

INTRODUCTION

Montana received $1.25 billion from the Coronavirus Aid, Relief and Economic Security Act for Coronavirus Relief Funds (CRF). Governor Steve Bullock designated $5 million in CRF to local and tribal health departments and urban Indian health centers to help in their response to COVID-19 and to meet the needs of their community. This public health funding was allocated based on population served, utilizing a methodology that is used routinely by the Montana Department of Public Health and Human Services (DPHHS) Public Health Emergency Preparedness Program. (See Appendix A for funding allocation.) The deadline to expend the funds is December 31, 2020.

THE GUIDELINES FOR USE OF THE FUNDS WERE:

- Current and future COVID-19 response and preparedness activities
- Core public health operations and functions that have been disrupted by the current COVID-19 pandemic

The purpose of this report is to summarize how local public health systems used the CRF and provide ideas for potential uses for funds that have not been expended to date. Please note that this report focuses only on HDs and does not include data from urban Indian health centers.

Local HDs in Montana have used the CRF effectively and creatively to support the local public health response to the COVID-19 pandemic. Overall, HDs used the funds in ways that are consistent with the uses proposed in their grant applications. More populous counties tended to use at least some of the funding to support and/or add staff, while less populated counties were less likely to do so. A number of local HD directors in rural/frontier areas commented that it was not possible to hire qualified staff to assist, as they are not available in their communities.

Many local HD directors explained that they were using the funding as a supplement when FEMA or other sources of funding were not adequate or could not be used for certain expenses. This report highlights the fact that many activities will continue to require funding as the pandemic goes on. In addition, it demonstrates the need to continue to provide HDs with flexibility to meet the needs of their specific communities and populations in varied and unique ways.

Since funding must be expended by December 31, 2020, this report provides ideas for potential uses to HDs and communities that have not yet fully expended their CRF allocation. The Montana Public Health Institute is available to provide consultation and connect HDs with additional resources at **hillary.hanson@mtphi.org** or **406-249-6357**.

GRANT APPLICATIONS

Of the 58 eligible HDs, 57 (98%) applied for and received funding. Grant applications required a short narrative describing how funding would be used. Based on these narratives, the funding uses were categorized, and a summary is provided below. Most grantees proposed using the funds in three or more categories.

Use of Funding Proposed in Grant Applications	n (%)
COVID-19 Staffing (includes salary, overtime, temporary workers, contractors)	44 (76%)
Personal Protective Equipment and Sanitation	35 (60%)
Support to Other Programs Disrupted by COVID-19	29 (50%)
Supplies and Equipment	26 (45%)
COVID-19 Communication	24 (41%)
Technology and Software	18 (31%)
COVID-19 Testing and Supplies	16 (28%)
Training of Staff	10 (17%)
Facility Renovations	8 (14%)
Housing for Quarantine and Isolation	5 (9%)
Future Planning for Community Groups and/or HDs' Programs	4 (7%)
Support to Community Emergency Services	3 (5%)
Mental Health Program Support	3 (5%)

UTILIZATION OF FUNDING

In August through early September 2020, interviews with lead local public health officials were conducted to discuss their COVID-19 experience. Of the 58 HDs, 42 participated in the process. In the interviews, additional information on the use of the CRF was collected. Detailed information on use (or planned use) is provided below.

COVID-19 STAFFING

Current staff: Many HDs are utilizing the funding to pay for current staff to respond to COVID-19. The mechanisms for doing this include:

- **Paying the salaries of current staff working on COVID-19 activities:** Since the CRF must be spent by December 31, 2020, the intent is to have this pay for current staff until that time and to reduce the amount of funding used from county general funds (or other grants such as Public Health Emergency Preparedness) that have a longer timeline for expenditure and can cover costs incurred after December 31, 2020.

- **Paying for overtime, on-call, or hazard pay of employees:** The additional costs due to increased hours and the need for on-call staff have been difficult for many HD budgets to handle and have risen quickly during the pandemic. These costs are being charged directly to the CRF.

- **Increasing pay of exempt employees who are not getting overtime:** Recognizing that not all employees are eligible for overtime pay, the CRF was used for permanent raises for exempt leadership positions.

New staff (permanent, temporary, and contract):

- **Epidemiologist:** One HD utilized the funding to bring on a temporary epidemiologist position for assistance with data collection and analysis.

- **Public information officer (PIO):** Communication was mentioned frequently as one of the most important components of the COVID-19 response. HDs used funding to supplement their public communication by bringing on additional staff. This was done in a variety of ways, including moving a current staff member to be a permanent PIO, contracting with an outside entity to provide public information support, or hiring a temporary worker.

- **Contact tracers and monitors:** HDs hired temporary/per diem workers to assist with contact tracing and monitoring. Hiring was conducted both directly through the HDs and with the assistance of temporary employment agencies. There was a combination of both on-site/in-town staff being hired and remote workers.

- **Overall reallocation:** Funding was added to the general funding available to respond to COVID-19. It was not dedicated to any position but rather to pay for the overall costs of the response.

PERSONAL PROTECTIVE EQUIPMENT (PPE) AND SANITATION

- **Masks:** Masks were purchased for staff of both HDs and community partners. N-95 fit testing was also completed, with one HD noting the purchase of its own N-95 fit testing machine.

- **Hand sanitizer:** Hand sanitizer was purchased for HDs and community partners. This included mobile hand sanitizer stations.

- **Cleaning supplies:** General cleaning supplies purchased included disinfectants, wipes, and new cleaning equipment such as electrostatic room sprayers.

- **Other:** To ensure appropriate PPE and sanitation for residents, community goody bags with items such as masks, wipes, and thermometers were purchased and provided to businesses for distribution to community members.

SUPPORT TO OTHER PROGRAMS DISRUPTED BY COVID-19

- **Lost revenue:** During the COVID-19 pandemic, HDs had revenue-generating programs that were unable to operate (e.g., immunization clinics) and CRF was utilized to offset the estimated loss of revenue.

- **Additional staffing:** Recognizing that some non-COVID-19 programs will require extra work to get up and running again, additional staff was brought in to help catch up and achieve grant deliverables.

- **Advertising:** Given the disruption in services, extra outreach and advertising was completed for other HD programs (e.g., WIC) to ensure the community was aware that services were still being offered and to provide information on how they could be accessed. In addition, with the upcoming influenza season, a number of HDs plan to increase advertising for immunization clinics.

SUPPLIES AND EQUIPMENT

- **Storage:** The lack of storage available in HDs and the need to store PPE and other COVID-19-related materials was a concern of HDs. To remedy this, storage units were rented or outdoor sheds were purchased. One HD noted they also plan to use the shed when conducting drive-through vaccine clinics.

- **Vehicles:** HDs purchased a vehicle to enhance their ability to conduct mobile vaccine distribution for routine and seasonal vaccinations (e.g., influenza) and for use when a COVID-19 vaccine is available.

- **Vaccine storage:** Both permanent refrigerators and mobile coolers were purchased to aid in vaccine distribution. Again, this equipment will be utilized for routine and seasonal vaccination clinics and when a COVID-19 vaccine is available.

- **Thermometers:** Thermometers were purchased and distributed to community members who were under isolation or quarantine and did not own one.

- **Other:** Other supplies and equipment purchased included general office supplies, canopies for outdoor events, needles, syringes, alcohol wipes, other supplies for vaccine distribution, and new equipment to test the vital signs of patients.

COVID-19 COMMUNICATION

- **Printed materials:** Materials such as fliers, brochures, and educational pamphlets were printed for distribution to the community.

- **Signage:** Various types of signage were created to provide information to communities. Examples include general COVID-19 signage for businesses (e.g., social distance, wear a mask) and an outside changeable sign to provide daily information to community members who are not online or don't use social media.

- **Bulk mailing:** One HD provided information on COVID-19 and answered frequently asked questions via a bulk mailing to residents.

TECHNOLOGY AND SOFTWARE

- **Telework and virtual meetings:** Recognizing that telework is now a vital part of doing business and can assist in the continuity of operations, HDs have purchased additional equipment, including laptops, cell phones, webcams, and scanners/printers for at-home use. One HD purchased additional equipment to support virtual meetings, including Meeting OWLs, a video conferencing camera that captures 360° video and audio.

- **Printers/copiers:** Additional equipment was procured to assist in the printing and copying of COVID-19 communications, including new printers and copy machines. Having this equipment in house allowed HDs to produce materials more quickly and distribute them immediately to the public.

- **Social media:** Graphic design software, video equipment, and video editing software were purchased to enhance the ability of HDs to produce content for social media related to both COVID-19 and other programs.

- **Emergency notification systems:** A mass notification platform called Regroup was purchased by one HD to broadcast messages via email, text, voice calls, websites, and social media quickly and efficiently.

- **Virtual check-in:** One HD purchased software to use for immunization programs that allows for virtual check-in of patients and reduces some person-to-person exposure time.

- **Emergency Operations/Joint Information Centers:** Funding was used to create Emergency Operations and/or Joint Information Centers within HDs. Items purchased to outfit these centers included computers, smartboards, and televisions.

COVID-19 TESTING AND SUPPLIES

- **Testing location:** One HD secured and utilized a site in the community for testing. The costs included rent for the location and insurance payments.

- **Testing contract:** To ensure community testing, a contract was secured with a local clinic to provide the testing.

- **Testing supplies:** Basic testing supplies, including nasal swabs, were purchased for community testing.

TRAINING OF STAFF

- **Contact tracing:** Additional training in contact tracing and monitoring activities was provided to staff online and in person by other staff members.

  Note: The Montana Public Health Training Center has partnered with Montana DPHHS to develop and deliver an online course in case investigation and contact tracing. The goal of this course is to build the workforce capacity to conduct these activities throughout Montana. The course is free and available here: www.health.umt.edu/mphtc/trainings/contact-tracing.php

- **COVID-19 communication:** HD staff attended online training opportunities and classes focused on improving COVID-19 communication. This included the SOPHE Digital Health Promotion Virtual Conference, available to view on demand here: www.digitalsummit.elevate.commpartners.com/cart

FACILITY ADAPTATIONS

- **Plexiglass screens:** Plexiglass screens were purchased for HDs and other county offices to limit exposure between staff and the public.
- **Privacy:** Offices were remodeled to provide additional privacy for staff to conduct contact tracing and monitoring. This included the addition of walls and doors.
- **Office flow:** Facilities were remodeled to improve waiting rooms and patient flow and allow for social distancing and minimal contact.
- **Moving:** Services were moved to another building that allowed for more social distancing.

HOUSING FOR QUARANTINE AND ISOLATION

- **Isolation and quarantine facilities:** HDs noted that there were a variety of populations that may require facilities for isolation and/or quarantine, including tourists, the un-homed, fire fighters, and emergency responders. In preparation for this potential issue, funds were used to create arrangements for local hotels to provide housing.

SUPPORT TO COMMUNITY EMERGENCY SERVICES

- **Personal protective equipment:** HDs purchased masks, gowns, no-touch temperature kiosks, and mobile hand sanitizer units for local emergency responders.
- **Ambulance cots:** One HD replaced outdated cots for its local ambulance service to ensure the safe transport of COVID patients.

MENTAL HEALTH PROGRAM SUPPORT

- **Training and support programs:** Funding was used by HDs to support the Mental Health First Aid training programs, expand support for 211 help lines, and purchase the Resilience Toolkit.

FUTURE PLANNING FOR THE COMMUNITY AND/OR HEALTH DEPARTMENT PROGRAMS

- **Americorp/Vistas:** Americorp and Vista programs require a portion of the cost of volunteers to be paid by the host site. CRF was used to cover these costs to ensure these additional resources were available to communities for both COVID-19 and non-COVID-19 services.
- **Community planning:** Resources were provided to assist community partners in formal planning for COVID-19 response and recovery. The groups mentioned were seniors, long-term care facilities, and schools.
- **HD planning:** Strategic and program-specific planning was done to assess the impact of COVID-19 on the current and future work of HDs. One HD hired a contractor specifically to map out COVID-19 funding and develop a plan for the use of the funding that provides long-term benefits.

APPENDIX A: FUNDING ALLOCATIONS

	County/Tribe/UIHC	Available Funds
Beaverhead	County	$ 54,756
Big Horn	County	$ 65,639
Blackfeet	Tribe	$ 57,525
Blaine	County	$ 47,571
Broadwater	County	$ 45,574
Butte-Silver Bow	County	$ 125,547
Carbon	County	$ 58,380
Carter	County	$ 32,165
Cascade	County	$ 254,603
Central Montana Health District	County	$ 87,641
Chouteau	County	$ 44,633
Confederated Salish and Kootenai Tribes	Tribe	$ 107,194
Crow	Tribe	$ 47,726
Custer	County	$ 60,792
Daniels	County	$ 33,573
Dawson	County	$ 52,753
Deer Lodge	County	$ 54,001
Fallon	County	$ 36,818
Flathead	County	$ 311,214
Fort Belknap	Tribe	$ 36,627
Fort Peck Assiniboine & Sioux Tribes	Tribe	$ 56,427
Gallatin	County	$ 338,242
Garfield	County	$ 32,248
Glacier	County	$ 66,771
Granite	County	$ 38,085
Helena Indian Alliance	UIHC	$ 35,000
Hill	County	$ 73,964
Indian Family Health Clinic - Great Falls	UIHC	$ 35,000
Jefferson	County	$ 62,206
Lake	County	$ 112,426
Lewis and Clark	County	$ 218,797
Liberty	County	$ 35,463

CONTINUED

	County/Tribe/UIHC	Available Funds
Lincoln	County	$ 83,500
Little Shell Tribe	Tribe	$ 35,000
Madison	County	$ 52,996
McCone	County	$ 33,374
Meagher	County	$ 33,902
Mineral	County	$ 40,680
Missoula	County	$ 357,372
Missoula Urban Indian Health Center	UIHC	$ 35,000
Native American Development Corporation - Billings	UIHC	$ 35,000
North American Indian Alliance - Butte	UIHC	$ 35,000
Northern Cheyenne	Tribe	$ 41,989
Park	County	$ 75,040
Phillips	County	$ 40,011
Pondera	County	$ 45,261
Powder River	County	$ 33,487
Powell	County	$ 48,017
Prairie	County	$ 31,747
Ravalli	County	$ 148,174
Richland	County	$ 58,931
Rocky Boy Health Clinic	Tribe	$ 37,933
Roosevelt	County	$ 59,334
Rosebud	County	$ 53,813
Sanders	County	$ 61,506
Sheridan	County	$ 38,212
Stillwater	County	$ 55,116
Sweet Grass	County	$ 39,004
Teton	County	$ 45,787
Toole	County	$ 42,166
Treasure	County	$ 30,618
Valley	County	$ 49,314
Wibaux	County	$ 31,601
Yellowstone	County	$ 471,755