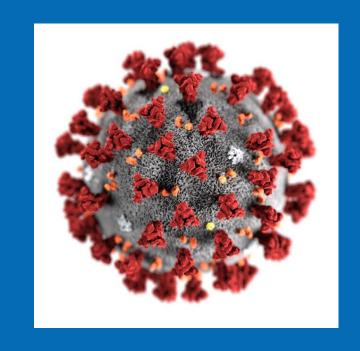


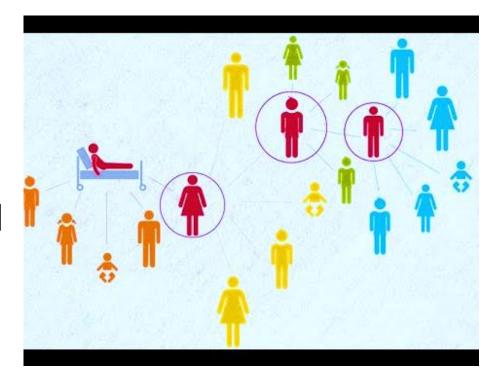
#### Plan for COVID-19 Response Contact Investigation and Tracing Workforce Expansion

Report to the Board of Supervisors Louise F. Rogers, Chief of Health May 19, 2020



#### **CONTACT TRACING**

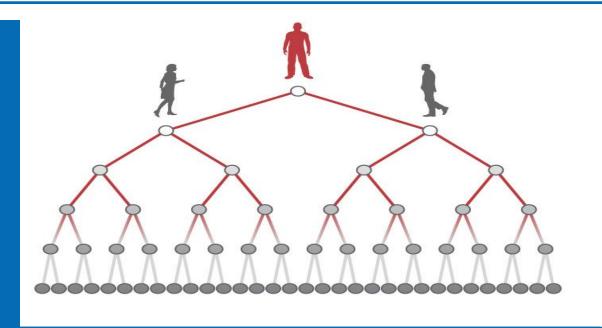
In public health, contact tracing is the process of identification of persons who may have come in contact with an infected person and subsequent collection of further information about these contacts.

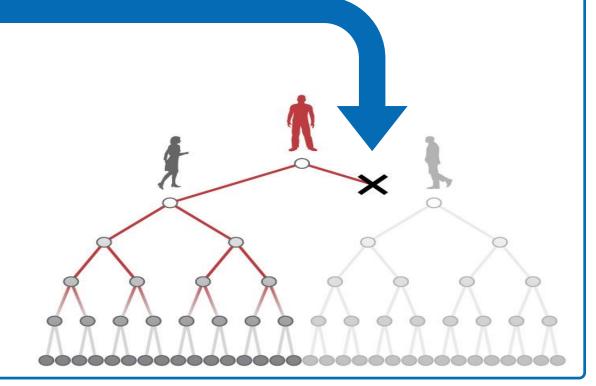


**Contact tracing** is a routine core disease control intervention implemented for over 87 different Title 17 reportable diseases, conditions and situations.

- Measles
- COVID-19
- HIV/STD partner services for diseases such as syphilis and HIV
- Tuberculosis (TB)

The goal of contact tracing is to break the transmission chain and control the spread of disease





# What skills/abilities needed?









#### Goals

- Goal: 15 contact tracers per 100,000 residents
  - 115 FTE Contact Tracers

- Existing: 4 contact tracers per 100,000 residents
  - 30 FTE communicable disease investigators, community workers, public health nurses



- Goal: 230 new positive cases per day
- Existing: 60 new positive cases per day

 In place: Public Health contact tracing function already expanded from 8 to 30 FTEs through reassignment

- Next steps:
  - Phase 1 identify and train 45 FTE Disaster Service Workers by July; 150 cases per day
  - Phase 2 identify and train 40 FTE Disaster Service Workers; 230 cases per day



 Identify 150 FTE potential to staff up to 115 in order to account for attrition

 Identify and train but reassign as needed to respond to demand



 Support with training, buddy system, REDcap and Qualtrics software

Supervision/management to support:

- 4 existing + 2 new supervisors = 6
- 1 existing + 2 new managers = 3





Epidemiology/analytics to support monitoring the spread, state requirements and public information:

- 8 existing + 2 Epidemiologists = 10
- 0 existing + 1 new managers = 1



• +\$393K / \$491K

# Fiscal Impact

- Attempt claim to FEMA, other emergency claiming
- Redirected existing workforce within Health:
  - \$8 / \$9.9M expenditure
  - potential lost revenues 30 / 50%



- Newly redirected Disaster Service Workers:
  - \$8.2 / \$10.3M expenditure
  - potential lost revenues
  - + 13 new employees  $\rightarrow$  + \$1-\$1.3M

Total estimated annual cost → \$17.9 / \$22.2

# **Next Steps**

 Separate Salary Ordinance Amendments to BOS and related budget actions

Develop process with HR, Labor, and other departments





#### Questions?