Norfolk County-8 Coalition

MDPH/LBOH Webinar 10/19/2021

Inter-agency Staff on the Webinar

- Jana Ferguson, Assistant Commissioner, DPH
- Sam Wong, Michael Coughlin, Rachael Cain, and Aimee Petrosky, Office of Local and Regional Health, DPH
- Dr. Catherine Brown, Glynnis LaRosa, and Laurie Courtney, Bureau of Infectious Disease and Laboratory Sciences, DPH
- Donna Quinn, Office of Preparedness and Emergency Management, DPH
- Anne Gilligan and Anne Marie Stronach, Department of Elementary and Secondary Education
- Heath Fahle, Executive Office for Administration and Finance
- Cheryl Sbarra, Massachusetts Association of Health Boards
- Chief Edward Dunne, Massachusetts Chiefs of Police Association
- Dr. John Welch, Community Tracing Collaborative

Announcements:

American Rescue Plan Act (ARPA) funding for Local Municipalities:

Background: On March 11th, 2021, the ARPA was signed into law, appropriating $350 B for direct state and local government aid through the Coronavirus State and Local Fiscal Recovery Funds (CSLFRF). The program is administered at the federal level by the US Dept. of Treasury with audit and oversight provided by the US Treasury Office of Inspector General. On May 10th, 2021, US Treasury launched CSLFRF be releasing a host of program materials, most notably the program guidance in the form of an "Interim Final Rule" (31 CFR Part 35). Coronavirus Local Fiscal Recovery Funds (CLFRF) recipients are "prime recipients" (responsible directly to US Treasury); this is a significant responsibility, especially for local governments that do not manage large federal grants regularly. Concern about impact of Ch.70/SOA on revenue replacement calculation. The Commonwealth received its payment of $5.3 B on May 19th, 2021. Local governments (counties, cities, towns) were appropriated to receive $3.4 B in two parts, $1.7 B was sent to communities this summer, and the second half will be sent out next summer. Spend the dollars by December 31, 2026.

Eligible uses for State and Local aid:

1) Respond to the public health emergency with respect to COVID-19 or its negative economic impacts (direct COVID-related costs—testing, contact tracing, etc.; public health and safety staff; hiring state and local government staff up to the number of employees to pre-pandemic levels; assistance to unemployed workers, including job training; contributions to UI systems; small businesses assistance; nonprofit assistance; assistance to households; aid to impacted industries; expenses to improve efficacy of public health or economic relief programs; survivor's benefits; aid to disproportionately impacted populations or communities) Two ways to define disproportionately impacted populations/communities:

a) generate your own definition or

b) use Qualified Census Tracts (QCTs) identified by HUD. There are 311 QCTs in Massachusetts located within 49 municipalities. The QCTs represent approximately 1.3M people and 19% of the population. For these QCTs, there are additional programs and services contemplated under the funds: -programs that facilitate access to health and social services/address housing insecurity/mitigate the impacts of COVID on education, childhood, or welfare.

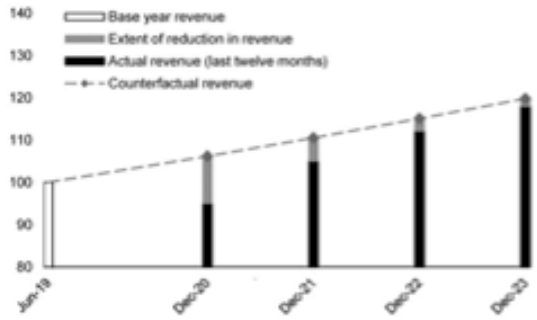
2) Provide premium pay to eligible employees providing essential work during the COVID-19 public health emergency. Eligible workers are designated by Chief Executive. Up to $13/hr, capped at $25k per worker. Can be for public, private, or non-profit workers. Essential work is defined as work involving regular in-person interactions or regular physical handling of items that were also handled by others. Must prioritize lower income workers. Potential eligible workers include: staff at nursing homes, hospitals, home care settings; workers at farms, food production facilities, grocery stores, restaurants; janitors and sanitation workers; truck drivers, transit staff, warehouse workers; public health and safety; childcare workers; social service staff

3) Provide government services to the extent of the reduction in revenue due to COVID-19. Revenue replacement funds can be used for a wide range of government services, including but not limited to: roads, cybersecurity, health services, environmental remediation, educational services, and public safety services. This provision of the law offers state and local government the most flexibility to use the funds, but limitations on them include: cannot be deposited in a stabilization fund; cannot pay legal settlements; cannot support debt service costs. It is also capped at this revenue lost formula/methodology (see below). Some communities are going to have more revenue loss than others, this is an opportunity but not available consistently across communities. Awaiting further guidance form Treasury on compliance responsibilities.

Coronavirus State and Local Fiscal Recovery Funds

As of:	12/31/2020	12/31/2021	12/31/2022	12/31/2023
n (months elapsed)	18	30	42	54
Counterfactual revenue:	106.2	110.6	115.1	119.8

The overall methodology for calculating the reduction in revenue is illustrated in the figure below:



Timing for Calculations

- *Recipients calculate the amount four times:*
  - *December 31, 2020*
  - *December 31, 2021*
  - *December 31, 2022*
  - *December 31, 2023*
- *Revenue amount is calculated on a **calendar year** basis*

4) Invest in water, sewer, or broadband infrastructure. Note—some of these costs may also be eligible for federal support via the infrastructure bill under consideration in Congress.

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Compliance and Reporting Obligations: Need to carefully document eligibility determinations, extensive list of reporting requirements, these obligations will last until calendar year 2027. A&F will provide training sessions on these topics.

Sample next steps: 1) Prepare to manage the grant by assessing existing administrative infrastructure; CLFRF can be used to support administrative costs associated with grant management. 2) Calculate the revenue loss amount of calendar year 2020 3) Establish a planning process to allocate CLFRF resources, including stakeholder engagement 4) Identify programs and projects to support with CLFRF 5) Write a formal eligibility determination and attach relevant supporting materials (e.g. emails, meeting minutes) for each program or project supported by CLFRF. 6) Implement a process to collect and report financial data and key performance indicators to the federal government.

Additional funding opportunities: Elementary and Secondary School Emergency Relief (ESSER) Funds for K-12 school districts across the Commonwealth, flows through DESE, but available to be spent by these school districts.

Q: Funding is coming from federal entities straight to municipalities? There isn't a grant we need to apply for? Should our local health partners advocate for public health needs to their town leadership/legislators?

A: There is an application process, and every municipality in Massachusetts has already completed this. The planning process is underway for how to deploy the resources. The Commonwealth received the funds in May. The governor proposed a set of uses for these monies, and in the past few months, the Legislature has held hearings on what the best way would be to use the funds. Legislators have said by Thanksgiving they hope to have a plan/process for how these funds will be sent out. There are opportunities available to support public health infrastructure.

CTC update: Taking final cases on November 30th. By mid-December, our Contact Tracing staff will be relieved. Any pending cases at the CTC will be transferred back to you through your Community Health Liaison. If you have any questions, please reach out to them. Also, contact the Community Health Liaison to share any job openings you have related to contact tracing positions.

COVID-19 vaccine update: FDA VRBPAC Meetings on 10/14 and 10/15: Moderna--unanimous vote to recommend authorization of a half-dose booster dose for the same populations that the Pfizer booster has been approved for, at least 6 months after the second dose. This is for 65+ years and 18-64 for those who are at high risk because of where they work or live.

J&J—unanimous vote to recommend authorization a booster dose for everyone 18 and older who got the primary dose of J&J covid vaccine at least 2 months ago

Mix & Match Boosters: Discussion, but no vote. Not clear if a mix-and-match approach will be recommended in the future.

Next steps: -FDA adopts or rejects the advisory committees' recommendations (anticipated before ACIPs scheduled meeting on 10/20). -FDA adjusts the existing EUAs accordingly.

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-ACIP meets 10/20 and 10/21 to review the data, vote on whether or not each booster dose should be recommended, who they should be recommended for, when they should be given.
-Final step will be for the CDC director to review the ACIP's recommendations and determine If they should become official CDC recommendations.
FDA VRBPAC (advisory committee) Meeting 10/26: To discuss a request to amend Pfizer-BioNTech's EUA for administration of their COVID-19 mRNA vaccine to children 5 – 11 years old.
Upcoming CDC COCA Call: Tuesday, October 26th, 2:00 pm – 3:00pm.
Pediatrics Vaccination Planning: This is for the 5-11 year old age group. We have collected information about who could/would provide vaccinations. We are anticipating that we'll have recommendations about this population for Pfizer doses around November 1st. These are the signals we are getting from the federal government, but none of this is approved until it's approved. Pfizer going to be packaging the pediatric formula in 100 dose boxes. 10 dose vials. The hope is that these doses can be pre-distributed before approval, and a survey was released yesterday to people who expressed interest about administering doses and if you could be ready on or before the official CDC approval and adhere to the CDC recommendations. We don't know who will be approved to give vaccine to whom, have to wait what FDA and CDC say.
Q: Color?
A: We are working with Color to prepare for this.
Q: Moderna shipments and ancillary kits?
A: Ancillary kits being sent out do not take into account for booster doses right now. DPH reached out to CDC about this, and CDC said that the extra supplies are already in the field, and to redistribute. Future shipments from Moderna after the boosters are approved will come with enough supplies to account for boosters.
Q: Are local health departments expected to give out booster doses?
A: The Head of HHS has said that if you're a vaccine provider, and are actively vaccinating, you also need to administer booster vaccines once full approval is given. DPH isn't going to tell you when to host booster clinics, but a lot of you are already hosting them for first responder clinics to homebound individuals.
Other updates: DPH had released two rounds of contact tracing funding, and we are finishing reviewing the second round. We are also working with MHOA and Academic Public Health Corps to support with contact tracing. Also working on having MRC volunteers have access to MAVEN to support with tracing.
Questions not answered out loud from the Q&A Chat:
Leanne McGuinness - 3:44 PM
Q: Do we wait to Administer Moderna "boosters" until FDA says yes? -
-Laurie Courtney - 3:46 PM **A**: Under the MCVP agreement you are bound by CDC recs, so you should wait for ACIP to make recommendations, then for the CDC director to formally accept/change the recommendation. We wait for CDC go-ahead.-