THE PRINCE GEORGE'S COUNTY GOVERNMENT
Office of Audits and Investigations

November 5, 2021

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RE: Health Department – FY 2022 YTD Programmatic/Operations Briefing

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At the request of the Council Chair Hawkins, the Health Department will provide a Briefing with an update on its key operational issues:

- General pandemic-related operations issues
- Infection numbers/rate, hospitalization numbers/rate, number of hospital beds available/utilization rate, deaths
- Testing and mass vaccination including booster statistics
- Update on the Department's staffing
- Update on the Department's information technology infrastructure.

This memorandum provides some background information on these issues to complement the Health Department's presentation.

General pandemic-related operations issues

The Health Department leads the emergency response to the COVID-19 pandemic for the County. The Department has partnered with private, non-profit, community based and government entities for the purpose of preventive education, enforcement of COVID-19 restrictions, development and implementation of COVID-19 related policies, testing, and vaccination distribution. Each of these tasks is immense. For example, the preventative education involves vigorous community outreach efforts:

- COVID-19 Hotline
- Nurse's Hotline
- Educational Materials (infographics, flyers, fact sheets)
- Media Ads (radio, TV, billboards and posters)
- Social Media
- Press Conferences
- Virtual Community Town Halls with community groups and organizations
- Press Releases
- Radio Interviews
- Website (https://www.princegeorgescountymd.gov/3397/Coronavirus)
- Emails, text messages and recorded phone messages

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In addition to coordinating the COVID-19 response and engaging in the community outreach, the Department provides direct services such as testing and operating vaccination clinics (permanent and mobile). The Department also runs specialty programs such as COVID Care Program to serve high-risk patients with social needs during the COVID-19 pandemic. The Care Program offers a focused community health worker (CHW) intervention, to assess needs of patients isolating or quarantining for COVID-19 and connect them to necessary services during their time of need.

The COVID-19 pandemic has presented and exacerbated several operational challenges:

1. *Staffing challenges*
   - The pandemic necessitated certain logistical changes such as:
     - The Department had to procure equipment, signage, personal protective equipment (PPE), etc. to comply with the Centers for Disease Control and Prevention (CDC) safety guidelines.
     - In the response to the pandemic and social distancing guidelines, the Department worked hard to expand teleworking opportunities for its employees.
   - Limited staffing resources amid the increased workload demands:
     - Reduced employee availability due to COVID-19 has been a challenge.
     - During the FY 2022 Budget Review, the Department reported that "*the need for additional staffing has been a long-standing concern at the Department. COVID-19 only brought them to the forefront.*" The Department's staffing level pre-pandemic has been a concern, and while the Department's duties and responsibilities have greatly expanded with the onset of the COVID-19 pandemic, the staffing has not improved in terms of the actual number of employees. As of October, the Department reports 138 vacancies (25% vacancy rate).

2. *Impact on non-COVID operations*
   - Limited staffing resources amid the increased workload demands impacts operational outputs: Without adequate staffing and inability to add additional personnel to assist with the pandemic efforts, existing personnel have been assigned new pandemic-related duties or have been completely reassigned to support pandemic response efforts. Such redistribution of the limited existing staffing resources impacts the Department's ability to meet its non-COVID goals and objectives.
   - The Department made necessary modifications to its service delivery to continue services when possible and ensure compliance with the CDC guidelines when rendering clinical and behavioral services.
     - The Department reports that it sustained revenue losses in the immunization, reproductive health, dental and HIV programs.
     - The Behavioral Health Division had to shut down certain services due to the COVID-19 pandemic. For example, substance abuse counseling services at the county jail was halted and all of the face-to-face services had to modify how to deliver quality care

during this period. The Adolescent Clubhouse initiative experienced a severe drop in enrollment as a result of schools not being open and lack of face-to-face interactions.

- The Environmental Health/ Disease Control Division experienced lack of personnel to meet workload demands as the COVID-19 pandemic overwhelmed the Communicable Disease Program with the number of cases. In addition, the Food Protection Program staff were assigned to the Ambassador Program for COVID-19 order compliance, and as a result routine inspections of food facilities were temporarily suspended.

- The Family Health Services Division personnel had to stand up and staff COVID-19 testing and vaccinations since March 2020. Ensuring continuity of services has been a challenge and Dental, School Based Wellness Center and the Vaccine for Children programs had the greatest impact in reduced services for this Division.

- The Department can provide an update on the current state of its ability to provide and staff non-COVID services.

▪ As reported during the FY 2022 Budget Review, the COVID-19 pandemic led to a shift in priorities for the Department and it is not moving forward with Public Health Accreditation.

3. *IT infrastructure*

▪ Initially, the Department did not have adequate IT infrastructure to provide all the data analytics necessary to inform, coordinate and manage COVID-19 response efforts. Investments in the Department's IT infrastructure were a key priority in both FY 2021 and FY 2022.

▪ IT infrastructure is addressed further in the "Update on the Department's information technology infrastructure" section of this memorandum.

COVID-19 statistics: infection numbers/rate, hospitalization numbers/rate, number of hospital beds available/utilization rate, deaths, testing and mass vaccination including booster statistics

▪ Up to date COVID statistics for Prince George's County will be provided by the Health Department.

▪ Based on the data presented on the Maryland COVID-19 Data Dashboard (available at https://coronavirus.maryland.gov and accessed on November 4, 2021) depicted in Table 1:

- When it comes to COVID-19 <u>cases</u> per 100,000 population, Prince George's County ranks at number 6 out of 24 following Allegany County, Washington County, Somerset County, Dorchester County and Garrett County.

- When it comes to COVID-19 <u>deaths</u> per 100,000 population, Prince George's County ranks at number 11 following Allegany County, Garrett County, Kent County, Washington County, Dorchester County, Baltimore City, Baltimore County, Wicomico County, and Somerset County.

Table 1.

Geographic Area	Census Population Estimates (2019)	COVID cases		COVID deaths	
		Number	Rate per 100,000 Population	Number	Rate per 100,000 Population
Maryland	**6,045,680**	**563,696**	**9,324**	**-10,608**	**-175**
Allegany County	70,416	9,865	14,010	-253	-359
Anne Arundel County	579,234	53,411	9,221	-756	-131
Baltimore County	827,370	77,242	9,336	-1,810	-219
Baltimore City	593,490	61,937	10,436	-1,324	-223
Calvert	92,525	5,754	6,219	-100	-108
Caroline	33,406	3,254	9,741	-51	-153
Carroll	168,447	11,914	7,073	-284	-169
Cecil	102,855	8,944	8,696	-179	-174
Charles	163,257	14,582	8,932	-258	-158
Dorchester	31,929	4,179	13,088	-82	-257
Frederick	259,547	24,492	9,436	-369	-142
Garrett	29,014	3,328	11,470	-81	-279
Harford	255,441	20,949	8,201	-351	-137
Howard	325,690	22,789	6,997	-271	-83
Kent	19,422	1,742	8,969	-53	-273
Montgomery	1,050,688	82,790	7,880	-1,666	-159
Prince George's	909,327	100,095	11,008	-1,684	-185
Queen Anne's	50,381	3,924	7,789	-71	-141
St. Mary's	113,510	10,060	8,863	-163	-144
Somerset	25,616	3,377	13,183	-54	-211
Talbot	37,181	2,899	7,797	-54	-145
Washington	151,049	19,927	13,192	-401	-265
Wicomico	103,609	11,198	10,808	-224	-216
Worcester	52,276	5,044	9,649	-119	-228
Data not available				50	

Data Sources:
- *Annual Estimates of the Resident Population for Counties in Maryland: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-24), U.S. Census Bureau, Release Date: March 2020.*
- *COVID 19 Statistics in Maryland, https://coronavirus.maryland.gov/ (accessed November 4, 2021)*

- Overall, for Maryland residents:
  - About 3,647,598 Maryland residents (approximately 60%) have been fully vaccinated as of October 17, 2021.
  - There have been 30,384 COVID-19 cases among fully vaccinated Maryland residents.
  - Approximately 14.49% of all confirmed COVID-19 cases in Maryland since January 2021 have been among fully vaccinated individuals.
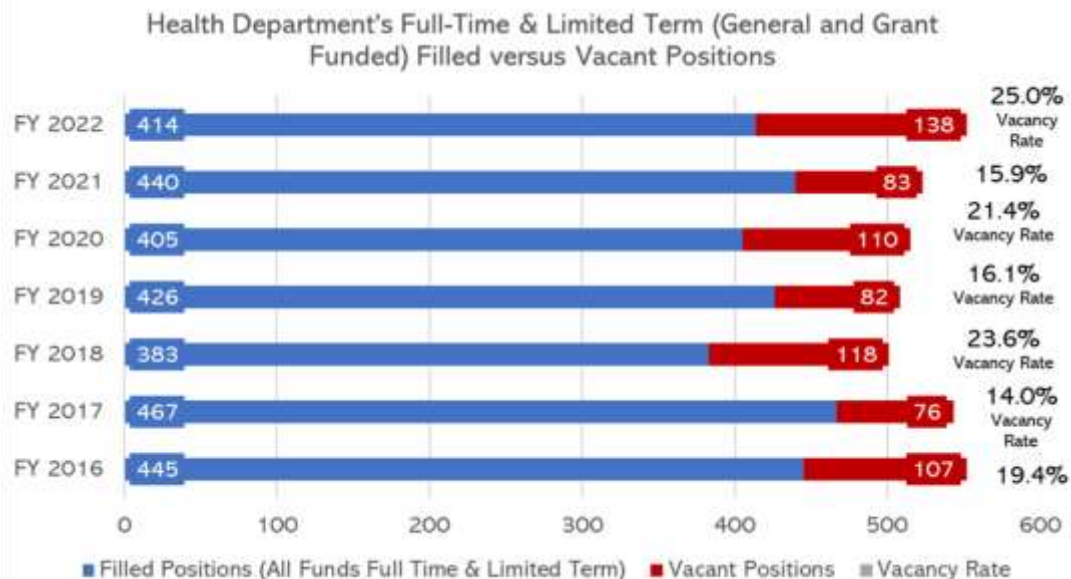
Update on the Department's staffing

Overview

▪ The Health Department experiences significant differences between its authorized staffing levels and actual staffing. Significant differences between authorized and actual staffing level, and their persistency (every year) indicate continuous recruitment and/or retention challenges, which are not being successfully addressed.

▪ Grant Funded positions (Authorized and Actual) exceed the number of General Fund full-time positions. High reliance on grant funded positions may present a multitude of operational challenges for the Department. When these positions are not filled, the Department's ability to execute grant funded projects may be jeopardized. In additional, when grant funded positions are not filled, non-grant funded employees may have to assume the duties, which should be performed by grant funded personnel, thereby reallocating scarce personnel resources from other areas of the Department's operations.

Vacancies

▪ The Health Department ended FY 2021 with approximately 83 vacancies (reported in March 2021 during the Budget Review):

- 28 General Fund full-time

- 22 Grant Funded full-time

- 33 Grant Funded limited term

- Total of 83 vacancies

▪ Additional ten (10) General Fund full-time and 19 Grant Funded limited term positions were authorized in FY 2022. Some positions were lost due to attrition. As of the end of October 2021 the Department reports having **138** vacancies (25% of the authorized level).

Graph 1.

Health Department's Full-Time & Limited Term (General and Grant Funded) Filled versus Vacant Positions

FY	Filled	Vacant	Vacancy Rate
FY 2022	414	138	25.0%
FY 2021	440	83	15.9%
FY 2020	405	110	21.4%
FY 2019	426	82	16.1%
FY 2018	383	118	23.6%
FY 2017	467	76	14.0%
FY 2016	445	107	19.4%

■ Filled Positions (All Funds Full Time & Limited Term) ■ Vacant Positions ▪ Vacancy Rate

FY 2022 Newly Authorized Positions: Status Update

- In FY 2022 the Department's authorized General Fund staffing level was approved to increase by ten (10) positions, increasing the General Fund full-time complement from 217 to 227 positions. The new positions include three (3) registered nurses to support the Immunization Program; two (2) disease control specialists to support the Communicable Disease Program; one (1) administrative assistant as a safety officer; two (2) system analysts to support the Electronic Health Record System; one (1) system analyst to support the Health Information Technology System and one (1) auditor.

- According to the Department, none of the positions have been filled yet.

Addressing Increasing Workload Demands with Limited Staffing

- Use of temporary employees: The Department reports that it currently has 61 temporary employees to support its operations. Fifty-five (55) out of 61 employees are engaged in the Pandemic-related activities. While use of temporary personnel is a short-term feasible solution to the staffing challenges, temporary employees are not an ideal solution due to the lack of expertise required for some duties, their inability to obtain access to County systems, which also limits their capabilities, as well as high turnover rates as temporary employees may seek more stable positions.

- Use of overtime: The Department uses overtime to augment short staffing levels in critical areas. The use of overtime and compensatory time is used to fulfill the additional tasks and demands of the Department, including specific projects with fixed deadlines and pandemic related activities.

- Staffing challenges impact operations. Staffing challenges increase the risk of potential for disruption in services or reduction of quality of services.

Update on the Department's information technology infrastructure

- The Department was able to use CARES funding and other supplemental Maryland Department of Health funding to procure critical equipment needed to meet the operational needs of the Department.

- The Department worked closely with the Office of the County Executive to enhance the Department's information technology tools in FY 2021 and FY 2022.

- An update on the Local exchange/Public Health Information Network (PHIN), Electronic health record Oregon Community Health Information Network (OCHIN) and (EPIC), and other initiatives will be provided by the Health Department.

Links to select information on the Health Department:

1. FY 2022 Proposed Operating Budget for the Health Department (FY 2022 Approved Budget Book is not available)
   https://www.princegeorgescountymd.gov/DocumentCenter/View/35024/Health-Department
2. FY 2022 Appropriations authorized by the Council (CB-035-2021).
   https://princegeorgescountymd.legistar.com/LegislationDetail.aspx?ID=4966486&GUID=9ADF8B74-8366-4E67-B124-F194B5317EA9&Options=ID|Text|&Search=cb-35
3. FY 2022 Budget Review Report
   https://pgccouncil.us/DocumentCenter/View/5415/Health-Department-Budget-Report-Final
4. CR-067-2021 outlines American Rescue Plan spending plan
   https://princegeorgescountymd.legistar.com/LegislationDetail.aspx?ID=4975209&GUID=E91D1C61-4833-4F16-9114-BF413D4AA02D&Options=ID|Text|&Search=american+rescue+plan
5. CARES Act Funding - Status/Update Briefing by Stanley A. Earley, Director, Office of Management and Budget (BR 12152020c)
   https://princegeorgescountymd.legistar.com/LegislationDetail.aspx?ID=4730937&GUID=945970EF-AD91-4FE2-B852-15006F3C8472&Options=ID|Text|&Search=CARES+act
6. *2019 Prince George's County Community Health Assessment*. Prince George's County Health Department.
   https://www.umms.org/capital/-/media/files/um-capital/community/community-reports/community-health-assessment-2019.pdf?upd=20210528155139&la=en&hash=A0F9D2C7703A88C0E2CBB5C47E4B2FFEF5E48E34 (accessed on November 4, 2021)
7. *Assessing Health and Human Services Needs to Support an Integrated Health in All Policies Plan for Prince George's County, Maryland* (Second edition). RAND Corporation. August 2021.
   https://www.rand.org/pubs/research_reports/RRA647-1-v2.html (accessed on November 4, 2021).