

County of Santa Clara

Public Health Department



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DATE: October 5, 2020

TO: Honorable Members of the Board of Supervisors

FROM: Sara H. Cody, MD, Health Officer and Public Health Director

SUBJECT: OFF AGENDA REPORT REGARDING CASE INVESTIGATION AND CONTACT TRACING (CICT) METRICS, TIMELINE FOR CASE INVESTIGATIONS AND CONTACT TRACING, AND DATA REGARDING REFERRALS FOR SUPPORT

At the September 22, 2020 Board of Supervisors meeting (Item No. 17), Supervisor Ellenberg requested an off-agenda report detailing what metrics could be added to the COVID-19 public dashboards. Board President Chavez and Supervisor Ellenberg further requested that Administration provide information on isolation and quarantine support, including types of referrals and proportion of referrals linked to services, as well as information the time it takes between when an individual is tested for COVID-19 to when the individual receives available services, and the steps involved in that process. This report provides the requested information.

Background

Case Investigation and Contact Tracing (CICT) has been a cornerstone of the Public Health Department's COVID-19 response since the early emergence of COVID-19 in Santa Clara County. The CICT team identifies people who came into close contact with an individual diagnosed with COVID-19 and instructs such contacts to quarantine for a minimum of 14 days and seek testing during this period. Cases and contacts are further encouraged and enabled to safely isolate and quarantine by contact tracers offering referrals to resource service referrals, such as clinical monitoring, food, shelter, and financial assistance. To ensure that appropriate services are available to all Santa Clara County residents who need help with isolation or quarantine, the County established the COVID-19 Isolation and Quarantine Support Program (I/Q Support Program).

The I/Q Support Program provides resources to County residents who test positive for COVID-19 or are identified as contacts to a positive case to enable them to isolate or quarantine safely. There are three main components to the program: hotels with supportive services; at-home support services; and rental or financial support. A detailed description of these components was included in the September 22, 2020 report to the Board, Item 17, which can be accessed [here](#).

The Public Health Department is monitoring progress, refining processes, and gauging outcomes of through review of various process metrics gathered by the CICT Quality Improvement team and I/Q Support Team.

Progress to Date

The following slides and narrative provide evaluations of key CICT efforts and outcomes, including both those referrals resolved internally to the CICT team and by the I/Q Support Program.

CICT Process Metrics

The CICT Team currently reviews weekly on the prior month's metrics, including percent of cases and contacts reached for interview and percent of cases and contacts requesting any resource, and specifically housing, food, and other home services.

The CICT team plans to update the public dashboard to reflect additional metrics starting Monday, October 19. The new dashboard would add the following metrics:

- Percent of cases reached for interview as a trend over time
- Percent of cases reached within 24 hours, 48 hours and ever
- Percent of contacts reached for interview as a trend over time
- Percent of contacts reached within 24 hours, 48 hours and ever
- Percent of contacts and cases requesting any resource as a trend over time
- Percent of cases reporting at least one close contact as a trend over time

Preliminary evaluations of the above metrics show stable to slightly improving trends in case and contact interview completion (recently 87% and 78% respectively) (Attachments A and B), and stable levels of cases reporting one or more contacts approximately 35-40% and an average around three contacts per case who reports any contacts (Attachment C). Evaluation of the above metrics when stratified by age cohort, sex, race and ethnicity, geographic region, and language have found no major disparities in most categories. A major exception is a higher rate of resource requests among cases who speak Spanish compared to those who speak English.

In addition to outcome metrics above, the program internally monitors throughput and accurate completion of records to assess staffing needs and improve additional data quality. A recent internal evaluation found that the average time from symptom onset to case completion was on average seven (7) days (under 5 days from test to interview for asymptomatic cases). Additional analysis has also found that contacts who had been contacted by CICT were less likely to report having exposed anyone (Attachment D).

Referral Process Overview

The CICT referral process is initiated by case investigator/contact tracers, who perform initial outreach to cases and contacts and place initial referrals for both clinical and non-clinical support.

Clinical referrals may be placed for routine symptom and clinical monitoring based on risk factors or specific consultation due to questions or needs raised in the initial CICT interview. Clinical referrals are reviewed first by an intake nurse who routes the referral to a nurse, physician, or other clinician monitor.

Resource referrals are reviewed first by a CICT resource coordinator, who will refer clients to the I/Q Support Program for resources such as hotels, in-home support, rental and financial support or may work directly with the client to facilitate access to other resources such as linkage to primary care or the ability to order grocery delivery for someone who has resources to afford food.

Resource referrals for hotel, in-home support, rental, and financial assistance are received by the I/Q Support Program via CalCONNECT, via e-mail from contract tracers, or via the I/Q hotline directly from County residents. The I/Q hotline is available seven days a week, 8a.m. to 5p.m. and is currently available to residents from Gilroy, Los Altos, Los Altos Hills, Milpitas, Morgan Hill, Mountain View, San José, Saratoga, and unincorporated Santa Clara County. For Mountain View residents, the I/Q Support Program only provides assistance with motel stays, and City of Mountain View staff or contactors assist with rental assistance and in-home support. The seven other cities have opted to manage their own programs or have declined to offer services. The I/Q Support Program makes referrals to cities' staff or contactors as determined by the seven cities. Attachment E provides the process workflow for referrals received by the I/Q Support Program.

Referral Process Metrics and Timeline

Clinical referrals are often kept open until multiple monitoring calls are completed, with an average of 5 days from referral to closure, while internally resolved referrals are completed on average within 48 hours once clients are confirmed to have no further needs.

The referrals for resources managed by the I/Q Support Program are initiated when CICT creates a referral in CalCONNECT or when a case or contact calls the I/Q hotline for assistance. Through September 30, 2020, the County has received 1,053 referrals for hotel, in-home support services, and financial and rental assistance. Table I below provides the breakdown of referrals by type and by the number of days from when a referral is made to when resources are received for hotel and in-home support resources.

To meet the critical immediate needs of a case or contact, I/Q Support Program staff processes 100% of referrals for hotel placements within the first two days and 96% of referrals for food, hygiene and cleaning supplies within the first three days. In accordance with Public Health guidelines to ensure the needs of individuals to safely isolate or quarantine, I/Q Support Program has been able to meet critical needs for shelter and food within the first three days from when the referral is received.

Table I: I/Q Support Program Referrals through 9/30 – Hotel & In-Home Support

Referrals Completed Through 9/30						
		<i>Completed</i>				
<u>Resource</u>	<u># of Referrals</u>	<u>By Day 2</u>				
Hotel	96	100.00%				
		96				
		<u>By Day 1</u>	<u>To Day 3</u>	<u>To Day 7</u>	<u>To Day 10</u>	<u>10+ Days</u>
Grocery, Cleaning & Hygiene Supplies	685	84.38%	11.82%	1.61%	0.58%	1.61%
		578	81	11	4	11

The County, through an agreement with Sacred Heart Community Service (SHCS), launched the rental and financial assistance component of the I/Q Support Program for qualified households in need. Between June 17, 2020 and August 28, 2020, the County referred 526 households to SHCS for rental or financial assistance. Despite its best efforts, SHCS was not able to build staffing capacity quickly enough to meet the increased demand of referrals in July and August. I/Q Support Program staff assumed the review process for the backlog of 220 referrals.

Effective September 1, 2020, I/Q Support Program staff updated the process to review referrals for rental and financial assistance to minimize the time it takes from when the referral is received to when the household receives assistance. Under the delegated authority approved by the Board on September 22, 2020 (Item No. 17), the Office of

Supportive Housing (OSH) entered into an agreement with Abode Services on September 28, 2020 to administer the rental and financial assistance component of the I/Q Support Program. OSH is also negotiating the revenue agreement with the City of San José (City) to provide support for San José residents, which makes up of 84% of referrals countywide.

Since September 1, the County has received 245 referrals for rental and financial assistance. Of these households:

- 197 households have been contacted by I/Q Support Program staff and are 1) pending additional documentation to complete the process, or 2) have provided the necessary documentation for rental or financial assistance.
- 48 households have declined assistance because they have fully recovered from isolation or quarantine and were able to return to work, and in some instances, the employer provided paid time off.

Table II: I/Q Support Program Referrals through 9/30 – Rental and Financial Assistance

		<i>Completed</i>				
<u>Resource</u>	<u># of Referrals</u>	<u>By Day 15</u>	<u>To Day 30</u>	<u>To Day 45</u>	<u>To Day 60</u>	<u>60+ Days</u>
Rental & Financial Assistance (through 8/28)	134	4.48%	28.36%	26.87%	32.84%	7.46%
		6	38	36	44	10
Rental & Financial Assistance (post 8/28) *	220	Assistance for these households is pending an executed agreement with a vendor to distribute funds to households. Upon execution, households will receive assistance within five business days.				
Rental & Financial Assistance (post SH)	197	Assistance for these households is pending verification process. Upon verification, households will receive assistance between 7 to 10 business days.				

*I/Q Support Program staff assumed the review process for these referrals from SHCS

The I/Q Support Program is proposing an update to the weekly public dashboard first available Monday, November 2, 2020. The new dashboard would add the following metrics:

- Number of referrals and specified referral types by city of residence
- Number of referrals received from CICT and referrals received via I/Q hotline
- Average time (number of days) from when referral is received to when resources are provided

Attachments

Attachment A – Cases Interviewed

Attachment B – Contacts Interviewed

Attachment C – Weekly average number of contacts elicited per case

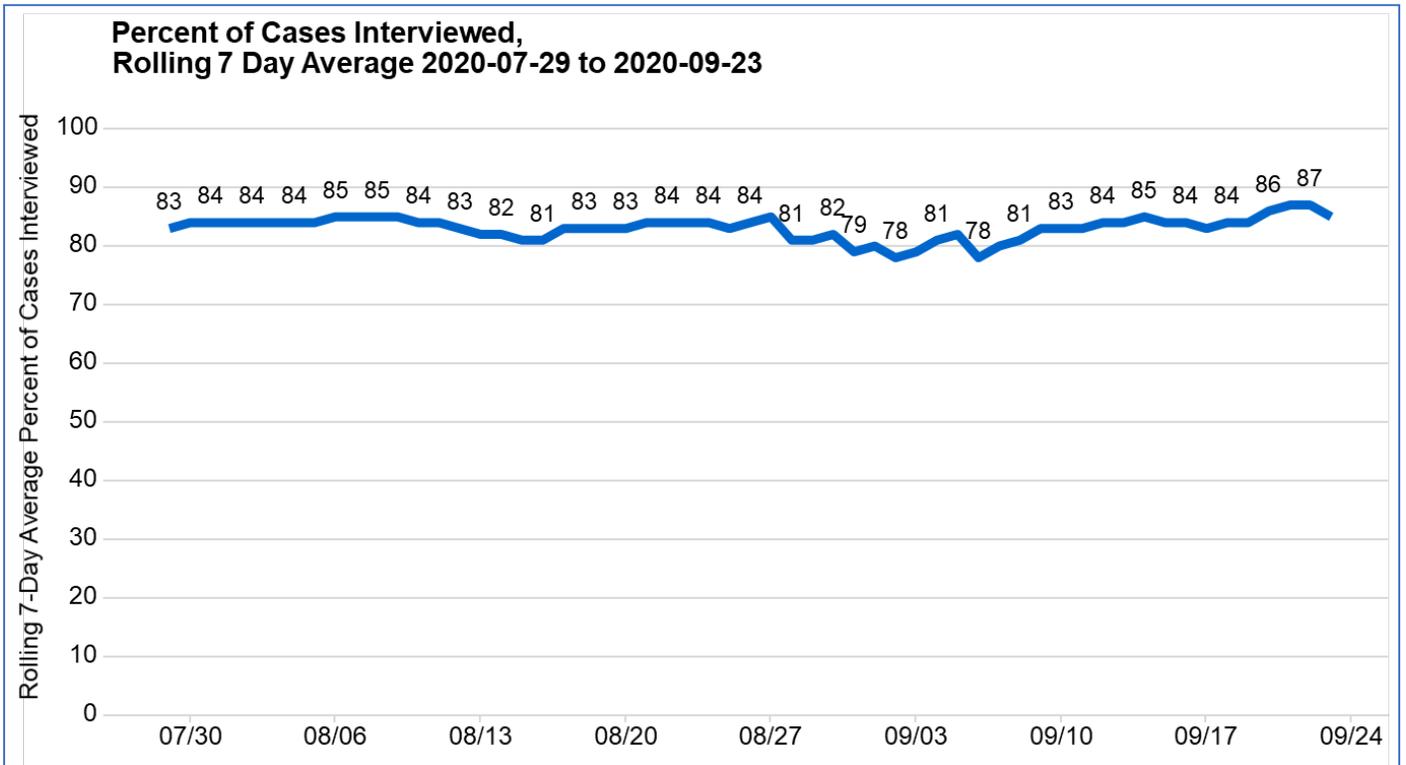
Attachment D – CICT Intervention increases likelihood cases will not expose anyone

Attachment E – I/Q Process Workflow

c: Jeffrey V. Smith, County Executive
James R. Williams, County Counsel
Megan Doyle, Clerk of the Board of Supervisors
Chiefs of Staff, Board of Supervisors

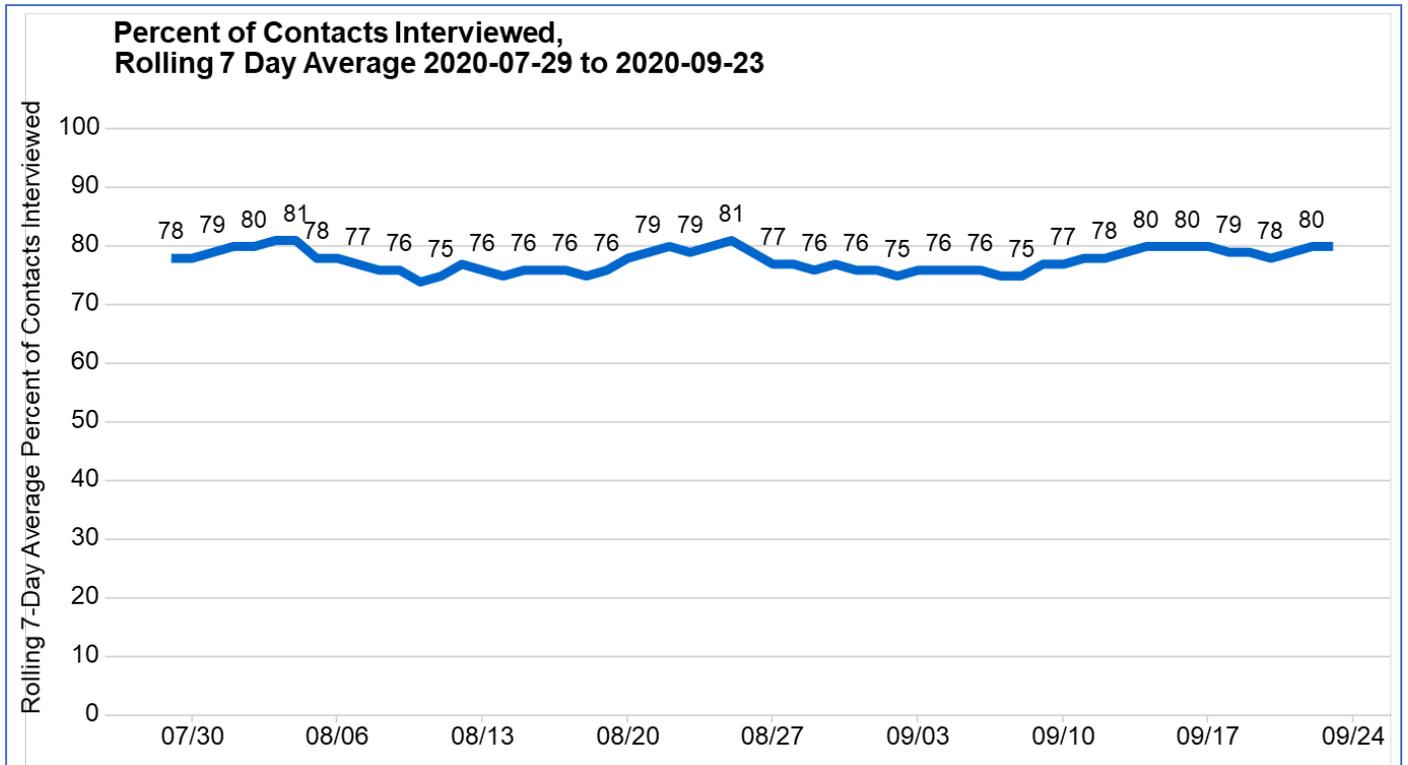
Attachment A

Sustained % of Cases Interviewed around 85% with recent increases up to 87%



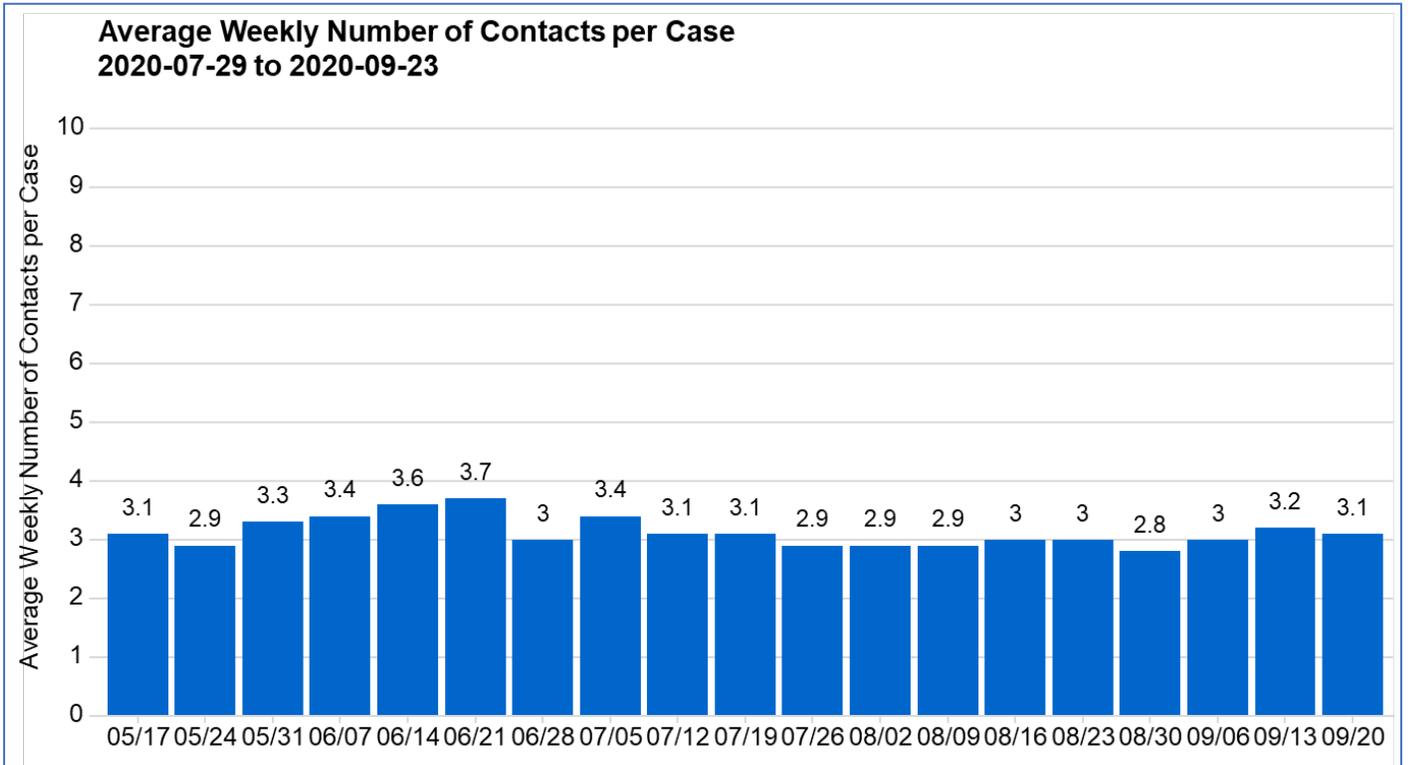
Attachment B

Sustained high % of Contacts Interviewed around 77%



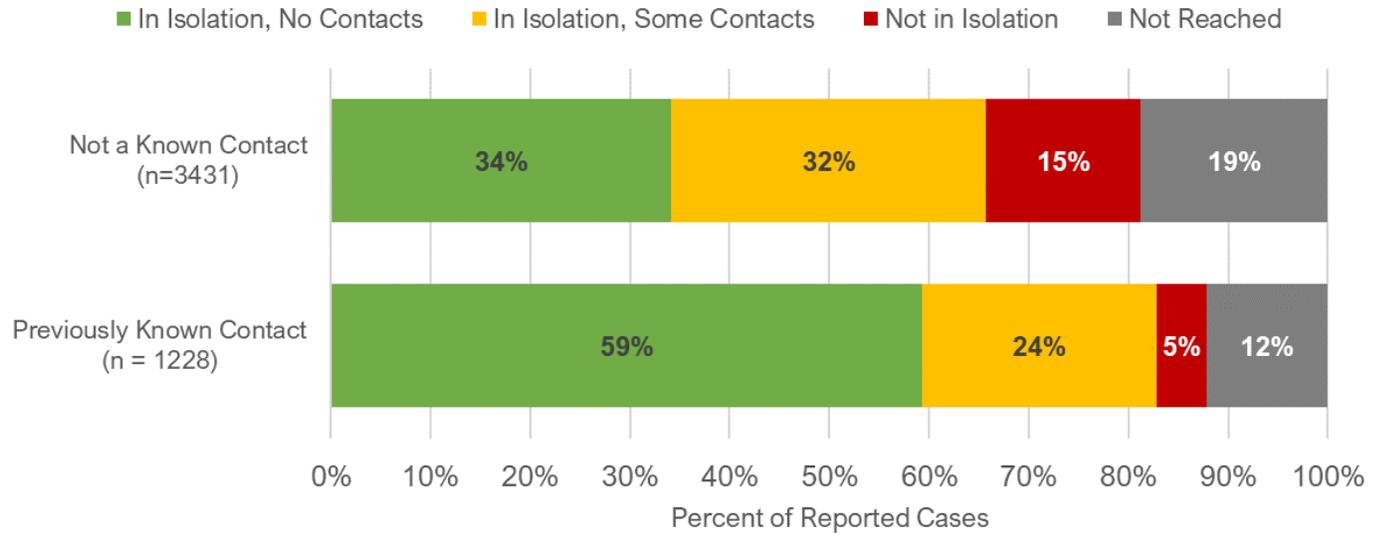
Attachment C

Weekly average number of contacts elicited per case is stable at approximately 3 contacts per case



Attachment D

CICT Intervention increases likelihood cases will not expose anyone



For cases previously known as a contact to a case:

- Nearly double the percent reporting isolation prior to interview with no contacts (59% vs 34%)
- Fewer not previously in isolation (5% vs 15%)
- Slighter better success in reaching the case (88% vs 81%)

Attachment E

