



The Senate

STATE CAPITOL
HONOLULU, HAWAII 96813

Monday August 10, 2020

MEMORANDUM

TO: Senate President Ronald D. Kouchi
FROM: Senate Special Committee on COVID-19
RE: Senate Special Committee on COVID-19 Report

Dear Senate President,

Please see the attached report prepared following the August 6, 2020, Senate Special Committee on COVID-19 meeting with the following:

- Department of the Attorney General
- Department of Health
- Department of Transportation – Airports Division

Sincerely,

Senator Donovan M. Dela Cruz
Senator Jarrett Keohokalole
Senator Michelle N. Kidani

Senator Donna Mercado Kim
Senator Sharon Moriwaki
Senator Kurt Fevella

Attachment

Cc: All Senators

Department of the Attorney General (AG), Department of Health (DOH), Department of Transportation (DOT).

Ms. Clare Connors, Attorney General, Dr. Sarah Park, State Epidemiologist, Mr. Ross Higashi, DOT Deputy Director, provided the Committee with the following update.

Airport CARES Funding Budget

- According to Deputy Director Higashi, The Airports Division has received \$70 million in CARES Act.
 - This amount is a reduction of the \$90 million allocated by the Legislature.
- Per the Deputy Director, the department has allocated \$25 million for airport thermal cameras statewide.
 - Thirty-six cameras have already been installed as of August 1st in the Airports Division phase 1 installation plan.
 - Phase 2 will include installing another 97 cameras at all airports.
- Continued labor costs for Airport screening is totaled at approximately \$23 million.
 - This total includes approximately \$11.5 million from CARES Act funds, with the remaining balance coming from existing general funds.
- \$8.5 million of CARES monies is being allocated for continuing a service contract for COVID-19 testing.
 - The Committee expressed their hope that testing capacity provided by the Airports Division CARES monies will not just be for visitors, but it will also be for local residents.
 - The Committee highlighted its belief that leveraging the Airports Division's CARES monies is critical in increasing testing capacity for the state.
- \$5 million of CARES monies are being allocated to create swab and testing facilities, which will be designated for visitors who are symptomatic or want to take a test.
 - Per the Committee's request, the Airports Division will differentiate the costs and purpose of the swab testing facilities and increase in testing capacity (8.5 million) versus the retrofitted Airport screening rooms (5 million) in the budget matrix for the Committee.
- \$5 million of CARES monies is being allocated to retrofit existing rooms within the airports to be used for travel verification.
 - The rooms will include health screening and web travel application verification.
 - There are ten rooms total statewide.
- \$4 million of CARES monies are being used to continue current travel screening operations.
- \$4 million of CARES monies are being allocated for continuous work on a web-based traveler verification application.
- Per the Committee's inquiry, Mr. Higashi stated that CARES Act funded labor projects for the Airports must be finished by the end of the year or within the next 6 months, but these projects are being contracted out and are underway.
 - Per the Committee's request, the Airports Division will provide a breakdown of labor costs and project timelines that must be completed by the end of the year.
- Per Mr. Higashi, the Airports Division can only use CARES funds for maintaining equipment through December 31st.
 - After December 31st, the funds will not be used for equipment repairs.

- Per the Committee's request, the Airports Division will provide a current breakdown of all Airports' CARES monies, including a budget matrix, to the Committee by Friday, August 7th.

DOH Principle Plan(s)

- Per Dr. Park's report, DOH has put in place new principles that are meant to be a strategic realignment for disease investigations.
 - There are four principles which are areas the DOH is focusing on regarding disease investigations.
 - These four areas include:
 - Increasing Efficiency
 - They are increasing the number of tasks that disease investigation staff are assigned.
 - The disease investigation unit has been starting to realign work tasks for different staff to align more with their goals.
 - The disease investigation unit utilized automated processes– online forms are continuing to be developed that can be submitted as opposed to paper forms that require data entry.
 - For example: modifying case assignment algorithms so that case assignments can be more automated.
 - Finally, to increase efficiency, the disease investigation unit has been reviewing its processes and envisioning partnerships with existing agencies to accomplish more tasks.
 - This includes partnering with Federally Qualified Health Centers (FQHC) regarding contact identification.
 - Increasing Capacity
 - Due to a surge in disease activity, Dr. Park emphasized the need for an expanded call center to deal with cases increasing exponentially.
 - Dr. Park explained how DOH needs to secure support from outside agencies to set up call centers.
 - DOH wants to partner with HSMA or others to form a call center that can handle the increased capacity.
 - The department is partnering with the behavioral health administration to take on case management for cases that have been identified to require quarantine or isolation.
 - The DOH and disease investigation unit has been changing and expanding its equipment resources.
 - At the beginning of the Pandemic, Dr. Park put an order in for 30 laptops designated for case management, and she put in another 30 through HEMA – these laptops did not show up until June.
 - Dr. Park also requested mobile phones for the disease investigation staff in order to allow them to telework.
 - Dr. Park also partnered with Aloha Trace to develop apps to contact trace and monitor cases.
 - Increasing Reach

- The DOH has found that the changing epidemiology of COVID-19 has uncovered social disparities in our population.
- The virus has started to target areas of our population that are underserved, have been under-resourced, and are served by FQHCs.
 - The DOH has found a need to leverage relationships with cultural partners, in order to reach the state's cultural minorities and English as a Second Language citizens.
 - According to Dr. Park, these communities trust FQHCs more than they trust the government.
 - FQHCs tend to know underserved families very well, so the DOH and disease investigators are leveraging these relationships so the FQHCs can perform a lot of the contact identification themselves.
- The DOH needs to lean on these partners for outreach and COVID-19 education purposes.
- Increasing Effectiveness
 - Dr. Park emphasizes that the DOH is not just responding, but it is also evaluating its efforts as it goes.
 - Cycle evaluation is mandatory, as it is a part of the CDCs grant requirements.
 - Dr. Park states that the DOH now realizes the need to redirect its data team to focus on analytic projects.
 - The data team needs to determine specific risk factors that make sense to translate the public.
 - Dr. Park stresses that this is not a time for research, but instead, a time to respond appropriately.
 - Part of this response is also responding to federal partner requirements.

General COVID-19 Response

- Per the Committee's request, Dr. Park will provide the Committee a breakdown of DOH staff being mobilized to the COVID-19 response.
 - The breakdown will include staff responsibilities, branch allocation, and the number of staff on each island.
- Per the Committee's inquiry, out of the 62 active disease investigation staff on Oahu, Dr. Park estimates approximately 10 National Guardsmen have been mobilized but not all as contact tracers.
 - Dr. Park reiterates that DOHs response is not just contact tracing.
 - Some of the guardsmen are working in data analyst positions, and some are working in data entry positions in order to fill DOH staffing shortfalls.
- The DOH has been exploring how it can enhance its immunization registry in preparation for the eventuality that there may be a vaccine.
 - The DOH immunization branch will be responsible for conducting and facilitating the distribution of a vaccine and recording immunization data.

- Per the Committee's request, DOH will tabulate a list of staff number needs between contact tracers, investigators, epidemiologists, and supervisors.
 - Dr. Park emphasized that "staffing need" is going to be a fluid answer because of fluctuation in case rates.

Contact Tracing & Case Management Capacity

- Committee members asked if the DOH implementation plan for contact tracing has capacities for the current caseloads of triple digits per day.
- Committee members expressed their concerns with the DOH not meeting their goal of requisite contact tracers.
 - Dr. Park highlighted the unforeseen time that became necessary to perform course development prior to rolling out the program and stressed that contact tracing is not the solution but rather a part of the solution.
- Citing Dr. Parks June report to the Committee, the department planned to have 450 contact tracers trained by the end of July.
 - The department reports that 196 contact tracers have been trained as of August 6th, 2020.
 - Dr. Park mentioned that many of the available cohorts may have new jobs and will not be available for hire.
- DOH planned to bring on contact tracers in groups of 20 because of space and training constraints.
 - Dr. Parks cites the need for individual and supervisor training, which will take at least a week.
- Committee members inquired about what rate of infection would trigger the activation of all 450 contact tracers that the department initially sought to train.
 - Dr. Park maintained that rapid expansion would require targeted 'just in time training,' which does not account for the training of DOH procedures and systems.
 - Dr. Park stresses that the DOH must be careful in making sure the data they present is accurate and that the people they bring on board are data literate.
 - Dr. Park added that 'just in time' training takes time away from trained disease investigators.
- Per the Committee's inquiry, Dr. Park noted that there are a few new hires onboard that are new contact tracers but that the DOH generally has a lot of its investigators as well as surge staff from within the department who act as contact tracers.
 - She also notes that 30 public health nurses are currently acting in the role of being contact tracers.
- Per the Committee's inquiry, the DOH has ten permanent staff between the disease investigation and immunization branch that have been mobilized to focus on contact tracing.
 - Dr. Park stated that there are six epidemiology specialists in the disease investigation branch, and there are six positions in the immunization branch, of which two are vacant.
- Per the Committee's request, Dr. Park will follow up with the Committee on the number of support staff working under the ten permanent staff members who have been mobilized for contact tracing mentioned above.
 - Dr. Park mentioned that there are also two field supervisors working between the disease investigation side and the immunization side.

- There is also a surveillance section supervisor.
 - The surveillance supervisor takes standby calls for disease investigations.
- There is staff in the immunization branch that has been tasked with helping directly on investigations or with the infection control team.
- The infection control team helps with some contact tracing but is much more focused on healthcare-associated infections and infection prevention efforts.
- Responding to inquiries from the Committee, Dr. Park noted that no one from Tripler Army Hospital or Chaminade had contacted the DOH for contact tracing support.
 - Dr. Park notes Tripler needs its own contact tracers for their own DOD contact tracing programs.
- Per the Committee's inquiry, surrounding the DOH general fund budget, the Committee could not find a position titled contact tracer, only 'investigator.'
 - Dr. Park noted that in the general fund budget, the position of 'contact tracer' does not exist.
 - Dr. Park noted that contact tracing is only one facet of what investigators do – it is not an actual position.
 - Dr. Park claims that if you only had a position of strictly being a contact tracer, that position would be limited in activities.
- Contact tracing is budgeted in the DOHs federal grant budget.
 - The epidemiology laboratory capacity (ELC) grant funds that were just provided, \$15 million, have been budgeted for contact tracers.

Data and Service Staff

- In addition to Contact Tracers, there are 139 service staff members supporting contact tracing operations.
 - Service staff member duties include data entry, administration assistance, paperwork, and document processing.
- Dr. Park stressed that the DOH has been searching for data analysts, data managers, research statisticians, and surge epidemiologists.
 - Additional staff is working to support the DOH in an infection control capacity role.
 - There is a large infection control team working hand in hand with infection prevention staff from healthcare facilities as well as points of contact from long term care facilities.

Contact Tracing Processes & Procedures

- Dr. Park stressed that contact tracing is not an automated process and is dependent on people picking up their phone and being responsive to and share information with investigators.
- The process starts by identifying a case, identifying 'close contacts' of the case, placing the individual in isolation, and placing the contacts in quarantine.
 - Dr. Park emphasized the definition of a 'close contact' as someone who was within six feet of the case for at least 15 minutes and stressed their need to quarantine.
- Dr. Park also indicated that people released from isolation are no longer considered infectious.
 - This does not necessarily mean that these people have fully recovered.
 - There are many people who will continue convalescing weeks after the infection.

- Even though they have technically recovered, they still may have complications that they will live with for some time.
- Dr. Park also informed the Committee that there are contacts that the DOH has not specifically tracked;
 - Instead, these cases have been delegated to DOH partners such as DOD, partners in healthcare facilities, partners in long term care facilities, and partners at FQHCs.
 - Partnership with the Pearl Harbor Shipyard, COVID-19 positive information, is expedited to contact tracers.
 - Committee members questioned if the data finding team monitors the contact tracers.
 - Dr. Park notes that because of the data collection partners, actual numbers will be affected.
- Per the Committee's inquiry, the DOH does have a hotline for disease reporting, but this hotline should not be used to report potential run-ins.
 - It is mainly for clinics, healthcare facilities, and schools.
 - There is a resource page on the DOH website for COVID related questions.
- Dr. Park stated that the DOH disease reporting line is receiving many calls concerning workplace infections.
 - For this type of case, Dr. Park explained that the DOH has a worksheet in its community resource section with step by step guidelines for anyone who has this particular question. Dr. Park recommended first looking at the sheet before inundating the call line with items as the sheet can answer most of those questions itself.
 - Committee members asked if a protocol for teachers or principals is in place if they believe they have a COVID case like that of employers.
 - Dr. Park will send that protocol to Committee as they have reworked the contract to include more information.
- Before the recent surge, according to Dr. Park, case contact time had been within 24-48 hours.
 - Since the recent surge case, contact time has lengthened to 72-96 hours.
 - Certain types of cases are prioritized, such as those in long term care facilities and those in vulnerable or at-risk populations.
- Dr. Park elaborated on metrics that will be needed to supply to the federal government regarding the time of contact tracing and staffing workloads.
 - Committee members stressed the need for metrics for transparency with the community and indicated that these federal requirements should also be converted for public consumption.

Infection Control

- Per the Committee's inquiry, Dr. Park stated that the infection control team is currently under the Disease Investigation Branch.
- Dr. Park stated that DOH is working to have the infection control team become its own branch as many of the division's tasks that fall under infection control itself.
 - A large portion of the \$15 million CDC grant, as well as additional supplemental CDC funds, is supposed to focus in the area of infection control.

- Per the Committee's inquiry, Dr. Park states that right now there are three employees in the infection control team, being led by Dr. Park's deputy

Partnerships

- Per the Committee's inquiry, Dr. Park highlights the DOH efforts to continue to partner with FHQCs and Native Hawaiian/Pacific Islander Consortium groups such as 'We are Oceania.' In order to reach out to Hawaii's ethnic minority groups.
 - DOH has secured Office of Language access to assist with language barriers.
 - Dr. Park noted that more than language, DOH needs cultural outreach support.
 - FQHC partnerships include Kokua, Kalihi Valley, Kalihi-Palama as well as other FQHCs in Waikiki.
- Per the Committee's request, DOH will send the Committee a list of its current partnerships and potential partnerships.
- The Committee stressed the need for a Memorandum of Agreement between the DOH and its community partners.

Space Challenges

- Dr. Park noted that office space had been a challenging issue for the DOH.
 - DOH has had challenges with identifying space as well as further equipment for increased staff.
 - Dr. Park noted that all CDC grants the DOH receives are not allowed to be used for finding staff or rental spaces.
 - Dr. Park mentioned they are working to secure the Convention Center to use as a contact tracing site.
 - Per the Committee's inquiry, Dr. Park has to check with the staff for the exact date.

Schools

- Committee members questioned if there is a case threshold for schools to move to a complete distance learning format, which Dr. Park noted is a national discussion, and to expect to have positive cases in schools.
- Committee members asked for a potential handbook to be developed for teachers about the different scenarios regarding potential COVID cases, to which Dr. Park noted that there are too many different scenarios to plan for, but there are resources available for teachers and principals posted on DOH website.
- DOH has a school liaison set up to communicate between the DOE and the DOH on COVID related questions and concerns.

Attorney General

- Committee members inquired about different triggers and or being in a different color phase because of the recent surge in positive cases.
 - AG Connors referred the Committee to Governor Ige and island Mayors for clarification on color phasing.
 - Committee noted that the current system seems to be more reactive than proactive.

Report of the Senate Special Committee on COVID-19
Thursday, August 6th, 2020

- Committee members reiterated its previous requests for weekly reports regarding investigations to which AG Connors agreed.

- end of report -