

## COVID-19 Testing Proposal Plan

### **Task 1- Staff Coordination and Training**

Provide licensed clinician(s) and/or other appropriate healthcare workers to perform or oversee sample collection.

CCHCI is a clinician run and led comprehensive Federally Qualified Health Center. CCHCI utilizes an established team matrix to plan, complete and follow-up COVID-19 testing. The core 'COVID Testing Taskforce' is composed of an Infectious Disease Program Manager (MPH), RN, LPN, Laboratory Supervisor (Masters Level Laboratory Technologist), and the Chief Medical Officer (MD). This team plans and assigns the appropriate licensed staff to each testing event, ensures the necessary follow-up, and conducts quality assurance. This team also can and does draw from CCHCI's much larger Cochise County-based clinical, operations and administrative workforce (350 employees) as needed to rapidly plan, deploy, and provide patient engagement around testing. All relevant staff are FIT tested with properly fitting N-95 mask as well as the proper utilization of appropriate PPE. CCHCI has a Standing Order in place and staff have been trained for the collection of SARS-CoV-2 COVID-19 Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) testing and for two COVID-19 rapid testing point-of-care modalities (Abbott ID Now and BD Veritor Plus). Since May 2020, CCHCI staff have obtained substantial experience and expertise in all aspects of the ever-changing COVID-19 testing environment.

Supervise support staff to support licensed clinician(s) in sample collection and intake of registered patients.

CCHCI will assign a dedicated team, including licensed and trained personnel, to each testing event. All events have direct oversight of licensed staff (LPN/RN). CCHCI laboratory services is overseen by a master's level licensed Laboratory Technologist. Non-licensed support staff roles and responsibilities are as follows:

- **Incident Commander:** Infectious Disease Program Manager (MPH) will be the lead of the event and will provide staffing assignments and oversight.
- **Safety Officer:** Monitor car/traffic safety, manage signage in correct locations, external threat, head counting, make sure everyone who needs a radio has one.
- **Lab Personnel:** Manage testing specimens, coordinate with staff that all specimens are properly documented and prepared for pick-up or delivery.
- **Greeter:** Will greet the participants, identify if they are registered or not, and which language they prefer.
  - If pre-registered – find patient requisition, verify patient name, place in specimen bag, place on windshield (or hand to patient if walk-in). Direct to fast lane entrance
  - If not registered – direct patient to the slow-track lane designated by the Traffic Guards to be registered for testing

- **Testing Assistant:** Assist Testers. Fill out requisitions, place labels, and receive and write verbal consent on requisition. Label test tube put Nurse/Tester's name and time on specimen and requisition. Removes cap for medium. After swab – put specimen and requisition in bag, then in cooler.
- **Test Administrator:** Take requisition from windshield, verify patient information using two-step process. Obtain verbal consent from participant. Perform the anterior nasal swab.

Ensure site staff conduct themselves with a high level of professional and culturally respectful behavior in all public interactions.

CCHCI has nearly 25 years of experience working with every community and population of Cochise County, many of which are remarkably distinct from one another and require careful and informed approaches. CCHCI recruits from our communities, and thus we reflect the communities we serve. CCHCI is 100% focused on Cochise County and Cochise County only, and as members of our communities, we both know and deeply care about those we serve. All CCHCI employees know that ALL persons are welcome regardless of ability to pay or insurance status. CCHCI's apolitical, non-judgmental 'mission driven' approach to provide 'Health for All' has led to overall excellent working relationships with our 32,000 patients, city governments, border/law enforcement officials, religious leaders, other local dignitaries, and all political representatives regardless of party affiliation. CCHCI has excellent working relationships with the county health department (Cochise County Health and Social Services), the state health department (Arizona Department of Health), our Primary Care Association, state professional societies and the US/Mexico Border Health Commission and dozens of other organizations vested in Cochise County.

CCHCI staff are required to complete Culturally and Linguistically Appropriate Services (CLAS) training annually. Many staff are English/Spanish bilingual, translation services are available for a multitude of languages (including sign languages). 'Professionalism' is a core CCHCI value and is always expected of all CCHCI staff. Lastly, CCHCI is regularly audited and accredited by the federal government on a regular basis regarding provision of culturally appropriate care.

Make efforts to engage community members from targeted areas in their staffing and testing efforts.

CCHCI also employs a full time Public Relations/Social Media Specialist who has established relationships and connections throughout medial, partner organizations, government agencies, and other informational outlets though out Cochise County.

CCHCI also serves vulnerable populations throughout the county that cannot typically be engaged via traditional publicity efforts. Utilization of mobile medical health clinics provides

CCHCI with significant strategic advantages in providing care to the populations most in need—with little notice, we can literally drive our clinics to wherever the need is greatest. The use of mobiles has enabled CCHCI to make COVID testing available to all persons of Cochise County, including remote and special populations (i.e., schools, farmworkers, homeless, residents of low-income housing, and remote populations). With regular input from CCHSS and other key partners, CCHCI will continually reassess the community need and identify where the mobile clinics will best serve the patients and then locate the operations accordingly. To ensure that access to services extends even further beyond our fixed sites and mobile clinics, CCHCI has a robust Community Health Worker (CHW) Program which is led by a Registered Nurse with a focus on our special needs populations.

### **Task 2- Set up Stationary Testing Sites:**

Sites to be set up outdoor, walk-through or drive-up testing sites at community-based sites (available Cochise County properties and partner properties in area identified by the County in communities where testing gaps exist or COVID positive rates are rapidly climbing).

With nine “fixed” sites spread widely across the county, six Mobile Medical Clinics (MMCs) that drive anywhere, and even four-wheel drive vehicles that can go off road, there is nowhere in Cochise County that we cannot test (see Attachment 1). CCHCI has quickly achieved expertise in community-based and drive-through COVID testing that has earned the trust and appreciation of our communities. We have, as of December 15, 2020, performed **12,727 COVID-19 tests**. **7,989 tests** were performed as ‘blitz’ testing efforts in communities throughout Cochise County, and **4,738 tests** were performed at **clinic settings**. As of December 19, 2020, we have carried out **FORTY-TWO (42) COVID-19 blitz testing campaigns** throughout the county including our most rural and isolated communities. While we have received generous assistance from many entities from both within and outside of Cochise County, CCHCI has voluntarily invested significant internal workforce, logistical and financial resources to partner with our county’s public health department and maintain testing available to all. Many of these events were rapidly deployed “targeted” events in direct response to high positive rates or in areas where there were defined testing gaps as defined by CCHSS. We have adopted our efforts to respond to community need and have provided outdoor COVID testing from our vehicles, via outdoor venues, walk-thru and drive-thru settings in school, city, private and other testing sites. CCHCI has in place an extensive network of MOUs and agreements with a variety of community partners throughout the county that makes rapid testing deployment anywhere in the county possible.

### **Task 3- Set up Mobile Testing Sites:**

- Provide mobile unit(s) that can be rapidly deployed within the Cochise County communities to areas with COVID outbreaks including workplaces, congregate living settings, communities and neighborhoods, and other settings as determined by the County.

CCHCI knows and loves mobile healthcare. Mobile health is a cornerstone strategy that CCHCI adopted nearly twenty years ago in the effort to serve all persons in Cochise County regardless of ability to pay. Now with six mobile medical units and two mobile dental units, CCHCI has by far the largest and most comprehensive mobile health program in the state and is likely one of the largest in the country (see Attachment 1). CCHCI has a staff, including clinicians, support staff, drivers and others who have are proficient in mobile health care and have essentially dedicated their entire careers to mobile health. CCHCI currently has more than twenty mobile-related MOUs with strategic partners located throughout Cochise County. Mobile clinics are based at sites throughout the county and close to where patients and special populations live, study and work. CCHCI regularly deploys mobiles to serve schools, detention centers, farms and farm workers, homeless, shelters, residents of low-income housing and remote communities. Years of determined service bolstered by Community Health Workers (CHWs) recruited from the communities that they serve allow CCHCI to achieve trust in disparate communities otherwise impossible for other entities.

COVID-19 has decreased the demand for CCHCI's fleet of mobiles for their intended use of primary care. CCHCI has thus largely and successfully deployed our units to support COVID-19 testing efforts. Of note, if needed or advantageous, medical care can be rendered on or from the fully functional clinic that is housed in each mobile unit.

- **Mobile Units to be rapidly deployed within one to two days' notice.**

CCHCI mobile clinics are currently strategically based in Bisbee, Douglas, Willcox and Sierra Vista. Our mobile clinics can and are rapidly deployed as needed in this amount of time or less. Of note, CCHCI recently acquired a 'tactical mobile', which is smaller, more agile and does not require a CDL driver.

- **Mobile Units to be available for walk-up or drive through modality.**

To date, forty-two "walk-up/drive though" testing events have been successfully deployed by CCHCI since our first event on May 9, 2020. CCHCI mobiles are located on-site to support the testing event whenever advantageous.

- **Mobile Units will be made available six (6) days a week.**

Mobile clinics will be made available as often as required and up to seven days per week.

- **Mobile Units will be available on weekends.**

Since the pandemic began, CCHCI staff involved in our community testing events have worked weekends. This practice will continue based on the specific needs of our communities. Of note, CCHCI primary care operations are in general open and available extended hours and seven days per week.

- Mobile Units may need to be available on Holidays. For Ex: Memorial Day

Mobile clinics will be available on holidays as needed. Of note, CCHCI is already open for patient care on most holidays.

#### **Task 4- Oversee Testing Site Logistics:**

- Partner with identified sites to set up for high-throughput- up to 300-100+ per day

CCHCI already has established MOUs with local municipalities, schools, businesses, government agencies, and churches to utilize parking venues that best support and accommodate the number of people who need to be tested. CCHCI has hosted a number of events that tested more than 500 persons in one event.

- Arrange for access to Wi-Fi as needed

All CCHCI mobile clinics already have established Wi-Fi systems. We also have dedicated, on-call IT staff with expertise in our mobile Wi-Fi platform.

- Arrange for access to electricity as needed

CCHCI mobiles all have internal generators. CCHCI also has tactical generators that are brought to each testing event and utilized as needed. Multiple partnerships also provide electricity on site.

- Manage all logistics and rental (if needed) of: - safety vests - traffic cones set up to assist in safe social distancing and traffic/workflow - signage - distancing tape - canopy - chairs - porta-potty(s) - garbage

waste storage and pick up - biohazard storage and disposal - All ancillary supplies necessary to provide service. For Ex: Office supplies

CCHCI COVID testing services are ‘all inclusive’. After consulting with community partners, CCHCI manages all logistics, personnel and material for each event. CCHCI’s Incident Command, now organized as the “COVID Taskforce”, ensures all planning and materials needed for each testing event are ready and professional in appearance. All the above material and more (except for porta-pottys) are already owned by CCHCI. Workflows are in place to ensure disposal of the large volume of biohazardous waste generated at these events. Of note, CCHCI has sought and received the assistance of community partners to assist at these events.

#### **Task 5- Provide Digital Platform for Registration, scheduling, and intake including phone support options.**

CCHCI has a dedicated Informatics Team who develop pre-registration platforms prior to every event. Our bilingual Call Center staff are trained to schedule both patients and the community for testing events. Participants register online; our PR/Media Specialist makes every effort to

advertise widely to the public regarding each scheduled testing event. A secure portal has been developed with LabCorp for patients who wish to view their own results.

**Task 6- Assess cognitive ability of individuals to provide consent and/or confirming medical power of attorney.**

CCHCI procedures already require review of both consent and medical power of attorney whenever applicable. Preregistration evaluates informed consent, and consent is also requested by trained medical staff at the time of testing. CCHCI is regularly audited on our compliance with federal and state privacy laws.

**Task 7- Monitor self-collection Mid-Turbinate/Anterior Nares.**

All relevant staff have been trained, observed and privileged in the monitoring of mid-turbinate/anterior nares self-collection, and are guided by a “Standing Order” approved by our CMO and Laboratory Technologist. During large blitz events, CCHCI has trained staff perform the swabs to expedite the process and to assure that a viable swab is collected.

**Task 8- Conduct nasopharyngeal, oropharyngeal, Anterior Nares, or other methods as agreed upon.**

CCHCI testing staff are trained, privileged and experienced in each of these methods.

**Task 9- Achieve indicator goal of testing ~500 per week.**

On many weeks, CCHCI is already achieving or exceeding this number. The consistent requests from city governments, hospitals, private employers, schools, farms and others have led to forty-two ‘blitz’ events since May 9, 2020. Unfortunately, CCHCI is currently not able to accommodate all requests due to financial constraints. If this RFP is granted, this funding would allow for CCHCI to strategically plan, staff and steadily implement community testing in the future of the pandemic while our communities are vaccinated. Lastly, once schools seek to go in person again, it is possible that much of the testing and more will be in support of our community education organizations.

**Task 10- Detect cases through testing.**

CCHCI currently utilizes lab services from LabCorp (primarily) and Sonora Quest to detect COVID cases through PCR testing. Results from the PCR test are returned to CCHCI Infectious Disease Program staff within 1-4 days.

CCHCI also has five Abbott ID Now (loaned from CCHSS) and eleven BD Veritor Plus (purchased by CCHCI) rapid analyzers for COVID-19. While the supply of test kits for the Abbott ID Now is unknown to CCHCI, it appears that the BD Veritor test kits are becoming more available. CCHCI can thus consider implementation of countywide rapid testing should the RFP be awarded, and test kits are available.

Lastly, testing has implicit false positives and false negatives. To manage test results that are many times both confusing and conflicting with the concerns and/or symptoms of the patients, CCHCI has on call, local clinicians to assist both staff and patients interpret the results and necessary actions.

**Task 11- Transport test samples to lab daily.**

CCHCI COVID-19 specimens PCR are picked-up daily from either a CCHCI clinic or directly from the event site via a reference lab courier. CCHCI's QA workflow requires that a trained staff member be responsible for the specimens at all times.

**Task 12- Dispose of all waste including biowaste generated by sites in accordance with all local, state, and federal regulations.**

As a medical center, CCHCI follows all local, state, and federal regulations for the disposal of medical waste. We have designated biohazard disposal areas at each of our clinics which are locked and secured. A regular biohazard pick-up schedule is already being used at each clinic. We have a plan in place for biohazard disposal and collection for each mobile site as well.

**Task 13- Submit daily Report reporting of results to Arizona Department of Health Services (ADHS).**

Both positive and negative COVID test results is completed by the reference labs who are required by law to abide by all reporting protocols. Point-of-care rapid testing results completed onsite are reported by CCHCI per ADHS guidelines.

**Task 14- Connect affected cases to care.**

CCHCI has learned firsthand that contacting, educating and connecting affected cases is a tremendous undertaking. This effort involves CCHCI staff at multiple levels to seek to engage tested patients by phone, text, patient portal and even in person, and often also requires that we engage community partners such as CCHHS, law enforcement and others. As CCHCI operates health services seven days per week and has a on staff medical provider on-call and available by phone 24/7, assistance with medical decision-making for patient engagement staff and patients alike is only a phone call away. Persons who either test positive or have a compelling exposure to COVID-19 can are encouraged to schedule with their primary care provider (PCP). If permission is granted by the tested person, CCHCI communicates with the PCP. If the person is one of CCHCI's 32,000 patients, either a telehealth or in person consult will be scheduled as soon as possible. If the person is not a CCHCI patient and would like to receive a consult for any reason (i.e., their PCP is not available), this can also be arranged. CCHCI strives to turn no person away, accepts all insurance, and sees patients regardless of ability to pay or insurance status. Whether the person is a CCHCI patient or not, or wishes to become a CCHCI patient or not, the affected person can speak with a CCHCI provider-on-call who will assist in

medical decision-making and connecting the person to care, and electronic and/or hard copies of test results are provided.

**Task 16- Coordination with municipal leaders located throughout the County:**

- Coordinate all outreach, publicity, media, and public communications. Please see Compliance Standard #7

CCHCI has a dedicated Public Relations Specialist (PRS) that works to promote and communicate successes of CCHCI programs and collaborations not only within our community, but also regionally and nationally. CCHCI has a thriving presence in both our local and regional media, including via social media platforms. Our PRS regularly partakes in CCHCI leadership meetings and provides monthly reports to our Board of Directors. The CEO meets biweekly with the PRS to provide input into public relations initiatives and media communication. The PRS sits on various public relations committees, including the Arizona Alliance of Community Health Centers (Arizona’s Primary Care Association) and the Children’s Health Fund National Network Advocacy Committee (a New York- based children’s advocacy organization), and as needed for Cochise County ad hoc communication committees. CCHCI receives support from many different entities, and we work closely with each one of these different organizations regarding the precise publicity and recognition that the donor organization desires.

All advertisement and promotion for testing events will include language that the event is “Funded and Supported by Cochise Health and Social Services, your County Health Department.”

**Task 17- Communication with Public:** • Provide linkage and follow-up to individuals of the general public in the following categories: COVID-positive with no PCP COVID-positive with PCP- communication of results plan No Health Insurance • Report non-identifiable aggregate data such as: Tested X number of people this week and had X% positive

CCHCI is committed to providing links to care and follow-up to individuals regarding their test results. A top priority in CCHCI’s testing experience thus far is linking ALL patients to care, particularly those who test positive.

**COVID-positive with no PCP-** CCHCI will directly schedule an appointment with a CCHCI provider if the patient agrees, even if they are not currently an established patient with CCHCI.

**COVID-positive with PCP –** If patient has an outside PCP, CCHCI staff will inform the appropriate PCP office of the result if the patient granted permission in the testing registration paperwork. CCHCI staff will also stress the importance to the positive person to schedule an appointment with their provider to discuss test results. We will provide physical copies of test results as needed to take to an outside PCP. If they are a

patient with CCHCI, we will schedule an appointment with their CCHCI provider or a covering provider.

**No Health Insurance** – CCHCI does not turn away patients based on ability to pay or health insurance status. Patients do not pay out of pocket for COVID testing.

**Report non-identifiable aggregate data such as: Tested X number of people this week and had X% positive** – CCHCI's Informatics Team and Infectious Disease Program work together to report accurate, validated data on number tested and percent positive. This data and more (such as demographics) is currently reported every Tuesday to HRSA, and to others as requested.

As delineated above, CCHCI is a locally run 501(c)3 comprehensive safety net primary care federally qualified health center that serves all of Cochise County and turns no person away based on ability to pay or insurance status.

**Task 18-Provide Monthly Expense Report to Cochise County by the 15th of every month that will capture the previous month's expenses. For example: The expense report received by January 15th will capture all expenses from December 1 – December 31. Contractor will be provided with a Cochise County approved template for use.**

CCHCI has a Finance Department that will submit expense reports per RFP guidelines. CCHCI has more than 20 years' experience fulfilling RFP and grant requirements of the state of Arizona.