MEMORANDUM

Date: July 14, 2020

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator

Re: **Contact Tracing Program**

As you know, the County has entered into an approximate $10 million contract for contact tracing with Maximus Health Services, Inc.

The attached July 13, 2020 memorandum explains the processes used and the time developed for a Request for Proposals (RFP). The memo also provides the details for advertising, evaluating the proposals and developing the recommendation to engage a contractor.

Maximus Health Services, Inc. is now actively engaged in contact tracing for COVID-19 infected individuals in Pima County for discovery, early isolation of infected individuals and notification of individuals who have come in contact with the infected person.

Pima County's contact tracing program was developed before the criticism by Congressman Greg Stanton regarding Maricopa County's contract tracing process. Our Public Health Director has identified the processes that we have used and executed regarding contact tracing to avoid similar criticism.

CHH/anc

Attachment

c: Jan Lesher, Chief Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer, Health and Community Services
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department

PIMA COUNTY
HEALTH DEPARTMENT

MEMORANDUM

Date: July 13, 2020

To: Chuck Huckelberry
County Administrator

From: Theresa Cullen, MD, MS
Director

Via: Francisco García
Deputy County Administrator

Re: Response to July 6, 2020 Memo Regarding Congressman Greg Stanton's June 25, 2020 Letter to the Maricopa County Board of Supervisor Regarding Contact Tracing

Pima County Public Health Department is committed to accelerating contact tracing as part of our COVID-19 epidemiological response. The Pima County Health Department (PCHD) routinely conducts case reporting and contact tracing for reportable infectious diseases. Case reporting includes initial contact with the patient diagnosed with the infection (referred to as the case) to provide education and instructions on appropriate care and treatment. Case reporting also includes the identification of close contacts who may be at risk for becoming ill. These identified 'contacts' are subsequently contacted by a contact tracer and evaluated for potential exposure and risk when appropriate for the illness.

Our goal, consistent with national metrics, is to identify and notify contacts of exposure and test at least 75% of symptomatic contacts within 48 hours of initial contact. To achieve this, we committed to rapidly enhancing our case reporting and contact tracing to meet the needs of the community, and enhance our local capacity to respond to future needs following the timeline below.

PCHD recognized that significant expansion of surveillance and contact tracing would be required. In the memo "COVID-19 Case Reporting and Contact Tracing Plan" dated May 22, 2020, PCHD provided an initial contact tracing update and an assessment of contact tracing needs. At that point PCHD had approximately 24 FTEs of public health staff (epidemiologists, nurses and communicable disease investigators) and volunteers (healthcare professionals and public health graduate students) engaged in contact tracing efforts. Using peer reviewed published calculators, the Health Department identified a need for 127 additional FTEs of contact tracing support based on case number at that time.

In conjunction with Pima County Procurement, PCHD initiated a Request for Proposals (RFP) for contact tracing services to meet that need. Two weeks after the date of that memo, the RFP posted. A calendar of related events follows:

- 05/20: RFP development initiated
- 06/05: RFP posted
- 06/12: RFP pre-bid conference (27 firms attended)
- 06/15: Amendment 1 posted
- 06/19: Amendment 2 posted
- 06/22: RFP closed, proposals received from 9 firms
- 07/02: Consensus meeting held
- 07/06: Contractor engaged

Amendment 1 included responses to questions posed during the pre-bid conference, while Amendment 2 extended the timeline modestly to provide time for changes related to the initial amendment. Four PCHD staff – Dr. Theresa Cullen, Dr. Carlos Perez-Velez (Deputy Medical Officer), Matthew Chirstenberry (Contact Tracing Manager) and Dr. Donald Gates (Business Operations Manager) - scored the proposals independently and participated in the consensus meeting. The agency selected, Maximus Health Services Inc., submitted the unanimous top scoring response.

An initial "kick off" meeting occurred on Wednesday, July 8 to connect the principals for both agencies to formalize the collaboration and establish the timeline and implementation steps. Staffing recruitment of both case investigators and contact tracers will be initiated by Maximus. Hiring and training local Pima County residents will occur during an initial window of up to two weeks. PCHD expectations are that Maximum will rapidly establish their tracing workflow given their experience in other jurisdictions and provide the assistance that Pima County needs within the month.

The current proposed staffing was based on our previous number of cases; however, this contract is designed to respond to the needs of PCHD. If cases continue to increase, the contract allows for increasing staff to address these needs.

MEMORANDUM

Date: July 6, 2020

To: Dr. Terry Cullen, MD,MS
Health Department Director

From: C.H. Huckelberry
County Administrator

Re: **Congressman Greg Stanton's June 25, 2020 Letter to the Maricopa County Board of Supervisors Regarding Contact Tracing**

The attached letter is a scathing condemnation of the process Maricopa County is using as it relates to contact tracing. I believe our experience is exactly the opposite as that described in the letter from Congressman Stanton to the Maricopa County Board of Supervisors.

I would appreciate an overview of our contact tracing process in addition to the previous overview provided by you to ensure we are aggressively pursuing contact tracing, including the issuance of a Request for Proposals, the receipt of such proposals and the award to a contact tracing contractor to supplement County efforts in this matter.

CHH/anc

Attachment

c: Jan Lesher, Chief Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer, Health and Community Services

GREG STANTON
ARIZONA'S 9TH DISTRICT

COMMITTEE ON THE JUDICIARY
SUBCOMMITTEE ON COURTS, INTELLECTUAL PROPERTY AND THE INTERNET

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON AVIATION
SUBCOMMITTEE ON HIGHWAYS AND TRANSIT

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June 25, 2020

Maricopa County Board of Supervisors
301 W. Washington Street
Phoenix, Arizona 85003

Dear Supervisors:

Maricopa County has violated the Centers for Disease Control and Prevention's "core principles" of contact tracing for every positive COVID-19 case since at least late March, leaving nearly 35,000 positive cases without what public health experts describe as proper "contact tracing." More troubling is that County public health officials have no plan to thoroughly contact trace all positive COVID-19 cases, and do not yet know what it would take to put the nation's fourth-largest county in a position to do so.

Congress acted quickly to make sure that state and local governments had the resources necessary to combat COVID-19 and Maricopa County received nearly $400 million in federal funds for this purpose. I am deeply disappointed the Board of Supervisors voted to spend less than 4 percent of these funds on contact tracing efforts and has not asked basic questions about our community's needs for contact tracing.

The County's top public health officials planned for this pandemic poorly – shunning CDC-recommended models that showed a population of 4.5 million residents would have significant contact tracing needs and wasting precious time during the Governor's stay-at-home order that should have been used to prepare for reopening. Now, these same officials are scrambling – playing months' worth of catch-up and attempting to reassure the public that things are going well, when the reality is the County's contact tracing efforts are nowhere near following CDC guidelines.

This situation is a disaster. It is costing lives. It is inexcusable.

I urge the Board to make an honest, clear-eyed assessment of the serious shortcomings of the County's current case investigation and contact tracing efforts, and quickly approve using more of the federal funds the County was provided to reach expert-recommended staffing levels as soon as possible. I also ask you to consider whether the County's top public health officials have been truthful with you, the public and the media, and whether those officials have the skills, judgment and candor necessary to lead the County's response to COVID-19.

Contact Tracing Is a 'Core Disease Control Measure' When Done Correctly

Case investigation and contact tracing are "a core disease control measure" that require "immediate action" on the part of state and local public health agencies to succeed. The CDC warns that "communities must scale up and train a large workforce and work collaboratively across public and private agencies to stop the transmission of COVID-19."

Scaling up a large workforce is vital because proper contact tracing efforts are exceptionally labor-intensive and time-consuming.

County public health officials seemed to understand that earlier in this pandemic, and at an April 23 press conference, Dr. Rebecca Sunenshine – the County's medical director – articulated the painstaking process it takes to do proper contact tracing, and the County summarized it in a press release that day:

1. The *investigator* reaches out to the positive case by phone and conducts an interview.
2. The *investigator* then reaches out to close contacts and household contacts to educate them on risk of exposure, what to do if they experience symptoms, what they need to do to avoid exposing others and if they need to be quarantined.
3. The *investigator* also reaches out to health care institutions that treated the exposed case and ensure proper personal protective equipment was worn.
4. The *investigator* continues to check up on close contacts.

Despite this understanding, the County has not used this process since late March. In fact, from late March to early June, those who may have been exposed to an infected patient received *no outreach at all* from public health officials.

The County made a positive step when it began to utilize the Sara Alert system, but it is relying on this automated system for far too much. Other public health agencies have used Sara Alert to help monitor the symptoms of patients and contacts who have already spoken with a human case investigator or contact tracer. The County, however, is using the system *in place* of a contact tracer.

This is not an effective practice. "When it comes to contact tracing, public health experts warn that technology cannot and should not replace the need for trained disease detectives, and not only because of the privacy concerns any location-based tracking service introduces," Bloomberg CityLab reported last month. "Manual contact tracing – and the human connections they create – will remain critical to any robust tracing response, they believe."

The CDC warned communities like Maricopa County to take contact tracing seriously, or face significant consequences: "If communities are unable to effectively isolate patients and ensure contacts can separate themselves from others, rapid community spread of COVID-19 is likely to increase to the point that strict mitigation strategies will again be needed to contain the virus."

Maricopa County's Contact Tracing Funding Levels Fall Short

It is perplexing that the Board voted to spend only $15 million – less than 4 percent of the federal CARES Act dollars it received – on case investigation and contact tracing. County residents would likely be surprised to know that the Board allocated $25 million of federal dollars – a total of $10 million *more* – to offset paid-time off for County employees and another $5 million for "parks enhancements" such as "portable messaging boards." Contact tracing should be a higher and more urgent priority.

Elected leaders who serve populations similar in size to Maricopa County are investing significantly more in this pillar of public health. For example, Harris County, Texas – with only about 200,000 more residents – has chosen to spend *five times* more than Maricopa County on testing and contact tracing combined.

Maricopa County Public Health Officials Dismissed Models and Expert-Created Formulas When Calculating Staffing Needs

More than two months ago, CDC Director Robert Redfield warned that contact tracing must be "very aggressive" for society to return to normal and that communities would need "a major scale-up of personnel to do the necessary work."

Several reputable public health organizations developed models and formulas that suggested Maricopa County should have exponentially more contact tracing staff than both current staffing levels and future plans. The National Association of County and City Health Officials (of which Maricopa County is a member) estimates that counties need 30 professionals per 100,000 residents during times of emergency, which would equate to around 1,350 people. The Association of State and Territorial Health Officials estimates that Arizona needs more than 2,200 contact tracers. The George Washington University's Contact Tracing Workforce Estimator, which factors population and the current cases to determine the number of contact tracers necessary to effectively manage caseloads, finds that Maricopa County needs more than 8,500 contact tracers on the job right now to keep up.

County public health officials ignored the warnings and, on their own, did not come close to accurately predicting the number of contact tracers the County would need to thoroughly trace in the eventual caseload.

Public Health Director Marcy Flanagan told my office yesterday that models created by expert organizations do not apply to Arizona, and that she estimated the number of contact tracers needed for the future based on "seeing an average of 200 [cases] a day" during the time of the Governor's stay-at-home order. Dr. Rebecca Sunenshine concurred: "We didn't need a model . . . we estimated that we would need to be able to interview and do contact investigations for 500 a day and unfortunately we did exceed that."

Yes, unfortunately, we did exceed that – *exponentially*.

It is deeply troubling that without well-reasoned rationale, Director Flanagan and Dr. Sunenshine eschewed widely respected, CDC-promoted recommendations only to rely on data gathered during a stay-at-home order and testing shortage to predict a very low ceiling for future needs. This approach to decision making lacks the judgment and basic competence we should expect from public health officials.

Maricopa County Public Health Officials Wasted Precious Time During Stay-At-Home Order

Arizona and Maricopa County officials had plenty of time to prepare for a rise in COVID-19 cases. The first positive case was confirmed on January 26, and the Governor's stay-at-home order wasn't lifted until May 15.

Local public health officials did not respond quickly. Director Flanagan told my office that the County "*started* gearing up in early May to handle a volume of about 500 [cases] a day" (emphasis added). On May 11, more than 100 days after the County's first positive case, and nearly six weeks after the stay-at-home order was imposed, the County only had 25 people conducting case investigations. At the time, a County spokesperson acknowledged that it was only doing "some form of contact tracing" for positive cases and hoped to get back to "traditional public health contact tracing."

But there were no plans to do so.

Director Flanagan said that the County did not enter into an agreement with AZ 2-1-1, which is handling automated contacts for the County, until "the end of May," and the agency is only now "staffing up through June." Partnerships with other entities – such as Arizona State University, the University of Arizona, and the Crisis Response Network – either have not been finalized or were not finalized until after the Governor lifted the state's stay-at-home order.

Arizonans made real sacrifices by staying home and watching our economy take a serious hit so public entities could have the time they needed to adequately prepare. County public health officials should have created and deployed a plan to thoroughly investigate every positive case and trace close contacts – with a capacity to handle an increased caseload comparable to other large cities and counties across the United States.

Instead, the County squandered this precious time. It acted slowly and only "started" to "gear up" in early May – and for a level of staff that was far below what experts predicted would be necessary to safeguard a population the size of Maricopa County.

This is an exceptional breach of the public trust.

Maricopa County Does Not Have a Plan to Handle Current Caseload

Over the last week, new positive COVID-19 cases in Maricopa County frequently spiked above 2,000 each day. Yet, the County is only able to complete 500 to 600 on-the-phone case investigations each day, and few – if any – cases receive a complete contact tracing.

When my office asked what staffing levels are necessary for the County to handle its current caseload, neither Director Flanagan nor Dr. Sunenshine were able to provide an answer. If the County does not know how many case investigators and contact tracers it needs to meet current demands, it does not have a plan to get there.

Maricopa County Officials Have Lacked Candor with the Board, the Public and Media

Especially during a pandemic, it is imperative that the public be able to trust public health representatives and fully rely on information provided through official channels. Yet, County public health officials have repeatedly made statements – to attempt to assuage legitimate concerns raised by the Board, the public and the media – that are not accurate or complete.

On several occasions, Director Flanagan has misrepresented the state of the County's relationship with ASU to assist with contact tracing. Multiple times over the past few weeks, Director Flanagan has publicly shared that the County "has a partnership with ASU" and that ASU is actively assisting with tracing efforts. Yesterday, she told my office that the County has a contract "in place" with ASU and that the university "has over 200 volunteers" who are performing contact tracing for the county "today."

Elected officials have relied on these inaccurate statements to reassure the public that things are going well. On June 15, Supervisor Bill Gates said the County has a "robust" contact tracing program "established in partnership with @asu". Supervisor Gates also touted the existing "partnership" in an email to constituents on June 16.

ASU, however, confirmed with my office this morning that it does not yet have a contract in place with the County, and that ASU is not currently performing these contact tracing efforts.

Multiple times, either proactively or when asked straight-forward questions about the County's contact tracing efforts, officials have provided false or confusing information. Officials have sought to attribute a different meaning to the term "contact tracing" than what is accepted by the CDC. For example, on April 23, the County issued a press release touting that it "has done contact tracing for every confirmed case of COVID-19," but public health officials acknowledged that contact tracers had not been contacting those who may have been exposed since late March.

And during yesterday's press conference, the County's communications director said to the media: "I can tell you that everybody who has tested positive that we have contact information for that they have been contacted either by an investigator or a contact tracer." This is contradicted by what my office was told yesterday – that case investigators are currently only calling about 500 to 600 infected patients each day.

Director Flanagan also provided misleading information regarding the County's efforts to protect infected patients' privacy. When Supervisor Gates raised concerns about privacy at the Board's June 8 special meeting, Director Flanagan said, "When we do contact tracing, we're not sharing the individual of who potentially may have exposed them." What Director Flanagan did not share is that from late March to early June, the County's *only* way of reaching those who had

been exposed was when County officials *instructed infected patients to reveal their diagnosis* with close contacts, which failed to protect a patient's right to privacy.

Board of Supervisors Must Take Immediate Action

Arizona is in crisis, and because County leaders did not have a plan in place in Maricopa County, our community is ground zero.

The Board must allocate more resources for case investigation and contact tracing so that every positive case is handled in accordance with CDC guidelines and standards. Two weeks ago, the Board decided to hold $175 million of the funds Congress provided for "future needs," but the crisis is *now*.

It is imperative that the County immediately create a plan to trace every case – and if current public health leadership is not up to the task, I urge you to hire outside experts who can help save lives of those we serve.

We are in the midst of the most serious public health crisis in the last 100 years, and all of us have a difficult job to do. Please take urgent action to correct course so that the County can rise to the occasion.

Sincerely,

Greg Stanton
Member of Congress

cc: Governor Douglas A. Ducey
Dr. Cara Christ, Arizona Department of Health Services Director
Joy Rich, Maricopa County Manager
Marcy Flanagan, Maricopa County Public Health Director
Dr. Rebecca Sunenshine, Maricopa County Disease Control Division Medical Director