



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
1600 PACIFIC HIGHWAY, ROOM 206, MAIL STOP P-501
SAN DIEGO, CA 92101-2417
(619) 515-6555 • FAX (619) 515-6556

PATTY KAY DANON
CHIEF OPERATIONS OFFICER

September 29, 2021

TO: Supervisor Nathan Fletcher, Chair
Supervisor Nora Vargas, Vice-Chair
Supervisor Joel Anderson
Supervisor Terra Lawson-Remer
Supervisor Jim Desmond

FROM: Nick Macchione, Agency Director
Health and Human Services Agency

RESPONSE TO RECOMENDATIONS FROM SAN DIEGO STATE UNIVERSITY EVALUATION OF COVID-19 NON-CONGREGATE EMERGENCY SHELTER PROGRAM.

In March 2020, the County of San Diego (County) implemented a non-congregate emergency shelter program to support isolation and quarantine of individuals and families, either confirmed positive for COVID-19 or potentially exposed to the virus. In May 2020, the County issued a Request for Proposal for this service, with the resulting contract awarded to ResCare Workforce Solutions dba Equus effective July 2020. The program, designed to mitigate community spread of COVID-19 continues to be in operation, offering shelter and associated services to those who are unable to safely isolate or quarantine in their own home.

On March 2, 2021 (06), the San Diego County Board of Supervisors (Board) requested an independent review and evaluation of the needs and services provided through the program, including lessons learned that the County could apply in the future. In response to that direction, the County contracted with San Diego State University's (SDSU) Institute of Public Health to conduct an independent review.

The evaluation was comprised of the following: (1) a literature review; (2) interviews with key stakeholders; (3) a review of program documents; (4) a site observation at the hotel operation; and (5) a review of program data. SDSU utilized these activities to identify both strengths and opportunities for improvement to the program, as well as develop recommendations to consider for future projects related to emergency non-congregate shelter. The final SDSU report was provided to the Board via a memorandum on July 29, 2021.

The evaluation found numerous positive outcomes for the program including 100% success in preventing COVID-19 outbreaks within the program, 93% success rate in guests staying for the recommended length of time, and a high percentage of positive guest satisfaction surveys. Additionally, the evaluation offered 14 key recommendations for strengthening operations and

service at the emergency non-congregate shelters, including expansion to 24-hour staffing for medical and behavioral health services staff, implementation of more robust data collection and quality assurance practices, further standardization to upfront screening questions and enhanced training for frontline staff in the areas of trauma informed practices.

County staff have thoroughly reviewed these recommendations to best identify opportunities to strengthen the current program. It is relevant to note that from the onset of this hotel program, there has been an on-going effort to expand and adapt to meet the needs of an evolving list of groups using these rooms, all with diverse and divergent needs. In that spirit, many of the recommendations in the report had been addressed prior to SDSU's release of the results. Further, many recommendations that had not been addressed prior to receipt of these results were quickly addressed or are in the process of being addressed. Others, like the collection of direct feedback from guests of this program, will be prioritized for expedited implementation. A summary of the review and proposed next steps is attached to this memorandum.

In addition to expansion and adaption of services offered through this program, the contract has been expanded and/or amended over time to extend the term of the contract and provide increased funding to address needs for increased staffing, room capacity, and other critical needs identified as the number of individuals requiring services surged throughout the pandemic. The existing contract takes into consideration the need to ensure capacity, available rooms, and supportive services, with the contractor(s) only invoicing and reimbursed for actual services provided.

The non-congregate emergency shelter program has been critical to the San Diego County COVID-19 response and has directly supported the goal of providing safe isolation and quarantine options for over 12,000 individuals. Both County staff and contracted staff with Equus and Telecare have worked tirelessly to adapt to the ever-changing environment of the COVID-19 pandemic. The recommendations contained in the SDSU report serve as a valuable tool for identifying areas for continued refinement of the components of this and future Emergency Non-congregate Shelter programs.

If there are any questions about the report, please contact Patty Kay Danon at (619) 515-6715.

Respectfully,



NICK MACCHIONE, Agency Director
Health and Human Services Agency

NM/pd

c: Helen N. Robbins-Meyer, Chief Administrative Officer

SDSU Report Recommendation Summary

Recommendation	Have BHS specialist and nurses on site 24-hours a day
Current Operation	Since July 1, 2020, Behavioral Health Specialist are onsite from 7:00am – 11:30pm and on call from 11:30pm to 7:00am, 7 days a week. Additionally, nursing staff is on site from 7:00am to 11:30pm 7-days a week.
Next Steps	Based on the current hotel population, and the infrequent requests for services, a change in staffing is not warranted at this time. If the need for 24-hour Behavioral Health and/or nursing becomes warranted, service will be increased accordingly. A similar procedure will be followed in the event of a future public health emergency or event.
Recommendation	Provide over the counter medication 24-hours a day
Current Operation	Since April 1, 2021, over the counter (OTC) medications have been available to guests 7:00am to 11:30pm. Additionally, guests may request an extra dose be provided by nursing staff to be used as directed after hours.
Next Steps	If a need for expanded availability of OTC medications is identified, future contracts will be procured to include this service.
Recommendation	Ensure Medication is delivered within a reasonable amount of time of their request
Current Operation	OTC medications are typically delivered within 30 minutes of request.
Next Steps	The Quality Assurance process will be implemented for every delivery to ensure medication is delivered within timeline.
Recommendation	Assess all guests for mental health and substance use history at intake
Current Operation	<p>All guests are initially assessed by the CareClix physicians utilizing the Patient Health Questionnaire 2 (PHQ-2) prior to intake/entry. After each guests' history is reviewed, safety considerations are made as part of intake with County nursing in consultation with Behavioral Health Services.</p> <p>The Clinical Institute Withdrawal Assessment (CIWA) is also reviewed, when necessary, for those discharging from a hospital to help assess and manage alcohol withdrawal.</p> <p>Additionally, substance use is screened at intake and history is gathered from the referring party (i.e., hospital, shelter), guest, CCBH (Mental Health Electronic Record) and SanWITS (Substance Use Electronic Record).</p> <p>Once guests arrive at the site, a PHQ-2 is conducted by nursing staff. Any positive result drives a referral to Telecare for further assessment. Additionally, on September 16th, 2021, the contracted nursing provider began conducting the Screening, Brief, Intervention, and Referral to Treatment (SBIRT) to improve substance use screening.</p>

SDSU Report Recommendation Summary

	Understanding that this is a very dynamic situation, response is based on changing conditions. If mental health or substance use concerns arise during a guests' stay, referrals from nursing or on-site contractor will be made to Telecare.
Next Steps	The Quality Assurance process will ensure SBIRT is being conducted and appropriate referrals are made.
Recommendation	Screen all guests for current substance use and mental health problems using short, standardized tools
Current Operation	As noted above, guests are screened during the intake process. Referrals are most often received through health care or homeless service providers who have conducted thorough screenings. Additionally, once guests arrive at the site, a Screening, Brief Intervention, and Referral to Treatment (SBIRT) assessment is conducted by nursing staff. Any positive result drives a referral to Telecare for further assessment.
Next Steps	A full assessment will be given to any guest who is identified through intake or during the nurse admission screening as having a mental health or substance use condition or history.
Recommendation	Offer unlimited snacks and water
Current Operation	Since the beginning of the program, an unlimited supply of water and snacks are on site for guests. Previously coffee had a limit, but this changed in February of 2021. Nursing may also be consulted to ensure known health conditions such as diabetes is considered.
Next Steps	The Quality Assurance guest satisfaction survey will be implemented to quickly identify program strengths, areas needing improvement, and over all guest satisfaction.
Recommendation	Provide guests with services such as: photo copying, info letters about quarantine, timelines, items needed for benefits or legal matters
Current Operations	Guests, since the inception of the program, receive a packet containing information regarding their isolation or quarantine timelines. Timelines are unique for each guest and are established by nursing staff and communicated to guests verbally as well. Guests are contacted by Social Support Counselors during their isolation to discuss resources and possible programs they qualify for. The Social Support Counselor also works with guests to secure photocopies of any necessary materials. Additional services provided include Wi-Fi, tablets, and other school supplies for youth attending school as well as food and other necessary supports for service animals on site.

SDSU Report Recommendation Summary

	<p>Guests are provided with the phone number for Legal Aid Society of San Diego for support with legal matters.</p>
Next Steps	<p>The Quality Assurance process of guest satisfaction will be implemented to more quickly identify program strengths, areas needing improvement, and over all guest satisfaction.</p>
Recommendation	Improve food selection, food choices, and timely delivery of food
Current Operations	<p>A variety of meal options is not currently available at all hotels; however, accommodations are made for those with dietary or religious restrictions.</p> <p>On September 10, 2021, the contractor began piloting a meal program at one site providing two additional meal options for dinner. If successful, this may be offered at additional sites.</p> <p>Meals are delivered daily as follows: Breakfast 7:30am-8:30am, lunch 11:30am-12:30pm and dinner between 4:30pm and 5:30pm. Additionally infant formula and baby food is provided as applicable.</p> <p>Additionally, options such as snacks and frozen meals are kept onsite for guests who arrive after meal delivery.</p>
Next Steps	<p>The contractor is actively pursuing options to provide additional choices for meals.</p> <p>The Quality Assurance process of a guest satisfaction survey will be put in place to more quickly identify program strength, areas needing improvement, and over all guest satisfaction. Expanded meal choices will be evaluate for any future emergency shelter programs.</p>
Recommendation	Provide clean bedding, towels, toilet paper and cleaning supplies when requested and in a timely manner
Current Operations	<p>Prior to check in, all rooms are cleaned and stocked with necessary housekeeping items such as towels and clean bedding. Guests may use the room phone to request housekeeping items from either the front desk or the site coordinator office. These items are either delivered to the guest by site coordinators or by hotel housekeeping staff. On average, requested items are delivered within 30 minutes of request.</p>
Next Steps	<p>The Quality Assurance process of a guest satisfaction survey will be implemented to more quickly identify program strengths, areas needing improvement, and over all guest satisfaction.</p>
Recommendation	Investigate limiting guest ordered deliveries and/or instituting a search of belongings
Current Operations	<p>Guests are allowed deliveries of personal items, mail, meals, etc., there is no intent to limit these services to guests. Additionally, unless a safety</p>

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	concern is identified, there is not intent to institute a search of guest's personal belongings.
Next Steps	If an identified need arises, this practice may be reviewed.
Recommendation	Assign one case manager to each guest who will coordinate/communicate about all services
Current Operations	Each guest is assigned a Social Support Counselor to coordinate/communicate service needs.
Next Steps	The Quality Assurance process of a guest satisfaction survey will be implemented to more quickly identify program strengths, areas needing improvement, and over all guest satisfaction with case manager services.
Recommendation	Ensure standard scripts and questions for intake calls, wellness checks and other times behavioral screening occurs and document responses
Current Operations	The system, now in use, outlines what should be documented during intake calls and wellness checks. On Sept. 15, 2021, protocols were put in place to reinforce the existing process.
Next Steps	A Quality Assurance effort will be put in place to monitor compliance with documentation standards. Future contracts for similar projects will include standard scripts for contracted nursing services.
Recommendation	Implement Quality Assurance measures and training requirements for contractors
Current Operations	Although not contractually required, the contractor at present requires staff to complete a variety of trainings such as: Trauma Informed Care, Cultural Diversity, De-escalation, and Conflict Resolution. A full list of trainings is provided at the end of this summary
Next Steps	Future contracts will include specific Quality Assurance training requirements for contractor's employees.
Recommendation	Implement Quality Assurance measures and training requirements for Security
Current Operations	The contractor requires specific training for the security company to ensure the continued safety of guests, Equus staff, and security personnel. A listing is available at the end of this report.
Next Steps	Future contracts will include specific training requirements for subcontracted security.

SDSU Report Recommendation Summary

Specific Security Guard Trainings:	Specific Equus Staff Training:
<ol style="list-style-type: none"> 1. Special Situations 2. Code Adam (missing child) 3. Terrorism, Anti-Terrorism, and Weapons of Mass Destruction 4. Bomb Threats and Incidents, Hostage Situations, Sabotage, and Espionage 5. Civil Disturbances 6. Workplace Violence and Active Shooter 7. Cardiopulmonary resuscitation (CPR), automatic external defibrillator (AED), First Aid 8. Emergency Communication 9. Public Relations (Community & Customer), 10. Observation and Documentation, 11. Advanced Arrest, Search & Seizure, 12. Trespass, 13. Communication and its Significance, 14. Liability/Legal Aspects, 15. Chemical Agents, 16. Handling Difficult People 17. Preserving the Incident Scene 	<p>Upon hire or within the first 90 days:</p> <ol style="list-style-type: none"> 1. REACH 2. Welcome to BrightSpring 3. LEGACY Standards 4. LEGACY in Action 5. HR Policies 6. Compliance and Fraud 7. You're Safe, I'm Safe 8. Sexual Harassment for Employees 9. Customer Service 10. Defensive Driving: The Basics 11. HIPAA 12. Fire Safety 13. Cultural Diversity 14. Workplace Violence and Safety 15. Program methodology 16. Trauma-informed Care 17. Motivational Interviewing 18. De-escalation and Conflict resolution 19. Human Center Design 20. Human Trafficking 21. Leading Through Change <p>Annual Trainings:</p> <ol style="list-style-type: none"> 1. Compliance and Fraud 2. You're Safe, I'm Safe 3. Sexual Harassment for Employees 4. Customer Service 5. Defensive Driving: The Basics 6. HIPAA 7. Fire Safety 8. Cultural Diversity 9. Workplace Violence and Safety