The State of Utah values preserving the health of vulnerable Utahns who are at a higher risk of severe illness and death from COVID-19. Protecting them will also protect the state’s hospital ICU capacity and economic well-being moving forward. This plan has been reviewed and approved by the Public Health and Economic Emergency Commission.

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To help protect high-risk people from COVID-19.

AMBITIOUS TARGET
Zero outbreaks in high-risk populations.

PLAN TO PROTECT HIGH-RISK POPULATIONS

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PLAN TO PROTECT HIGH-RISK POPULATIONS

The state will focus on protecting five categories of high-risk populations:

1) High-risk people in state custody or who receive in-person government services. The state will improve communication and regulatory oversight in accordance with CDC and public health guidelines. The Departments of Corrections and the Department of Human Services (DHS), along with community partners, will continue to ensure zero or very few COVID-19 cases in facilities and programs such as the prisons, the State Hospital, the Developmental Center, and others serving adults, youth, and children.

2) High-risk people living in nursing homes and long-term care facilities (LTCF). LTCFs include nursing homes, assisted living, and intermediate care facilities for those with intellectual disabilities. The state has 300 licensed facilities serving an estimated 18,000 Utahns. As of May 15, 2020, 18 long term care facilities have had at least one COVID case among residents, with 190 total infections among residents of long term care facilities. Of the 190 infections, 31 individuals have died. These 31 deaths account for 40% of the 77 total statewide COVID deaths.

The Utah Department of Health Healthcare-Associated Infections Program and local health departments provide direct COVID-19 assistance to and collect the data from LTCFs. State agencies and local health departments are working together with these facilities and their industry associations to strengthen infection prevention and control measures.

The state will begin proactive tracing of asymptomatic individuals to help screen and mitigate spread of the virus. Metrics on testing, visitors, staff movements, PPE availability, hospitalization, and deaths will be reported. The Department of Health (DOH) the COVID-19 Long-term Care Subcommittee, and local partners will provide support and oversight to ensure protection and infection control through:

- **Primary Prevention.** Strict visitation policies to prevent non-essential visitors from entering facilities will be implemented. Essential staff and those who do enter will be screened. All staff will use PPE for every contact with a patient or resident in a LTCF. Staff will not be permitted to work in more than one facility to minimize the potential of carrying the virus from facility to facility. Movement of residents at highest risk will be reduced.

It is acknowledged that limited visitation takes a toll on the LTCF residents and their families. With testing modalities maturing—along with rapid PCR testing—the state hopes to soon find safe ways for visitations and more social interactions among residents to occur.

A comprehensive approach to preventing COVID-19 entry in the most vulnerable populations in LTCFs will be implemented. The comprehensive approach includes:

- Focus on high priority facilities: memory care units in assisted living or nursing homes, facilities with ventilated patients, intermediate care facilities for the intellectually disabled and facilities serving behaviorally challenged individuals that cannot be easily isolated.
• In each facility establish an infection control point person and program. This person will have responsibility to develop a facility-tailored plan and have the authority to organize and implement infection control procedures. The facility plan will include a visitor policy and a protocol to ensure adherence and a process to limit staff turnover and movement.

• Conduct serial testing of staff (e.g. weekly) to identify asymptomatic and pre-symptomatic staff so they can be excluded.

• Address PPE issues, access and maintain adequate supplies and train correct usage of PPE.

• Educate staff on infection control

• Assist facilities to plan for a COVID-19 event with input from infection control experts

• Secondary Prevention. A DOH mobile team will go to a LTCF where infection is spreading and rapidly assess the situation and help the facility control the spread of the virus. 500 tests a day will be dedicated to LTCFs and high risk populations. DOH will also have the capability to test all individuals in a LTCF, including residents and staff, to determine who has the virus. Those who test positive will be continuously monitored and separated from those who test negative. Contact tracing will also be implemented within the facility if anyone tests positive.

• Mitigation and Recovery. When a COVID-19 infection occurs in a LTCF, DOH will continue to provide support once the infection concludes by helping the facility to acquire staff, obtain PPE, train workers on the use of PPE, etc. DOH will help with recovery activities so the facility can begin to admit new patients again.

A quarantine facility in Salt Lake City will be provided where COVID-positive patients/residents can be temporarily isolated. Hospital discharge and treatment planners will inform patients of their high-risk status, how to protect themselves, and how to access assistance.

• State Veterans Skilled Nursing Facilities. Utah has four state veterans skilled nursing facilities that fall under the Utah Department of Veteran & Military Affairs and are operated by contract through Avalon Healthcare. The facilities are regulated by CMS and the VA and implement all guidance received by these entities as well as CDC and local health officials.

Procedures in place to reduce risk to both residents and employees include: restrictions on visitors and non-essential services; social distancing for any resident interaction; encouragement of residents to remain in rooms and communities; aggressive screening of staff for symptoms; aggressive monitoring of residents for symptoms; modified isolation of new residents; resident testing when symptomatic; securing necessary PPE; requiring employees to wear surgical masks and face shields; modified activities to keep residents engaged while being safe; preparations for isolation of any positive COVID-19 residents; working closely with our contractor; and additional communication with family members and staff.

3) High-risk people at work. The Labor Commission and a team of experts from the Workers’ Compensation Fund developed recommendations to help protect high-risk individuals in the workplace from COVID-19. The recommendations were sent out to employers in various industries and were also posted to the coronavirus and Labor Commission websites.

Utah has 88,000 employers registered with the unemployment insurance program. The recommendations were sent more than 140,000 times through various communication channels. The Labor Commission is confident that at least 71,500 of the employers received the recommendations that were sent by the Department of Workforce Services through the unemployment insurance/employer communication system.

The Healthy Together app will be used to help the state communicate recommendations to businesses, help businesses communicate their plans to the public, and allow the public to provide feedback and suggestions to businesses.
4) Those working with high-risk people. All of the actions protecting the three categories above will also serve to protect this category in various settings.

5) High-risk people living at home who may need, but do not have help meeting their basic needs. The state will provide both broad and targeted communication to ensure they and those around them know their risk status, how to protect themselves, and how to access help.

DHS, its Division of Aging and Adult Services (DAAS), in partnership with the 12 Area Agencies on Aging (commonly referred to as the Triple A’s), will lead the approach to increase scope, capacity, and resources so they can help all high-risk adults who need it—not just those 60 and older. This expanded scope is also in line with the federal CARES Act. It will leverage and expand existing infrastructure, processes, and resources more quickly and organically.

DAAS and the Utah Division of Multicultural Affairs have partnered together to be more culturally inclusive, sensitive, and approachable to ensure the Triple A’s operationalize a multicultural approach with their enhanced scope of work that takes into consideration the intersectional needs of all Utahns.

High-risk communication materials will direct people who are high-risk and need assistance to safely access goods and services to call DAAS’ current number (877) 424-4640. DHS will utilize volunteers and existing resources within their department in addition to the Triple A’s volunteer workforce to meet the demand from the above-mentioned hotline and quickly scale up or down as needed. This hotline will work in tandem with the main COVID-19 info line managed by DOH.

The Triple A’s are currently serving approximately 224,517 individuals. To ensure capacity, DAAS and the Triple A’s are operationalizing a plan based on percentage increases to their existing system and monitoring utilization of this expanded scope and population.

The Triple A’s. The Triple A’s will continue to deliver their existing set of services to their target population of 60+ years old with their 543 FTEs and approximately 4,000 volunteers. If needed, they will expand their services to help all high-risk populations avoid COVID-19.

Benefits to utilizing the Triple A’s include:

• Relationships and familiarity with many from the high-risk population.
• Close connections with local health departments and mental health authorities.
• Foundational infrastructure and trust in place within a network of local non-profits, businesses, and other stakeholders. The Triple A’s can leverage these groups to grow services and create safe opportunities for high-risk people to access, like Meals on Wheels, transportation assistance, etc.
• The following assets are already in place, and with comparatively minimal additional investment, the Triple A’s can scale up quickly as driven by demand:
  • Financial mechanisms and processes.
  • Current employees and volunteers have existing capacity due to inability to work in senior centers. More can be recruited from DHS’ workforce and other volunteer groups from around the state if needed.
  • A data system to track clients and measure performance.

Communications. DAAS and the COVID-19 Communications Team will spread and prioritize key messages and guidance for high-risk populations such as what they should and shouldn’t do, when senior centers may open again, and the number to call for help. Such communications will be made via:

• TV and radio news and media using a trusted community spokesperson
• A mailed letter from the Governor using a mailing list
• The high-risk population page on the state’s coronavirus website
• Faith-based organizations using a letter from the Governor
• Other key community partners

The state will continue to work with healthcare leaders and providers around the state to close any gaps on high-risk individuals.

Entities that work with vulnerable populations, including racially and ethnically diverse populations, will be supported. In collaboration with the DOH Office of Health Disparities and the COVID-19 Multicultural Subcommittee, key materials will be translated into many commonly spoken languages in Utah to help reach vulnerable populations.

ADDITIONAL DETAILS

Over the next few weeks, the Governor's Office of Economic Development (GOED) is using a small, state-employee workforce to pack and ship masks for the “A Mask for Every Utahn” effort.

The CDC has provided guidance for individuals at high-risk for serious illness from COVID-19. While the CDC guidance for at-risk individuals is foundational, Utah needs more refined numbers to better understand probability across conditions and age that will most likely impact hospitalizations or deaths. GOMB is working with a medical panel and data from DOH to better stratify who among the at-risk population is at greater risk for hospitalization or passing away from the virus.

The state has specific guidance for high-risk individuals on the coronavirus website.

Various groups and providers are working together to make testing more accessible to vulnerable populations and minorities being disproportionately affected. The state is supporting such efforts with funding and personnel. Linguists from the National Guard will assist in rapid response to hot spots and outreach to vulnerable groups by visiting Latino and other minority communities.

Community-based organizations are receiving $250,000 to support the COVID-19 responses for vulnerable and minority populations. Additionally, the Department of Health will utilize $250,000 for contact tracers who speak Spanish or other languages to appropriately meet the needs of population groups being impacted by COVID-19. Funding for these efforts may grow as needs arise.

This plan will change to meet changing and emerging needs within the at-risk population.