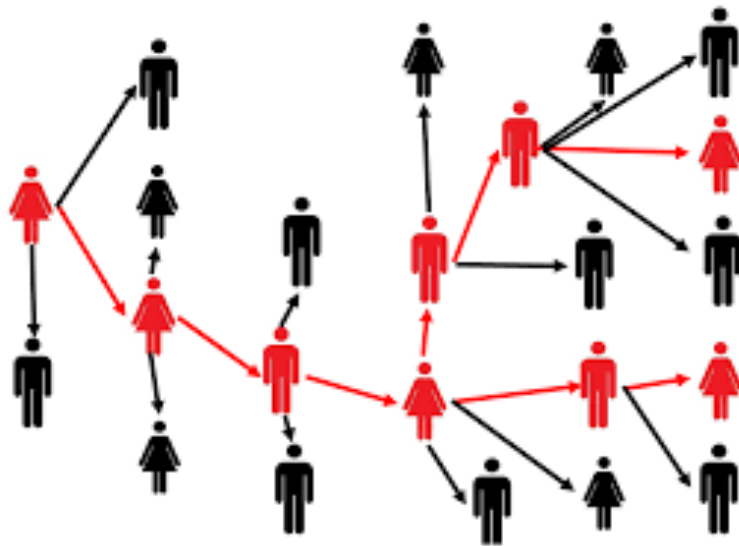


COVID-19 Contact Tracing Interview Guide



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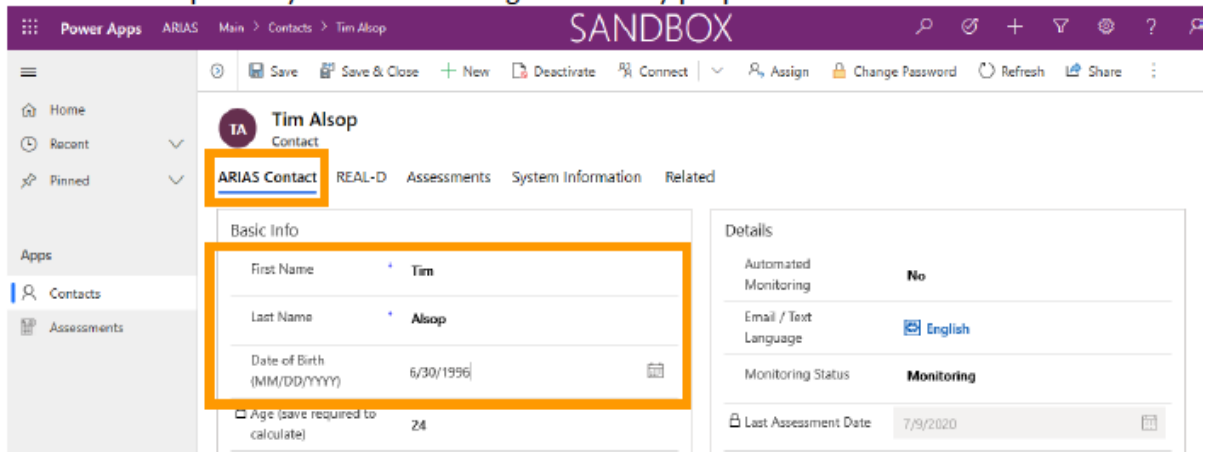
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CONTACT TRACING INTERVIEW

Select Contact to call:



Power Apps ARIAS Main > Contacts > Tim Alsop

SANDBOX

Save Save & Close + New Deactivate Connect Assign Change Password Refresh Share

Home Recent Pinned Apps Contacts Assessments

TA Tim Alsop Contact

ARIAS Contact REAL-D Assessments System Information Related

Basic Info

First Name Tim

Last Name Alsop

Date of Birth (MM/DD/YYYY) 6/30/1996

Age (save required to calculate) 24

Details

Automated Monitoring No

Email / Text Language English

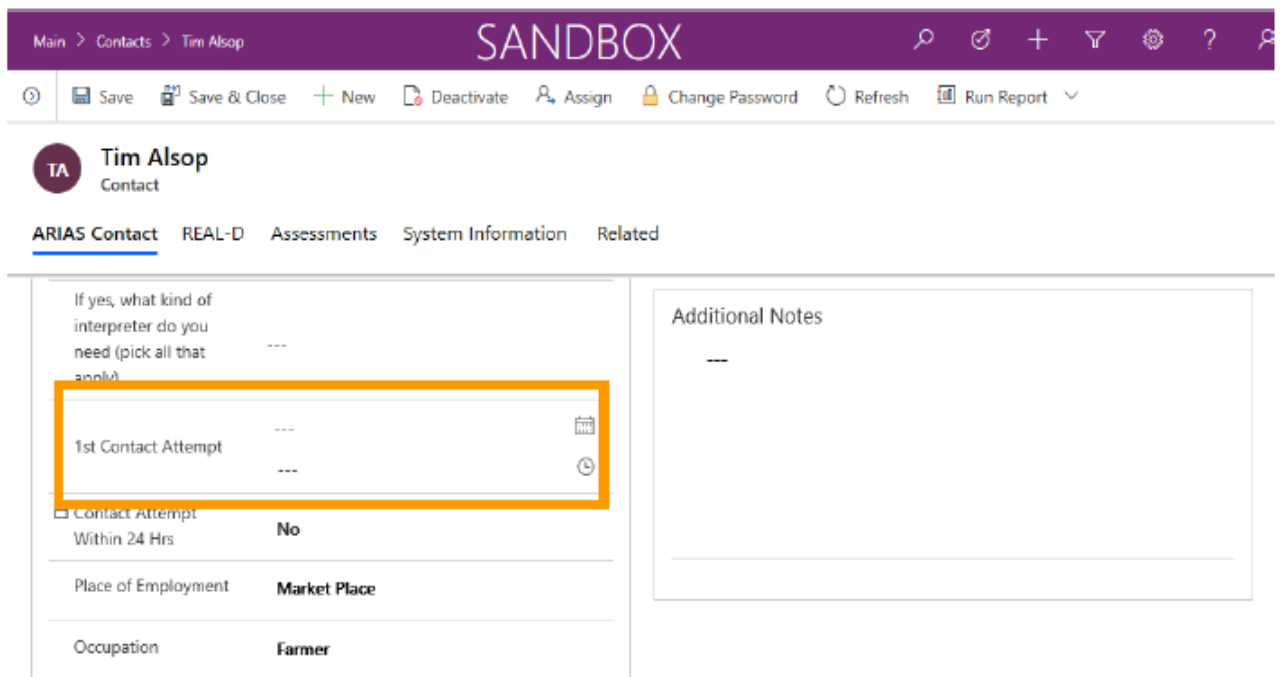
Monitoring Status Monitoring

Last Assessment Date 7/9/2020

If you receive voice mail, leave the following message:

“Hi, this is **interviewer name**. I am calling on behalf of **agency name**. It is important that I talk with you. Please call me back at **contact number**. I will be in the office **dates and times**. If I don't answer, please leave a voicemail with the days and times that are best to reach you. I will get back to you as soon as possible. Again, this is **interviewer name** and my number is **contact number**.”

If there is no answer or the person's voicemail is full: Note this along with the day and time. After that, try again at different times. Please call three times.



Main > Contacts > Tim Alsop

SANDBOX

Save Save & Close + New Deactivate Assign Change Password Refresh Run Report

TA Tim Alsop Contact

ARIAS Contact REAL-D Assessments System Information Related

If yes, what kind of interpreter do you need (pick all that apply)

1st Contact Attempt

Contact Attempt Within 24 Hrs No

Place of Employment Market Place

Occupation Farmer

Additional Notes

If a person answers, begin with the script:

“Hi, this is **interviewer name** calling on behalf of **agency name**. May I speak with **contact name**?” (Or, “Am I speaking with **contact name**?”)

If the contact is not the person who answered the phone: Repeat above introductory info when contact is on the phone. Do not continue the conversation or provide information to someone other than the contact without permission directly from the contact. Exceptions include parents of children under 15 and adult guardians.

If you know contact is a child (less than 15 years old): “May I speak to the parent or guardian of **contact name**?”

“Is there something you need for us to communicate better (an interpreter or other accommodation)?”

If the person prefers a language other than English: “I will call you back with an interpreter.” After you have an interpreter on the line proceed with interview.

“I am calling you because you have come in close contact with a person with COVID-19. I am calling to talk about what that means for you and to check on your health.

Are you available to talk with me right now? Our call will take about 30 minutes.”

If yes: Continue with the next portion.

If no: “I understand you are busy. It is important that I speak with you; is there a better time today that I could call you back?”

Note: Do *not* name the COVID case the person was exposed to. If the contact is insistent, tell them that “public health investigations are confidential, and we will also keep private any information you give us.”

“Before I begin our call, I want you to know that I will not be asking for any financial information or your social security number. I will ask you questions about how you are feeling and whether you have symptoms of COVID-19. I will also ask you to verify your contact information and your date of birth.

Any information you share with me is private. It will be used by public health officials and will not be made public. I will not ask you about your immigration status and your information will not be shared with immigration authorities or with law enforcement. Getting tested or getting treatment for COVID-19 will not affect your ability to get permanent residency in the United States.

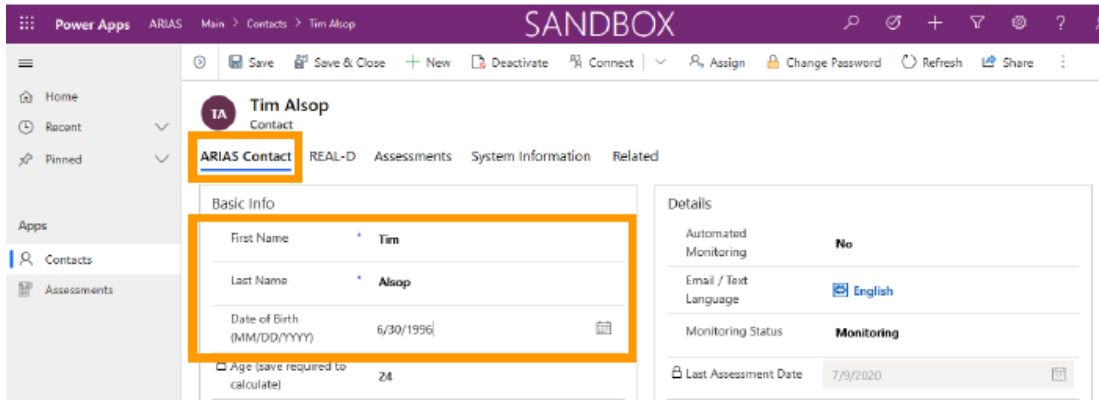
I am sure you have questions, and I will do my best to answer them. First, I need to gather some information from you to help stop the spread of the virus. I am also going to share some information about COVID-19 with you.”

Is there anything you need to help you remember or understand what we talk about?" (For example, written information will be provided; a partner or friend can participate on the call)

PART ONE – Demographics

- A. “Will you please verify your first and last name for me? How is that spelled?”
- B. “Date of birth?”
- C. “What county do you live in?”

“**Thank you.** Now, I am going to ask you some questions about how you have been feeling.”



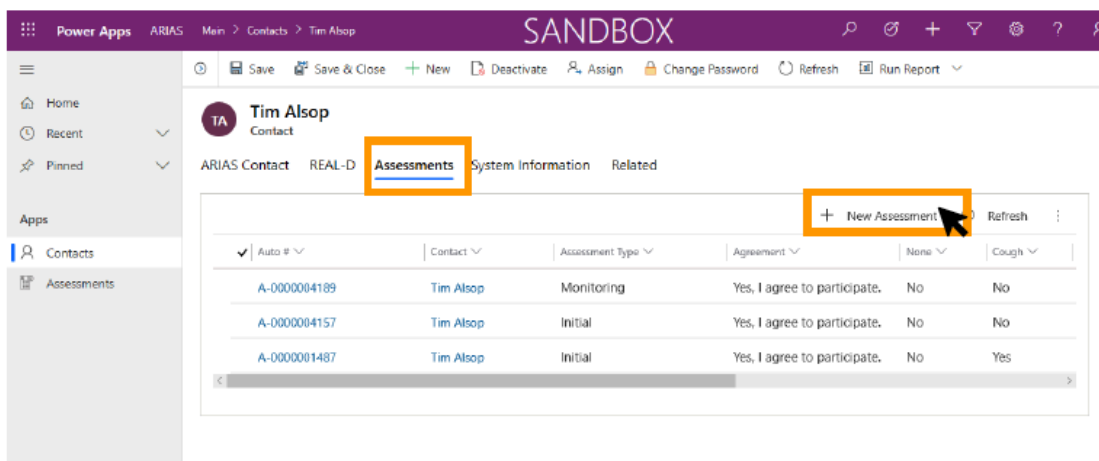
- D. “Will you tell me if you’ve noticed any of these specific symptoms since **date of contact with case?**”

- Fever (100.4° or above is a fever): temp?
- Cough Shortness of breath
- Loss of sense of taste or smell Other:

If sick: “When did you first start feeling sick? If you need to check a calendar, that’s fine. Are you currently sick?”

“Have you been tested for COVID-19 and received a positive test result?”

If yes: Finish the call, then notify your supervisor or a case investigator to follow-up.



“Before I continue, I just need to verify we have all the contact information needed to reach you.”

E. “Is this the best phone number to reach you at or is there another number to call?”

F. “Do you have an email address that you check regularly?”

G. “Would you feel comfortable sharing your address?”

a. “If we need to send information or materials to you is this an address where you can receive mail?”

If the person is homeless or has unstable housing: Ask for details about where they stay. “For now, please stay as close to where you are staying. Try to stay away from other people as much as possible, including staying away from public places. When you do have to be around other people, please wear a cloth or disposable face covering.”

H. “What is your preferred method of contact?” phone email text

I. “Are you working right now?”

If yes: “Where are you working? What kind of work do you do?”

J. “Do you have someone we could call if we need to reach you urgently?”

K. “What is their phone number?”

L. “Do you have a working thermometer?”

Thank you. I want to pause to check in. Are you feeling comfortable for me to continue? Do you have any questions that I can answer before I move on to the next piece of information?”

If the contact has **TWO or MORE** symptoms, **continue with page 8.**

If contact has **ONE or NONE** symptoms, **continue with page 10.**

PART TWO – Needs and Resources

If a contact has TWO or MORE of the listed symptoms:

The screenshot shows a Power Apps interface for a 'New Assessment' form. The form is titled 'SANDBOX' and is in the 'Assessment' tab. The 'Symptoms' section is highlighted with an orange box. The symptoms listed are: None (checkbox), Loss of Smell or Taste (checkbox), Shortness of Breath (checkbox), Fever (checkbox checked), Cough (checkbox checked), Temperature (102.00), When did you first start noticing symptoms: (dropdown), and Other Symptoms: (No). Below the grid, there is a field for 'If other symptoms, please explain' and another 'Other Symptoms' checkbox.

“Thank you for sharing this information. I am sorry to hear that you are not feeling well. Since you have symptoms, I am going to contact someone else from your local health department to let them know.

I also suggest that you notify your healthcare provider. The health department will call you back and ask you some detailed questions, provide you with guidance and answer any questions you have.

For now, to avoid spreading the disease to others, please plan to stay home and self-isolate. Do not go to work, school, or public areas. As much as possible, stay in a specific room and away from other people in your home. If you do need to be in shared spaces with other people, please put on a cloth or disposable face covering. Also, limit contact with pets and other animals.

“Do you have what you need to stay at home for now?”

(For example, do you have friends or family who can drop off groceries or medication, or can you or they order those things online or get groceries delivered? Do you have other concerns related to accessing supplies and services, safety, mental health, or family member supports?)

If unmet needs: “I’m hearing that you need some help with a few things. 211 Info may be able to help you find resources. You can call them at 2-1-1 or find them online.”

If over age 60 years, or younger person with a disability: “Your local Aging and Disability Resource Connection may be able to help you find resources. You can find them online at ADRC.info@dhsosha.state.or.us or you can call 1-855-673-2372.”

If county resources available: “I’m hearing that you need help with a few things. You can call **health department warmline or other resource** for assistance with

that. 211 Info may also be able to provide resources. You can call them at 2-1-1 or find them online.

- If you need medical care, call your healthcare provider before you go in. Tell them you have been in contact with someone with COVID-19 and you now have symptoms.
- If you need help finding a medical provider, call your local health department or 211.
- If you have a medical emergency, call 911. Tell them you may have been exposed to COVID-19. If possible, put on a cloth or disposable face covering before emergency medical services arrive.

“Someone will be in touch with you soon. Do you have any questions for me?”

The screenshot shows a Power Apps interface for a contact named Tim Alsop. The interface is titled 'SANDBOX' and includes a navigation pane on the left with options like Home, Recent, Pinned, Apps, Contacts, and Assessments. The main content area is divided into 'Basic Info' and 'Details' sections. The 'Basic Info' section includes fields for First Name (Tim), Last Name (Alsop), Date of Birth (6/30/1996), Age (24), Email (tim.alsop@google.com), and Mobile Phone. The 'Details' section includes Automated Monitoring (No), Email / Text Language (English), Monitoring Status (Transferred to Opera), and Last Assessment Date (8/6/2020). The 'Monitoring Status' dropdown menu is highlighted with an orange box, and a black arrow points to it.

Note (all asymptomatic contacts): Hang up and notify a case investigator or LPHA.

If a contact has **NONE** or **ONLY ONE** of the listed symptoms

The screenshot shows a Power Apps interface for a 'New Assessment' form. The form is titled 'SANDBOX' and has a purple header. The left sidebar shows navigation options like Home, Recent, Pinned, Apps, Contacts, Assessments, and Connections. The main content area has two tabs: 'Assessment' (selected) and 'System Information'. The 'Assessment' tab contains a 'Symptoms' section with a grid of checkboxes. The 'None' checkbox is checked. Other symptoms listed include 'Loss of Smell or Taste', 'Shortness of Breath', 'Cough', 'Fever', and 'Temperature'. There are also fields for 'When did you first start noticing symptoms?' and 'Other Symptoms' (set to 'No'). A black arrow points to the 'Assessment' tab, and an orange box highlights the 'Symptoms' section.

“Since you have come in contact with someone who has tested positive for COVID-19, there are some steps you can take to avoid spreading the disease to others. We will **email or mail** you a letter with this information as well.

“Do you need written materials in an alternate format (braille, large print, audio file, etc.)?”

“Please stay home until **last date of recommended quarantine**. This means you should not go to work or school, and someone else should complete your errands, like grocery shopping. You should not leave your home unless you need medical care. However, you can go outside by yourself to get some exercise.

“Do you have what you need to stay at home until **last date of recommended quarantine**?”

(For example, do you have friends or family who can drop off groceries or medication, or can you or they order those things online or get groceries delivered? Do you have other concerns related to accessing supplies and services, safety, mental health, or family member supports?)

If unmet needs: “I’m hearing that you need some help with a few things. 211 Info may be able to help you find resources. You can call them at 2-1-1 or find them online.”

If over age 60 years, or younger person with a disability: “Your local Aging and Disability Resource Connection may be able to help you find resources. You can find them online at ADRC.info@dhsosha.state.or.us or you can call 1-855-673-2372.”

If contact insists that they must work: Refer contact to the **health department warmline**.

If county resources available: “I’m hearing that you need help with a few things. You can call **health department warmline or other resource** for assistance with that. 211 Info may also be able to provide resources. You can call them at 2-

1-1 or find them online.”

“If you do need to leave your home to get medical care, please wear a cloth or disposable face covering. At home, please try to stay away from other people in your home by staying in a specific part or room of your home. Limit contact with pets and other animals.”

The screenshot shows the Power Apps interface for a contact named Tim Alsop. The interface is titled 'SANDBOX' and includes a navigation pane on the left with options like Home, Recent, Pinned, Apps, Contacts, and Assessments. The main content area displays the contact's details, organized into sections: Basic Info and Details. The Basic Info section includes fields for First Name (Tim), Last Name (Alsop), Date of Birth (6/30/1996), Age (24), Email (tim.alsop@google.com), and Mobile Phone. The Details section includes Automated Monitoring (No), Email / Text Language (English), Monitoring Status (Monitoring), and Last Assessment Date (7/9/2020). The Monitoring Status and Last Assessment Date fields are highlighted with an orange box, and two black arrows point to the right side of the box.

Note (language): Daily check-in by text and email are only available in the following languages: English, Spanish, Chinese (Cantonese), Chinese (Mandarin), Korean, Russian, Vietnamese.

- If the contact **DOES NOT** read one of these languages, read **section C**.
- If the contact **DOES** read one of these languages, and you **DO** have ARIAS access, read **section A**.
- If the contact **DOES** read one of these languages and you **DO NOT** have ARIAS access and are using a form, read **section B**.

PART THREE – Quarantine

“Between now and **last date of recommended quarantine**, please check yourself closely for symptoms.

- Take your temperature twice a day: once in the morning and once in the evening. If you don't have a thermometer, please buy or borrow one. If you can't get one, please make a note everyday of whether you feel feverish.
- Keep track of whether you notice any other symptoms.
- I, or another person from public health, will contact you once a day to check in on you and record your temperatures and whether you've had symptoms.”

The screenshot shows a Power Apps interface for a contact named Tom Timmy. The interface is divided into sections: Basic Info, Details, and Address. The Basic Info section contains fields for First Name (Tom), Last Name (Timmy), Date of Birth (1/2/1983), Age (37), Email (tom@email.com), Mobile Phone (541-867-5309), and Preferred Method of Contact (Text). The Details section contains fields for Automated Monitoring (No), Email / Text Language (English), Monitoring Status (Monitoring), and Last Assessment Date (6/29/2020). The Address section is partially visible. Numbered callouts 1 through 6 are placed over the interface: 1 over Automated Monitoring, 2 over Email / Text Language, 3 over Monitoring Status, 4 over Email, 5 over Mobile Phone, and 6 over Preferred Method of Contact.

A. Symptom Check-in (email/text + ARIAS access)

“We can call you each day, or we can set up a daily survey that is sent by text or email. Which would you prefer?” phone email text

If email: “Okay, you'll receive an email from noreply.arias@dhsosha.state.or.us each morning until **last date of recommended quarantine**. It will include a link to a survey where you can enter your symptoms. I'm going to send you an email right now to verify that it works. Can you check to make sure you received it?”

If yes: “Can you open it up to make sure it's working? Thank you for checking. You'll receive an email like this each morning.”

If no: “That's okay. Next time you check your email you should see the survey. Please fill it out to test that it works. If you don't see it, or it isn't working, please call **LPHA phone number or other resource**. You'll receive a new survey link each day and it's important to fill it out every day.”

If text: “Okay, you'll receive a text from 884-902-3260 each morning until **last date of recommended quarantine**. It will include a link to a survey where

you can enter your symptoms. I'm going to send you a text right now to verify that it works. Are you able to look at your texts while you're on the phone with me?"

If yes: "Okay, please let me know when you receive it. Can you click on the link to make sure it is working correctly? Thank you for checking. You'll receive a text like this each morning."

If no: "That's okay. Next time you check your texts you should see the survey. Please fill it out to test that it works. If you don't see it, or it isn't working, please call **LPHA phone number or other resource**. You'll receive a new survey link each day, and it's important to fill it out every day."

If phone: "Okay, I'll give you a call each day to check in on your symptoms until **last day of recommended quarantine**. If I'm out of the office, someone else from public health will call you."

Note: If the survey link does not arrive, double check that the email or text number is correct. If it still doesn't arrive or it doesn't work, suggest another method of daily contact.

B. Symptom Check-in (email/text + forms)

"We can call you each day, or we can set up a daily survey that is sent by text or email. Which would you prefer?" phone email text

If email: "Okay, you'll receive an email from noreply.arias@dhsosha.state.or.us each morning until **last date of recommended quarantine**. It will include a link to a survey where you can enter your symptoms. You should receive a test email link today or tomorrow, and then you'll receive an email every morning after that. If you don't receive an email by tomorrow, or the link isn't working, call **LPHA phone number or other resource**."

If text: "Okay, you'll receive a text from 884-902-3260 each morning until **[last date of recommended quarantine]**. It will include a link to a survey where you can enter your symptoms. You should receive a test link today or tomorrow, and then you'll receive a new text every morning after that. If you don't receive a text by tomorrow, or if the link isn't working, call **LPHA phone number or other resource**."

If phone: "Okay, I'll give you a call each day to check in on your symptoms until **last day of recommended quarantine**. If I'm out of the office, someone else from public health will call you."

C. Symptom Check-in (phone only)

"We will give you a phone call each day until **last day of recommended quarantine**. We will ask a few simple questions about your symptoms and your temperature. It should take less than 15 minutes each day."

"If you need medical care, call your health care provider or clinic before you go in. Tell them you were in contact with someone who tested positive for

COVID-19 and now have symptoms.”

“If you have a medical emergency or are seriously ill, call 9-1-1. Tell them you were in contact with someone who tested positive for COVID-19 and now have symptoms. Put on a cloth or disposable face covering before medical personnel arrive, if possible.”

“Here are some other ways you can keep others in your home from getting sick.

- **Wash your hands regularly:**

- Use soap and water for at least 20 seconds.
- If soap and water are not available, use an alcohol-based hand sanitizer.

- **Avoid sharing personal items:**

- Don't share plates, utensils, towels, or bedding without washing them thoroughly first.

- **Clean all “high-touch” surfaces every day:**

- This includes counters, tabletops, doorknobs, bathroom fixtures, and phones.

“I will send you more information on these strategies. You can also Google Oregon Public Health COVID-19.

As we discussed, you need to stay home from now through **last date of recommended quarantine**.

If you do not have any symptoms by **last date of recommended quarantine**, you can go back to your normal activities.

If your employer or school has questions about you having to stay home, we will send you a letter that you can share with them. There is more information about COVID-19 on the Oregon Health Authority's website.”

Note (safety concerns): If you have concerns about the safety of this person, or other people in the home, contact your supervisor after the call to discuss your concerns. This call is about contact tracing. Please don't begin to investigate issues of safety. You and your supervisor can talk through next steps.

PART FOUR – Race, Ethnicity, Language and Disability (REALD)

“We would like to collect some additional demographic information about your racial/ethnic identity, language preference and any functional limitations you may have. Answering these questions is optional and you may stop at any time. We are collecting this information to help us understand how COVID-19 is affecting different groups.”

The screenshot shows a web application interface for a 'Sandbox' environment. The user is logged in as 'Tim Alsop'. The interface includes a navigation menu on the left with options like 'Home', 'Recent', 'Pinned', and 'Apps'. The main content area displays a form titled 'REAL-D' with several sections: 'General', 'Disability', 'Language and Race/Ethnicity', and 'Which of the following describes your racial or ethnic identity? Please check ALL th...'. The 'Language and Race/Ethnicity' section contains questions about English proficiency and racial/ethnic identity. The 'Disability' section contains a question about hearing difficulty. The 'Which of the following describes your racial or ethnic identity?' section contains a list of options with checkboxes.

Race/Ethnicity

“How do you identify your race, ethnicity, tribal affiliation, country of origin or ancestry?”

Which of the following describes your racial or ethnic identity?

American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Asian

- Asian Indian
- Chinese
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Black and African American

- African American

- African (Black)
- Caribbean (Black)
- Other Black

Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Middle Eastern/North African

- Middle Eastern
- North African

White

- Eastern European
- Slavic
- Western European
- Other White

Native Hawaiian and Pacific Islander

- Chamorro
- Guamanian
- Micronesian/Marshallese/ Palauan
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Other Categories

- Other (please list)
- Don't know
- Don't want to answer

“If you selected more than one category, is there one you think of as your primary racial or ethnic identity?”

Language

In what language do you want us to speak with you?

In what language do you want us to write to you?

How well do you speak English?

Disability

“Are you deaf or do you have serious difficulty hearing?”

If yes: “At what age did this condition begin?”

“Are you blind or do you have serious difficulty seeing, even when wearing glasses?”

If yes: “At what age did this condition begin?”

Does a physical, mental or emotional condition limit your activities in any way?

If yes, continue with the questions below, but stop now for persons under age 5.

“Do you have serious difficulty walking or climbing stairs?”

If yes: “At what age did this condition begin?”

“Do you have difficulty dressing or bathing?”

If yes: “At what age did this condition begin?”

“Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?”

If yes: “At what age did this condition begin?”

Stop now for persons under age 15.

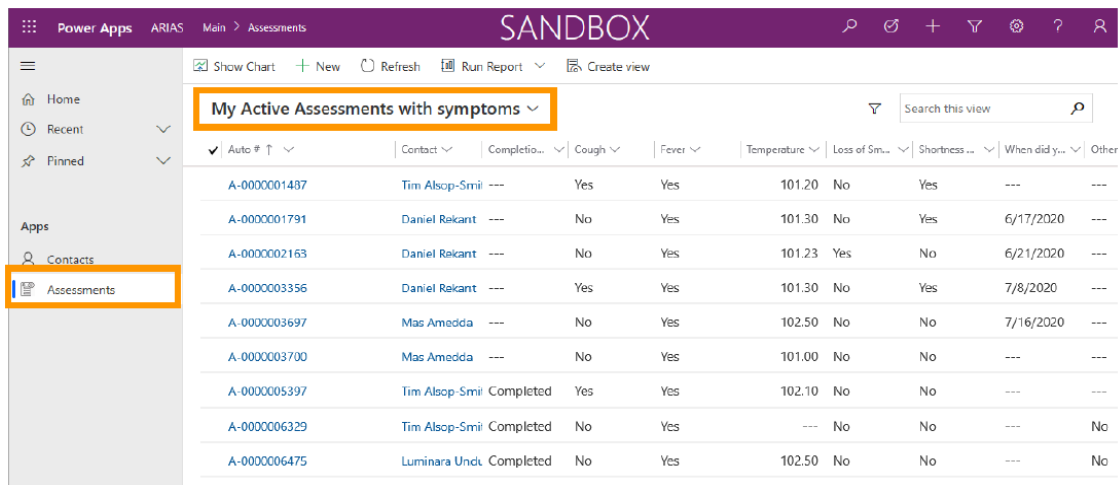
“Because of a physical, mental or emotional condition, do you have serious difficulty doing errands alone such as visiting a doctor's office or shopping?”

If yes, “At what age did this condition begin?”

PART FIVE – Conclusion

“As I said earlier, public health investigations are private. Please do not share names or other information you may know about people who are being asked to stay home or other people who may have been in contact with them. We appreciate your help keeping others safe.”

“Do you have any questions for me? Thank you for your time. Someone from the health department will contact you every day. It might be me or one of my co-workers. If you think of any questions, you can call the county health department at **LPHA contact number**, or you can ask whoever contacts you.



The screenshot shows a Power Apps interface titled "SANDBOX" with a navigation pane on the left. The "Assessments" app is selected. The main view displays a table titled "My Active Assessments with symptoms". The table has columns for ID, Contact, Completion, Cough, Fever, Temperature, Loss of Smell, Shortness of Breath, When did you start, and Other. The table contains 10 rows of data.

Auto # ↑	Contact	Completi...	Cough	Fever	Temperature	Loss of Sm...	Shortness ...	When did y...	Other
A-000001407	Tim Alsop-Smii	---	Yes	Yes	101.20	No	Yes	---	---
A-000001791	Daniel Reikant	---	No	Yes	101.30	No	Yes	6/17/2020	---
A-000002163	Daniel Reikant	---	No	Yes	101.23	Yes	No	6/21/2020	---
A-000003395	Daniel Reikant	---	Yes	Yes	101.30	No	Yes	7/8/2020	---
A-000003697	Mas Amedida	---	No	Yes	102.50	No	No	7/16/2020	---
A-000003700	Mas Amedida	---	No	Yes	101.00	No	No	---	---
A-000005397	Tim Alsop-Smii	Completed	Yes	Yes	102.10	No	No	---	---
A-000006329	Tim Alsop-Smii	Completed	No	Yes	---	No	No	---	No
A-000006475	Luminara Undi	Completed	No	Yes	102.50	No	No	---	No

Note (safety concerns): If you have concerns about the safety of this person, or other people in the home, contact your supervisor after the call to discuss your concerns. This call is about contact tracing. Please don't begin to investigate issues of safety. You and your supervisor can talk through next steps.

Appendix

Recommended and preferred practices for linkage to wraparound services

This appendix applies to agencies that provide or have direct links to wraparound supports. This may be adapted as needed based on the population and communities being served.

Recommended practice 1: Offer A Referral

*Use this language in place of “Do you have what you need to stay home until **last date of recommended quarantine?**” followed by referral to 211 or ADRC if no.*

“The request for you to quarantine may be challenging or impossible due to various barriers. Do you have any concerns that may impact your ability to stay home until **last date of recommended quarantine?** If it would help you to answer, I have a list of some common concerns others have encountered. Would you like me to read it to you?”

- housing to quarantine/isolate
- food access or delivery
- medical appointments
- prescriptions
- childcare needs
- caring for an elder
- mental health support
- person in your home with special needs
- transportation needs
- spiritual needs
- wage replacement or assistance if unable to work
- laundry or other personal care needs
- harm reduction support, such as naloxone for overdose prevention, or safer use supplies, day-to- day supports
- domestic violence
- safety
- communications support, like cell phone minutes
- substance abuse recovery

Will any of the things I just listed, or any other concerns, prevent you from staying home during quarantine?

If yes: “Would you be open to someone reaching out to you around the specific need(s) and possible connection(s) to the best resource?”

If yes: “**Name of case manager** from the **tribe/Health department/CBO** will reach out to you within **number/a few** days.”

If no: “If you prefer reaching out yourself, you can contact **tribe/health department/CBO** directly at **phone number.**”

Recommended practice 1: Follow-up Offer

Contacts may realize they have unmet needs after the initial call. A short follow-up call may be appropriate 3-4 days after initial contact (or this script can be added to a routine check-in call).

“Now that you’ve been quarantining for a few days, do you have any unmet or emerging needs that may impact your ability to continue with quarantine?”
(Read full list from “Recommended practice 1” if they seem unsure).

If yes: “Would you be open to someone reaching out to you around the specific need(s) and possible connection(s) to the best resource?”

If yes: “Name of case manager from the tribe/health department/CBO will reach out to you within [number/a few] days.”

If no: “If you prefer reaching out yourself, you can contact tribe/health department/CBO directly at phone number.”