

Agenda Cover Memo



AGENDA DATE: May 12, 2020

TO: Board of Health

FROM: Karen Gaffney, Director
Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

“COVID-19 is reminding us how vulnerable we are, how connected we are and how dependent we are on each other. In the eye of a storm like COVID, scientific and public health tools are essential, but so are humility and kindness. With solidarity, humility and assuming the best of each other, we can – and will – overcome this together.” – World Health Organization Director-General’s opening remarks, media briefing, March 30, 2020

Background

On December 31, 2019, the World Health Organization Country Office in China was notified about several cases of pneumonia with unknown cause in the city of Wuhan in Hubei province. One week later, the cause was identified as a novel coronavirus that is responsible for the disease that was subsequently named COVID-19.

By January 20, 2020, 282 cases of COVID-19 had been reported in four countries and six deaths from the virus had been reported in the city of Wuhan. By January 23, 2020, the first case had been reported in the United States. By March 31, there were over 600,000 confirmed cases and over 2,000 deaths in the US.

While much is still unknown about the novel coronavirus responsible for COVID-19, a few things make it stand out:

- Transmission is rapid, based on data from China, Italy, it is believed that without physical distancing measures, every infected person transmits the virus to 2 or more people (for comparison, influenza is usually 1.3)
- Case fatality is high, the worldwide average is currently around 3.6%¹ whereas the 1918 influenza was around 2.5%
- There is increasing evidence that asymptomatic transmission is happening, meaning people can spread the virus before they know they have it

This novel coronavirus represents an unprecedented challenge to our health systems, our economy and our communities, and requires a response that is grounded in science, evidence-based practice, and compassion and caring for vulnerable populations.

Pandemics and Public Health practice

Public health practice provides multiple tools for dealing both with the multiple crises presented by the novel coronavirus and for responding to the virus itself. As with any outbreak event, public health’s first priority is containment to prevent further spread. This is done through identifying cases, tracing

¹ As of April 14, 2020

contacts of known cases, and isolating cases and contacts. Unfortunately, due to both the novelty of the virus and shortages in testing materials and limited capacity for testing at the federal level, early identification of cases was quickly out-paced by the spread, and containment became unlikely.

By the time the first case was reported in Oregon, both Washington State and California had already moved beyond containment to mitigation and it was clear that if Oregon were to prevent another Seattle, another Wuhan, or another Lombardi, Italy, mitigation strategies would be needed, quickly.

The goal of mitigation strategies is to slow the spread in order to protect vulnerable populations and to buy time needed to deploy treatments and/or vaccines. Mitigation strategies can reduce fatality from the disease by ensuring that the health system has the capacity to treat those who become severely ill and improve their chances of recovery. Mitigation can take different forms, depending on the illness or virus in question, in the case of the novel coronavirus, for which there are no known treatments and no vaccine, non-pharmaceutical interventions (NPI) become necessary.

The Centers of Disease Control and Prevention recommends three levels of NPI for use during a pandemic: 1) personal, 2) environmental, and 3) community. Personal and environmental level interventions include everyday measures for spreading illness such as regular handwashing, cleaning of surfaces and isolation of infected persons – these measures can and should be used regardless of the severity of the disease. Community-level interventions, such as school closures, limiting mass gatherings and other social-distancing should take into consideration the severity of the disease and local conditions.

During the 1918-19 Flu Pandemic, there were several communities in the US that used various social-distancing strategies for several months and managed to reduce the impact of the deadly influenza that killed over 50 million people. These communities shut down their schools, banned gatherings and even blocked roads to prevent the spread of influenza². Multiple predictive models have suggested that these practices can be effective in slowing the spread of the novel coronavirus. In fact, there is growing evidence that these strategies are working in Washington State and California.³

Lane County Public Health Response

In coordination with state and federal authorities, Lane County Public Health began its response to COVID-19 by activating the Incident Command Structure on February 7, 2020. The objectives for the first few weeks were to monitor potential cases, keep the public informed, and prepare for the need for a larger response.

On February 28, Oregon reported its first confirmed case of COVID-19 and Lane County ICS began bringing additional staff into the response in order to better prepare for non-pharmaceutical interventions to slow the spread of the virus and to mitigate the impacts of both the virus and the interventions on the most vulnerable in the community.

Lane County's Incident Command Structure

Incident Command is a proven emergency operations center structure used to effectively respond to these types of events. The structure is organized such that as the need for further action increases, the structure can accommodate new staff. In addition to activating the standard sections (Planning, Logistics, Public Information, etc.), the Operations Section activated three Emergency Support Functions and two special branches with specific responsibilities:

² Markel H1, Lipman HB, Navarro JA, Sloan A, Michalsen JR, Stern AM, Cetron MS., Nonpharmaceutical interventions implemented by US cities during the 1918-1919 influenza pandemic. JAMA. 2007 Aug 8;298(6):644-54.

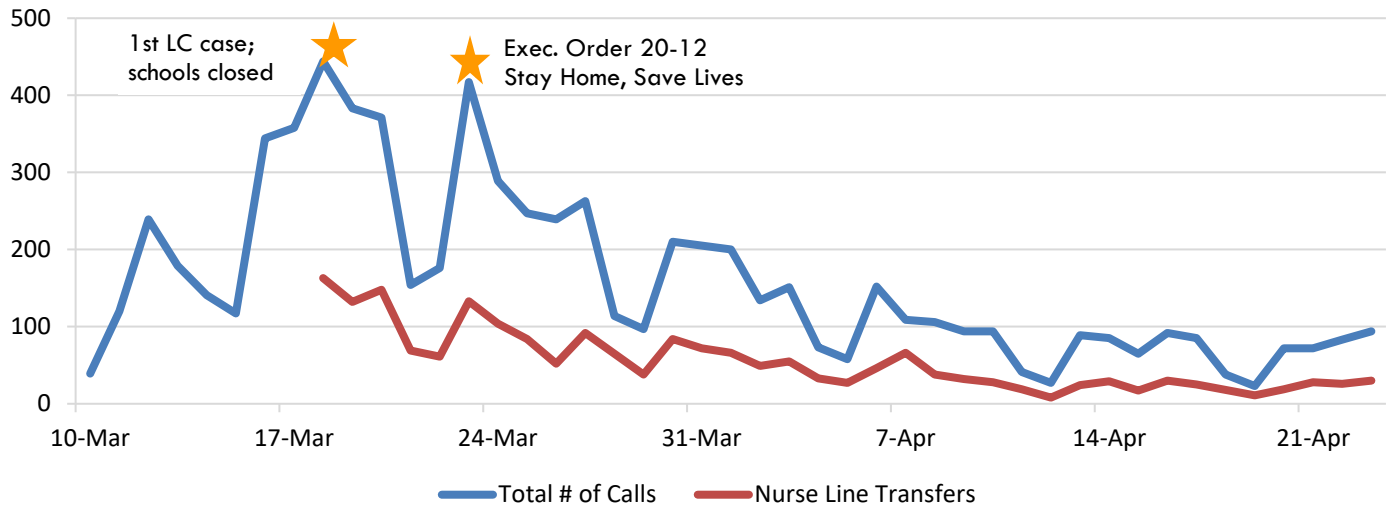
³ Fowler, G., Kelly, H., Albergotti, R., [Social distancing works. The earlier the better, California and Washington data show](#). Washinton Post, 4/1/2020

- *Public Health and medical*
 - Expand access to testing
 - Conduct contact tracing and investigation of cases
 - Isolation and quarantine of cases and those exposed to cases
 - Daily data updates
 - Ensure healthcare providers, first responders and hospitals have what they need
 - Coordinate distribution of PPE
 - Coordinate tracking use of hospital beds, ICU beds and ventilators
 - Coordinate provider communication and problem-solving
- *Housing and human services*
 - Address barriers to Stay Home, Save Lives for houseless populations
 - Address needs of vulnerable populations (e.g., seniors, people with disabilities, those living in congregate settings)
- *Business continuity*
 - Minimize the economic impact on individuals and small businesses
- *Call-center/community email*
 - Provide information and guidance to the public
- *Behavioral/mental health support*
 - Support for staff and clients at respite centers
 - Promote resilience and healing for the community

COVID-19 response timeline and accomplishments

- March 9
 - Established a local hotline to respond to increased calls from the community
- March 12
 - Governor Brown closed Oregon schools and banned gatherings of 250 or more people
 - Lane County call center receives between 200-300 calls per day
 - Distribution of supplies to hospitals and clinics begins
 - Hotline stays open through the weekend
- March 16
 - First death attributed to COVID-19 in Oregon reported
 - Governor Brown bans gatherings of 25 or more people and orders restaurants to limit service to take/out delivery
 - Hand sanitizing stations are set up throughout the community
 - Hotline hours expand from 8 am-8 pm
 - Resource guide for local businesses developed
 - Search for shelters and day centers for the unhoused begins
- March 17
 - Lane County reports first two cases and first suspected death
 - Declaration of state of emergency issued
 - Testing now available from commercial labs
 - Begin use of state stockpile of Personal Protective Equipment (PPE)
 - Local social service agencies suspend services (e.g., Buckley House, Parenting Now!, SASS, etc.)
 - Lane County starts identifying services for food and medication delivery
 - Governor Brown announces schools will remain closed until April 28; schools are directed to continue to provide education and meals and to use buildings to provide childcare to COVID-19 response workers

**Lane County Call Center
March 10 - April 24**



March 18

- Small business emergency loan fund set up
- Planning for surge response in healthcare and PPE distribution gets underway
- **March 19**
 - Small business emergency loan fund finalized with \$400,000 total with contributions from City of Eugene and Springfield
 - Lane County begins collection of donated PPE
 - Governor Brown issues direction to cease non-emergency healthcare procedures to preserve PPE
- **March 22**
 - Governor Brown issues order to stop residential evictions for non-payment for 90 days
 - Hotline for the unhoused seeking resources set up with White Bird
 - Coordination with Lane Education Service District to set up childcare
 - Lane County Fairgrounds identified as shelter for unhoused
 - Planning for shelters in Florence, Cottage Grove and Oakridge begins
- **March 23**
 - Governor Brown issues order to stay home
 - Survey of local food vendors issued to identify potential contractors to feed unhoused at shelters
 - Search for transitional housing for unhoused being released from hospital
 - Small business emergency loan fund depleted; waitlist started
- **March 25**
 - Fairgrounds open as respite center for the unhoused; 100-120 people served per day
 - All publicly managed campgrounds and RV parks in Oregon are closed
 - Siuslaw National Forest first National Forest in Oregon to be closed to the public
- **March 28**
 - Hospitals now tracking ED/ICU beds, COVID-19 admissions, COVID-19 patients on ventilators and supplies of ventilators and PPE
 - US Forest Service announces closure of many Oregon and Washington trails and recreation sites
- **March 30**
 - LTD busses begin running on Sunday schedule, with no service on Sundays so that busses and stations can be thoroughly cleaned; all routes are fare-free
 - Springfield Memorial building opens as second respite center

- Food, transportation and care for people awaiting results being provided at Lane County Fairgrounds
- March 31
 - After continued problems with contracting with hotels, Commissioners approved the purchase of a building on River Ave. to be used to treat the unhoused who have contracted COVID-19
 - Hospitals are preparing for surge and have plans to keep COVID-19 patients separated from other patients
 - Hotline continues to receive at least 200 calls per day on weekdays and about 100 calls per day on weekends
- April 1
 - Public Health nurses conduct contact tracing for 20 Lane County residents who have tested positive
 - Wheeler Pavilion houses first mildly ill person
 - ESF-19 created to address mental health concerns of the community
- April 2
 - Coordinating with Food for Lane County and local restaurants to provide food to respite centers in Eugene and Springfield
 - Guidelines issued for testing and reporting cases in congregate settings
- April 7
 - Governor Brown extends Executive Order 20-07 (restaurant and bar closures) and Executive Order 20-06 (disruption of the market) to stay in effect until terminated by the governor
 - Epidemic trend projections for Oregon released by the Institute for Disease Modeling indicate that physical distancing measures are reducing transmission
 - LTD announces that passengers and drivers must wear face coverings
 - 354 unduplicated clients received services at Eugene and Springfield respite shelters
 - Call center continues to receive around 100-150 calls per day, of which 30-40% are transferred to nurses to discuss symptoms and/or possible exposures
 - To-date, staff have responded to over 700 emails from community members
- April 8
 - Governor Brown orders schools to remain closed for the rest of the academic year
 - Centro Latino Americano hosted a live Q&A in Spanish with Lane County's Deputy Health Officer, Dr. Lisandra Guzman
 - EWEB offering a \$260 credit to any customer that has lost work due to COVID-19
- April 10
 - For the past week there are between 25-45 suspected and confirmed COVID-19 cases in Lane County hospitals each day
 - Oregon receives its first rapid-testing supplies from the federal government; will be deployed in rural counties
 - City of Eugene opens respite shelters at Amazon and Hilyard community centers
- April 13
 - Emergency respite centers consistently filled to capacity; 427 unduplicated clients have been served at centers to-date
 - Progress is being made on River Ave. building with concerns to facility, staffing, supplies, and protocols
 - Special branch for behavioral and mental health (ESF-19) begins setting up a warm-line for shelter staff, counseling for shelter clients, and community/staff trainings
- April 14
 - Governor releases public health framework on requirements for relaxing physical distancing measures and next steps

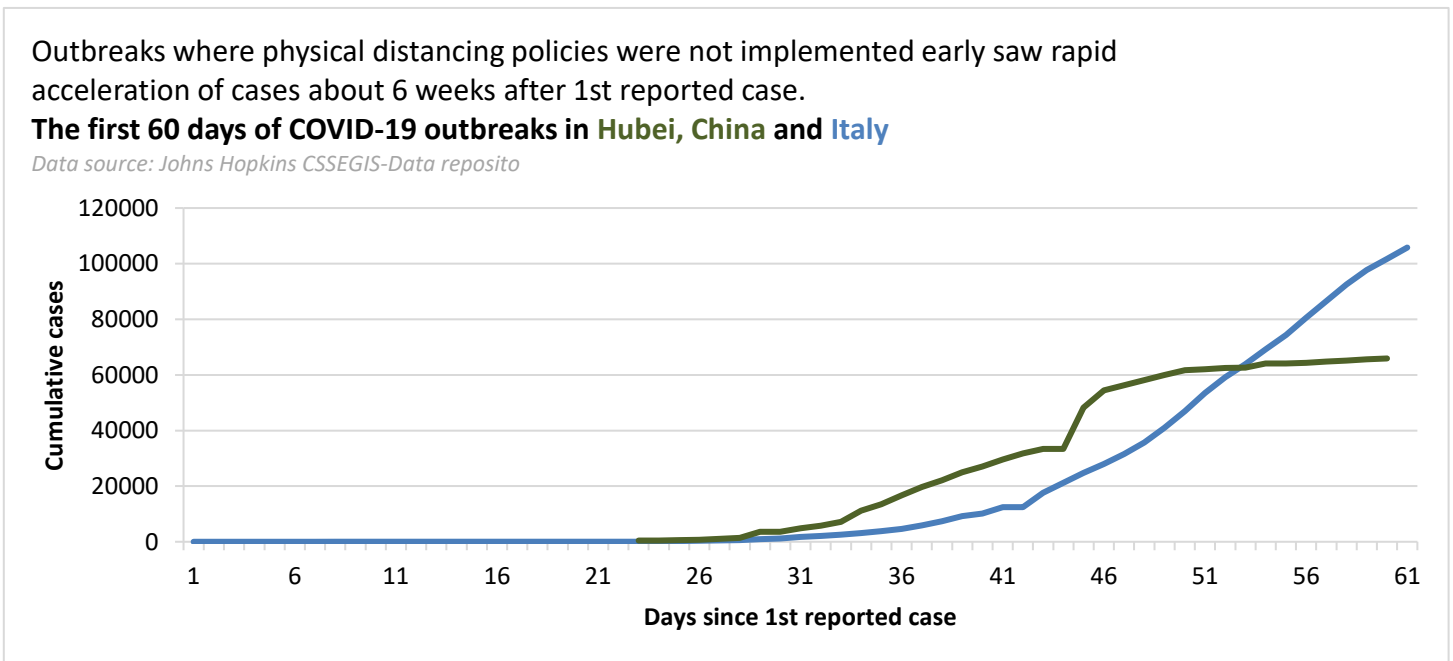
- April 16
 - Centro Latino Americano released a report outlining specific concerns of the Latino and immigrant communities, including uncertainty about eligibility for public benefits because of immigration status and lack of Spanish-language materials about COVID-19
 - McKenzie-Willamette hospital and the University of Oregon to begin collaboration to test health care providers and first responders
- April 20
 - Lane County took possession of the River Ave. building; remodel planning is underway
- April 21
 - LTD partnering with metro area cities to transport people from shelter sites to places where they can shower
 - Greenhill Humane Society begins offering temporary Crisis Care Boarding for pets of unhoused people undergoing treatment or recovering from COVID-19
- April 22
 - Tele-counseling starts at shelters
- April 23
 - McKenzie-Willamette hospital and the University of Oregon open a drive-thru test center in Springfield
 - A total of 491 unduplicated clients have received services at respite centers
- April 24
 - A second Lane County resident is reported to have died from COVID-19
 - PPE supplies currently sufficient to meet needs
- April 25
 - Reduced call center hours take effect: Monday-Saturday, 8am-5p
- April 27
 - More than 3,000 Lane County residents have been tested for the virus that causes COVID-19
 - No new cases of COVID-19 have been detected in Lane County since April 23
 - University of Oregon plans to resume in-person classes in the fall with testing and contact tracing for staff and students and social distancing measures
 - LTD reducing passenger limits on busses
 - Sponsors Inc. will provide 10 tiny homes for use by the unhoused as an alternative to hotel rooms
 - In seven weeks of operation, the call center fielded over 7,000 calls

Epidemiological forecast

Epidemiological forecasting is used to guide public health decision making and planning. These statistical models use existing data to forecast future events, such as the spread of an infectious disease in a community, so public health officials can respond accordingly. As appropriate interventions are applied, these models quickly become obsolete and must be re-estimated to align with new community conditions. This is why forecasting models estimated early in an infectious disease outbreak may differ from what actually occurs. In the case of the novel coronavirus, the use of forecasting models helps the community both prepare for the worst, as well as evaluate the potential impact of proposed interventions.

One of first models that examined the spread of COVID-19 in the United States⁴ predicted that without efforts to reduce the spread, the United States would see peak mortality within 3 months with approximately 2.2 million deaths.

On March 23rd, the Institute for Disease Modeling (IDM) in Washington released a working paper detailing an Oregon-specific forecasting model⁵. This model examined the impacts of non-pharmaceutical interventions, such as physical distancing, on the spread of COVID-19. Without non-pharmaceutical interventions, the model estimated about 15,000 infections in Oregon by early May. In an updated report⁴ released on April 10th, IDM estimated that the aggressive physical distancing interventions implemented by Oregon have prevented approximately 18,000 COVID-19 infections and 500 hospitalizations.



⁴ Fergusun, N., et. al., [The impact of non-pharmaceutical interventions \(NPIs\) to reduce COVID-19 mortality and health care demand](#), Imperial College COVID-19 Response Team, March 16, 2020

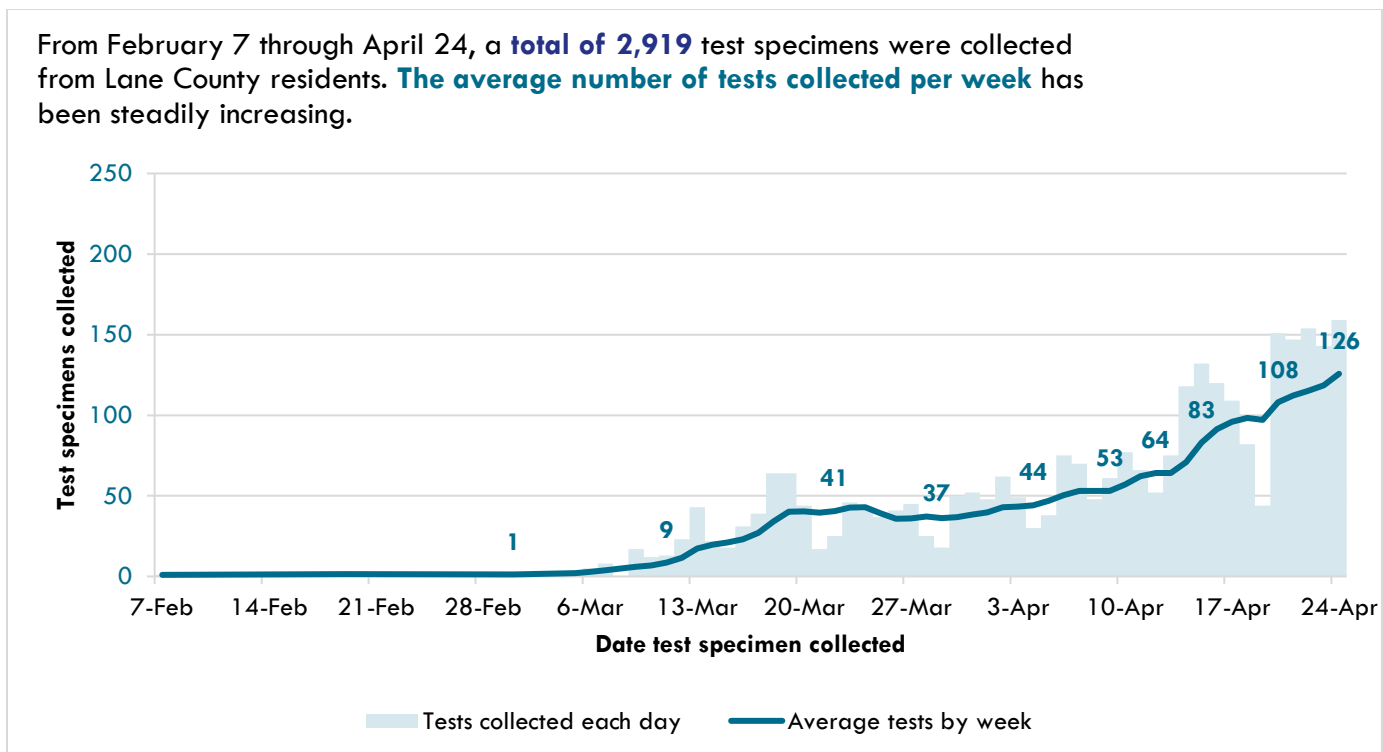
⁵ Kerr, C., et. al., [Working paper: Projected COVID-19 epidemic trends and health system needs for Oregon](#), Institute for Disease Modeling, Bellvue, WA, Results as of 2020-03-23

⁴Kerr, C., et al., [COVID-10 intervention effectiveness and epidemic trends for Oregon: a model-based analysis](#).

Epidemiology of COVID-19 in Lane County

Testing is an important tool used by public health to control outbreaks. Used in combination with contact tracing and isolation or quarantine of exposed individuals, it can effectively curtail the spread of infectious diseases, such as the novel coronavirus.

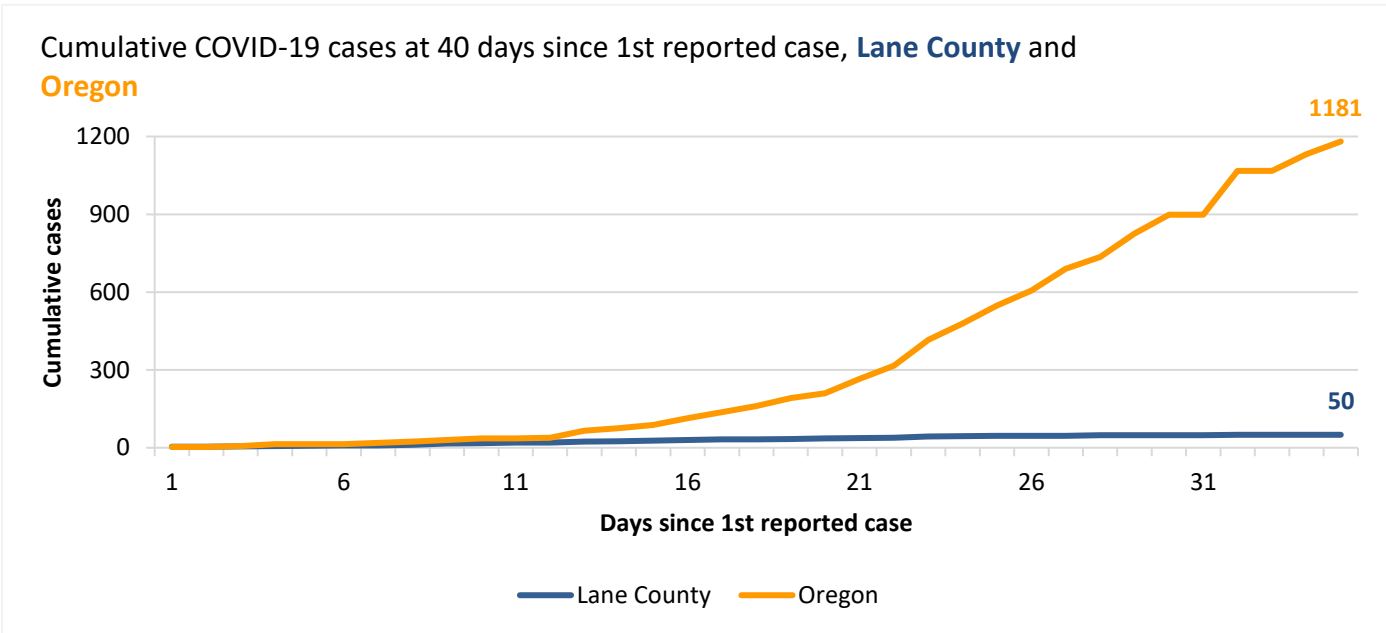
Currently, the mostly widely used test for COVID-19 in Lane County is a molecular test⁶ which detects the presence of the virus in individuals who were recently or who are currently infected. Because this test detects the presence of the virus, a positive result means the virus is present, but a negative result doesn't always mean the person is not infected. Of the more than 1500 people tested in Lane County using this test, about 3% have tested positive. Because of the narrow criteria currently used for testing, it is very likely that the confirmed cases only represent a small portion of infected individuals in Lane County. A second type of test, a serological test, which tests for antibodies produced in response to COVID-19 will be useful for identifying individuals who have already recovered from the virus once it becomes more widely available.



As of April 27, 2020, it has been 40 days since the first case was confirmed in Lane County and there are now 50 residents who have tested positive for COVID-19. At the time of writing, Lane County is on the cusp of the timeframe when communities that did not implement physical distancing measures early would see rapid acceleration in case numbers⁷.

⁶ Real-time reverse transcriptase polymerase chain reaction (RT-PCR) is a molecular test used to detect genetic material unique to the virus in respiratory samples from potential cases which isolates specific sections of the virus' genetic code that are unique to COVID-19.

⁷ See Zunyou & McGoogan, *Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China Summary of a Report of 72 314 Cases From the Chinese Center for Disease Control and Prevention*, JAMA, February 24, 2020 & Cereda, et. al., *The early phase of the COVID-19 outbreak in Lombardy, Italy*, pre-publication manuscript



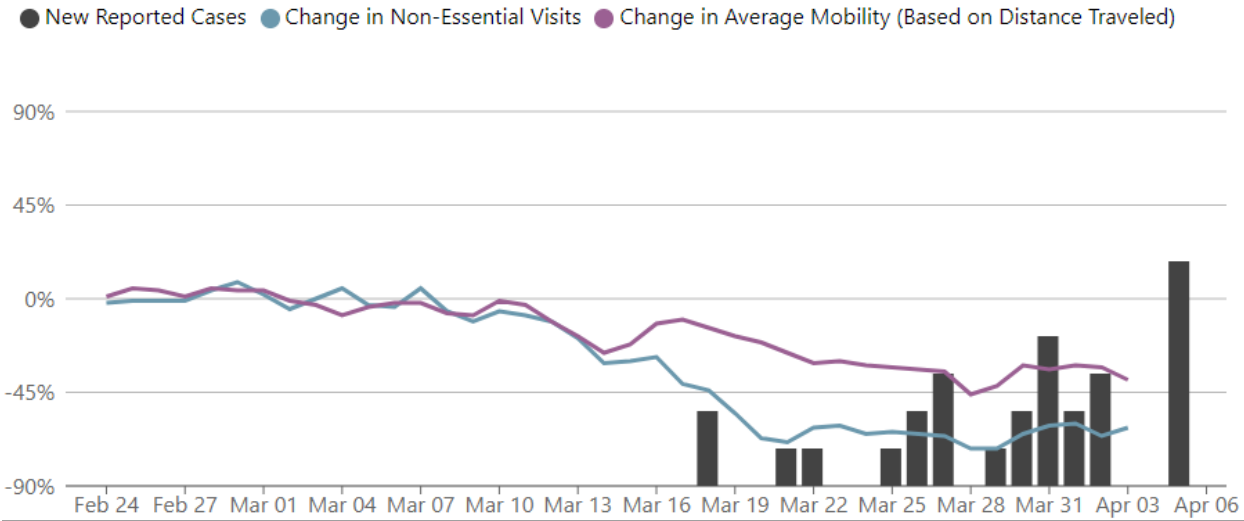
It appears that physical distancing measures taken by the state were implemented early enough in Lane County to have flattened the curve and prevented the kind of rapid spread that would overwhelm the healthcare system’s ability to treat the most severely ill.

COVID-19 cases in Oregon also seem to be spreading at a slower rate compared to our neighbors.⁸

- At 35 days from the point where each state had at least one case per 1 million population:
 - Oregon had 325.1 cases per 1 million population (4/11/2020)
 - California had 498.8 cases per 1 million population (4/9/2020)
 - Washington had 1027.6 cases per 1 million population (3/4/2020)

This could be, in part, because Oregon enacted physical distancing measures at an earlier point in time relative to when cases first appeared in the state. Likewise, statewide restrictions began shortly after Lane County experienced its first confirmed case.

Changes in Lane County Mobility (graph dated April 6, 2020)⁹



⁸ Data from: <https://91-divoc.com/pages/covid-visualization/>; underlying data compiled by Johns-Hopkins University

⁹ As of 4/14/2020, Lane County’s changes in distance traveled and non-essential visits has remained similar to what is depicted here.

According to data compiled on the *Social Distancing Scoreboard*, which tracks travel through the ‘pings’ of mobile devices, Lane County residents have reduced their average mobility and travel to ‘non-essential locations’ (i.e., restaurants, entertainment venues, department stores, etc.). This reduction started when Oregon schools were closed and dropped significantly after the March 23rd Stay Home order. The change has been maintained at this level since that time¹⁰.

The road to recovery

The history of the 1918 Flu Pandemic illustrates the importance of timing when relaxing physical distancing measures. Cities that eased up too soon, experienced a double peak – a resurgence of infection when measures were relaxed.¹¹ It is likely that periodic physical distancing will be the best option to mitigate the impacts of COVID-19 and prevent overwhelming the health care system.

Governor Brown’s Public Health Framework for Reopening Oregon provides guidance of the conditions necessary to begin the process of relaxing current physical distancing measures:

- Declining growth rate of active cases
 - A decline in the number of COVID-19 cases for at least two weeks (one incubation period) is recommended to meet this requirement.¹²
- Sufficient personal protective equipment (PPE)
 - In addition to having a sufficient supply of PPE for health care providers, first responders and other essential services staff, there should also be a plan on how to distribute that supply.
- Hospital surge capacity
 - In addition to plans for rapid scale up of clinical systems, a plan for reinstating physical distancing measures in case a 2nd wave threatens to overwhelm the health care system will be needed.
- Robust testing, tracing and isolation strategy
 - Adequate testing and capacity for rapid identification and isolation of both cases and their contacts is one of the first conditions public health needs to meet before considering easing current physical distancing restrictions. Without the ability to identify and isolate cases and potential cases, there will almost certain be a second acceleration of cases.
- Strategies that work for hardest hit and vulnerable populations, including nursing homes and people experiencing homelessness
 - Existing structural inequities – based on race, gender, geography, etc. – mean that COVID-19 and the effects of physical distancing also have more severe impacts on communities that already experience poorer health outcomes. Use of an equity lens in on-going response and recovery efforts will be vital in addressing existing inequities and will inevitably make everyone healthier in the long run.

Plans to relax physical distancing measures will need to be communicated to the general public, the business community, and other stakeholders to ensure that the both the requirements and the process are clear and well understood. Establishing and communicating what metrics will be used to evaluate relaxation and re-implementation of physical distancing will also be important for ensuring that the community understands the possible need for re-instituting non-pharmaceutical interventions.

The impacts of both the novel coronavirus and our response to it will be far-reaching and have created an uncertain future. As an organization and a community, we need to continue to put people first and meet people’s basic needs, which is not only possible, but necessary for creating a safe, vibrant, and healthy community. Lane County Public Health will continue to respond to the urgent needs of the day as well as plan for the needs of the future.

¹⁰ The scoreboard for states and counties can be found here: <https://www.unacast.com/covid19/social-distancing-scoreboard>; notes on methodologies are found here: <https://www.unacast.com/post/unacast-updates-social-distancing-scoreboard>

¹¹ Markel H1, Lipman HB, Navarro JA, Sloan A, Michalsen JR, Stern AM, Cetron MS., Nonpharmaceutical interventions implemented by US cities during the 1918-1919 influenza pandemic. *JAMA*. 2007 Aug 8;298(6):644-54.

¹² Gottlieb, et. al., National Coronavirus Response: A roadmap to reopening, American Enterprise Institute, March 28, 2020.

Administration

Administration is the division that provides administrative support services to nine other divisions within Health & Human Services. This division includes; Fiscal Services, Contracts and Planning, Public Information and Recruitment and Hiring.

The fiscal and contracts team are beginning the budget development process to create the Department Request Budget and Capital Improvement Plan for FY20/21. They will be meeting with managers throughout the department to review the 971 revenue and sub-contractor contracts to ensure revenue estimates are accurate and the proper provider/service contracts are in place for FY20/21. Staff continue to work on revising the sub-contractor report and monitoring structure to capture performance outcomes and service delivery data.

Administration added a new Program Service Coordinator 2 position to work on the 340B prescription program. This position performs analysis, writes policies and procedures associated with the program, writes and reviews contracts, and works closely with the pharmacist on prescription drug discount eligibility. This position interprets and applies federal and state rules on prescription drug reimbursement programs to ensure compliance.

In the Public information section, work continues for improving internal communication to department employees with a focus on cross-education and awareness of available services.

Behavioral Health

Lane County Behavioral Health (LCBH) provides comprehensive team-based care for children, adolescents, adults and families. The LCBH mission is *“Enhancing individual and family wellness through integrated care and community connections.”*

Transformation Project - Completed

The Transformation Project was a five-year quality improvement effort at Lane County Behavioral Health that concluded January 2020.

The project provided a solid foundation for moving the clinic in a positive direction. Below is a summary of some of the accomplishments:

- In 2015, LCBH served 1,807 clients and in **2019, BH served 2,654 clients.**
- In 2015, LCBH provided 27,052 billed services; and in **2019, BH provided 46,583 billed services.**
- Funded new positions: Operations Supervisor, Nursing Supervisor, Forensic Supervisor, Adult Access Supervisor, Medical Assistants, Registered Nurses, Qualified Mental Health Professionals and Associates, Peer Support Specialists, and Management Analysts.
- Implemented the Columbia Suicide Severity Rate Scale (C-SSRS).
- Continued to integrate Behavioral Health and Primary Care services.
- Improved the Adult and CAP access to care systems.
- Created the Forensics Team.
- Implemented team-based care, to include Psychiatry, Clinicians, Peers, Case Managers, Nurses, and Office Support.
- Increased clinical treatment groups.
- Implemented Trauma Informed Care.
- Implemented a new electronic health record.
- Increased the use of clinical screening tools.
- Implemented a Quality Improvement/Assurance Committee and Trauma Informed Care committee.
- Implemented a Risk Management Assessment and created a Risk Management Team.
- Developed an analytics system, including the implementation of business intelligence software.

Key Focus Areas

The Leadership Team continues to build on the positive momentum created by the transformation project and is focused on:

- **Access:** Ensuring that all Lane County residents have access to high quality behavioral health care.
- **Finance:** Ensuring the county behavioral health system is solvent and strategically positioned for growth.
- **Compliance:** Ensuring the clinic is fully compliant with all laws, regulations, and ethical standards at all times.

Clinical Financial Services

Clinical Financial Services (CFS) provides financial, revenue cycle, and other support services to the Community Health Centers (CHC), Lane County Behavioral Health (LCBH), and Public Health (PH) operating units. These services include credentialing, state and federal reporting, medical billing, and financial analysis. Key issues for this unit for the coming year include the following:

Billing Projects

Reports and visualizations on the Tableau platform continue to be developed to increase visibility and tracking of financial performance. Financial dashboards are being designed to allow CHC, LCBH and Health and Human Services Leadership to have access to real-time reports on Accounts Receivables (AR) Aging, Claims Denial Rates, and Days in AR.

The Coding and Billing Certification program offered in Clinical Financial Services is being utilized by billing staff to increase expertise in coding and payer requirements to improve accuracy of initial claims and mitigate risk in an increasingly value-based reimbursement environment.

Supplemental Grants

The FQHC continues to manage funds from two supplemental grants from the Health Resources and Services Administration (HRSA) this year.

HRSA awarded \$77,969 to Community Health Centers in response to the COVID-19 crisis. Funds will be used towards expenses incurred in the implementation of telehealth technology to better service patients and clients during the stay-at-home order and in will enhance service delivery moving forward.

The CHC is continuing to invest in Quality Improvement efforts through the available funds with the QI grant in the amount of \$65,000. Funds were utilize to offset costs for an automated check-in kiosk in the Community Health Centers and Lane County Behavioral Health. This technology will improve the accuracy of demographic and billing information and streamline the check in process for patients and clients.

CFS provides financial reporting on a quarterly basis to Trillium in accordance with terms of a one-time Innovation grant used to pilot an Integrated Oral Health project at the Community Health Centers.

Additional funding from HRSA and the U.S. Federal system is expected in 2020 to assist in reduced visit volumes and increased costs due to the COVID-19 crisis.

Fiscal Accountability

CFS continues to provide financial analysis services to the CHC in accordance with the Alternative Payment and Care Model. New reconciliation and monitoring reports are being developed to assist in managing patient membership and capitation payments with PacificSource Community Solutions. CFS is involved in the analysis and negotiation of contracts with the 2020 Coordinated Care Organizations.

Monthly, quarterly, and annual financial reconciliation duties are maintained by CFS. CFS continues to work closely with the CHC, LCBH, and PH division managers to develop and provide operational financial reports and related statistical productivity analytics to provide accurate and timely information on program performance to assist in decision-making.

Community Health Centers of Lane County

Community Health Centers (CHC) of Lane County provides primary care at six locations in the Eugene/Springfield area. In addition to primary care, the CHC offers prenatal care, dental prevention services, and integrated behavioral health services. The CHC provides care to the uninsured and underinsured members of the community. Service to homeless members of the community is a critical component of the CHC mission.

Key issues for the CHC in the coming year include:

Response to the COVID pandemic

This will be a major focus for the CHC for some time to come. The COVID outbreak has resulted in a major realignment of how we deliver services. This has included the following:

- Temporary suspension of many services.
All preventive dental services provide in schools, WIC, and Head Start programs were suspended concurrent with the closing of the schools. The CHC then suspended primary care routine well-care visits, elective procedures, as well as some services such as alternative medicine and mindfulness. The CHC has rescheduled existing appointments for these services to dates of service starting in June.
- Major realignment from traditional in office visits to phone visits.
The CHC quickly moved to reschedule traditional in-office exams for more immediate patient needs to phone visits. Literally within two days, more than 30% of patient visits were being conducted over the phone.
- Implementation of telehealth visits.
The CHC was fortunate that as part the strategic plan that had already begun development of capabilities to provide face-to-face “telehealth” visits. The CHC had purchased software and begun modifications in the electronic health records to support this new type of visit. The roll-out was accelerated, and now have had eight primary care providers and two behavioral health providers who have provided telehealth visits. The CHC will continue to expand the number of providers and the percent of visits using this technology of the coming weeks.
- “Build Back Services” Implementation Plan
The CHC has modeled different plans as to how it will reintroduce services to gradually build services back to “pre-COVID-19” levels. Of course, most of the factors that impact the ability to build back services are dependent on external factors that are primarily out of our control. The CHC is proactively monitoring patient needs and modifying the mechanisms through which it provide services to best meet patient needs, while promoting a safe environment for patients and staff.

Increasing Access to Care

- The CHC is moving forward with the community coalition in Cottage Grove to open a new service site in Cottage Grove. In September, the BCC granted delegated authority to the County Administrator to apply for grant funding in support of this project. The expected start date was June, 2021. It is not yet known if the COVID pandemic will result in delays to this opening date.

Developmental Disabilities Services

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for children and adults with intellectual and developmental disabilities living in Lane County. Lane County is the second largest county community developmental disabilities program in the state.

Within DDS case management services are currently separated into distinct case management teams including adults, high school transition, and children's teams. Services Coordinators on the adult team (ages 25 and over) are charged with the ongoing responsibility of monitoring clients' services in residential sites (foster care, group homes and supported living) and those who live in their family homes with in-home support plans. Services Coordinators monitor the health and safety of these vulnerable individuals and ensure their individual support plans are being followed.

The high school transition team provides case management services for children and young adults ages 16-24. This team focuses on case management of transition from high school to post-secondary opportunities and employment services. They are responsible for monitoring health and safety and ensuring that individuals are supported to meet their individualized support needs in order to be productive citizens of Lane County.

The children's team (ages birth - 15) is responsible for monitoring the health and safety of children with an intellectual and/or developmental disability who live in their family homes, foster care homes and group home settings. Services for children who live in their family home focus on providing appropriate resources that support the child in their family home. The children's team specializes in early childhood and school-age age groups.

Lane County DDS is responsible for many other duties including intake and eligibility determinations for every applicant interested in accessing services and conducting Oregon Needs Assessments (ONA) for individuals receiving services. DDS also includes a specialized team that acts as the designee of the State of Oregon in conducting investigations into allegations of abuse/neglect of adult individuals who are eligible for our services. DDS is also the designee of the state for licensure of both adult and children foster care homes.

Current highlights:

- DDS continues to serve a growing population of children and adults with I/DD. As of March 1, 2020 DDS was serving 2,684 people. This was an increase of 235 people from the same day in 2019, and an increase of 9.6% more individuals being served over the year period. 12.5 FTE will be added by the end of this fiscal year to support the capacity of the division to provide timely and quality services to this vulnerable population.
- DDS has been actively working to implement recommendations of the division level Trauma Informed Care committee. In 2019 the committee made recommendations to improve the client experience specific to the ONA. The ONA is a lengthy annual assessment required by the state to identify functional needs and service eligibility of clients. As a result of the recommendation letters and brochures provided to clients specific to the ONA have been updated along with the conference rooms where ONA meetings are held with an intention of being less triggering and more inviting.
- In December, 2019 the Board of County Commissioners approved a request to proceed with planning for a new building to house DDS. An architect was selected in February, 2020. The new building will be constructed on the same campus as Lane County Behavioral Health and Youth Services. The new location will improved access and coordination of care to better serve a growing population of vulnerable individuals, many of who present with complex needs. The projected completion date for the new building is mid-year 2022.

Human Services Division

Human Services staff have been very active in supporting the EOC to help organize, track and provide respite services to homeless persons during this Covid-19 period. This includes making arrangements for the shelters at the Lane events Center Expo Center and at the Willamalane Memorial building in Springfield. 445 homeless persons have been served since March 24th. HSD staff coordinate a weekly virtual meeting with social services providers to inform and coordinate efforts. We have participated in assembling regional distribution centers and outreach services with the City of Eugene, Springfield, and non-profit partners to respond to the needs of those who are camping outside. HSD is currently developing plans for the allocation of additional federal resources coming to the department for energy assistance, rental assistance, shelter and other anti-poverty services.

Dovetail Services has continued to make progress improving collaboration within Lane County Health and Human Services. As of 4/15/20 Dovetail has served 239 people and continues to be on track to meet the goal of serving 250 people by the end of June 2020 despite responding to the COVID-19 pandemic. Dovetail staff is continuing to accept a small number of referrals and support individuals and families in navigating services, but have moved to telephone support only. In addition, Dovetail staff have played an active role in Lane County's emergency response system especially related to helping unhoused individuals "shelter in place" and navigate care when necessary.

Energy Services has experienced significant changes since January. EWEB, which has been a significant partner and funder for energy assistance and energy education, severed its relation with the HSD on January 1st. As a result, the Energy Services can no longer afford to deliver energy education services, and the HSD lost three CSW staff, who transferred into other positions within Health and Human Services. Lane County Energy Services is now preparing to receive an additional LIHEAP allocation from the federal government in response to the Covid19 pandemic. At the time of this report, it is unknown how much additional LIHEAP funding Lane County will receive.

Veteran Services has successfully transitioned to telework and is continuing to assist clients file for their earned VA benefits. Furthermore, staff have coordinated a statewide County Veteran Service Officer-Oregon Dept. of Veteran Affairs weekly teleconference to share information on best practices and to share information about changes to VA procedures and practices. Finally, staff is helping to ensure local VA program staff are collaborating with the broader spectrum of social service providers.

Workforce Services remain fully functional with services being available and provided remotely. Teams are set up to provide services by phone, text, email, and through virtual platforms. Some in-office functions are occurring on an as-needed basis The Rapid Response Coordinator has contacted approximately 3,000 businesses and provided layoff and unemployment information as well as other emergency resources available for businesses and/or their employees impacted by COVID-19 related closures.

LaneCare

Collaboration with Trillium Community Health Plan and Pacific Source Community Solutions remains essential to Public Health's focus on improved health. In moving forward, LaneCare will serve both local CCO's and work as a convener on issues focused on the benefit of the community as a whole.

Primary Prevention programs. The successful expansion of school-based interventions to improve nutrition, increase physical activity, and reduce tobacco and substance use has added additional schools with a coordinator and support staff focused on school-based prevention.

Community tobacco cessation support in the form of the Quit Tobacco in Pregnancy (QTIP) Program provides incentives to pregnant women to help them quit smoking, including participating in cessation activities such as meeting with a Tobacco Treatment Specialist. Specialists are trained through provider educational opportunities focused on evidence-based interventions.

Community-based parenting education offers two programs: The Family Check-up program helps families address the challenges of parenting before they lead to problem behaviors; and Triple P Parenting program offers online behavioral support for families with young children.

Epidemiologist. This position works to identify conditions, behaviors and interventions that promote health and prevent illness, injury and death. It also contributes to the Community Health Assessment and Health Improvement Plan, and supports the development of studies and metrics to measure the impact and evaluate the quality and effectiveness of prevention programs.

LaneCare's Older Adult Program has contributed educational information to the preventionlane.org website and continues to work in collaboration with the Public Health Suicide Prevention Coordinator to address older adult suicide prevention and postvention. The two older adult behavioral health specialists in Lane County assist Senior and Disability Services with complex case management and offer provider and community education on older adult issues.

Lane County Pain Guidance and Safety Alliance continues to be a highly productive community collaborative addressing chronic pain and treatment methods including therapies and appropriate medications. The initiative engages providers and community members in issues concerning opiate overdoses, safe storage and disposal of opiate medications, complementary treatments for chronic pain, and patient and provider education regarding chronic pain and the use of opiates. Online access at: <https://www.oregonpainguidance.org/regions/lane-douglas> provides statewide and local county resources.

Healthcare Integration Collaborative is a new initiative designed to bring together primary care, mental health and substance use providers to explore effective whole person care through community provider partnerships. Research shows that this is an important improvement for effective care.

CHIP implementation. Public Health, Trillium, PeaceHealth, Pacific Source and United Way comprise the CHIP Core Team and oversee a variety of action and project teams. Focus continues to be on the Social Determinants of Health including programs to address homelessness and health disparities as well as access to healthy foods through various programs that target food insecurity. The Core Team supports the Lane Equity Coalition (LEC) which sponsors quarterly community education events on various health disparity topics.

Public Health

Public Health ensures protections critical to the health of all people in Lane County through surveillance and response to communicable disease risks. Public Health also prevents chronic disease and injury through evidence-based policies and interventions and promotes optimal health for all people in Lane County through multi-generational, population health programs that serve children and families.

The COVID-19 pandemic has interrupted life as we knew it and likely changed some things forever, though it may be too soon to say exactly what those things are. Since early February, the Communicable Disease (CD) team and many other Public Health staff have been deployed to the COVID-19 response in various capacities. Those who continue to do the work they had done before the pandemic have made significant adjustments in the way they deliver services.

COVID-19 Response: The Communicable Disease (CD) team is the tip of the spear, leading the investigation, mitigation and control of the SARS-CoV-2 virus in Lane County. Staff receive daily lab reports, interview (if possible) new cases and conduct contact tracing to identify others exposed, arrange testing at the Oregon State Public Health Lab, if needed, advise on control measures if a facility is involved, and determine whether and how cases are connected. Early in the response, it was clear that the volume of calls from the public and health care providers to the CD team was increasing exponentially and additional support would soon be needed. CD staff continued to respond to requests from health care providers and a separate phone line and email were created for the general public. Hospitals and other service providers routinely refer community members to the Call Center. Over the past six weeks, staff and volunteers have responded to thousands of phone calls and emails.

In addition to the Call Center, Public Health staff members trained in incident command are serving around the clock in the Emergency Operations Center (EOC) in Planning and Operations. Emergency Preparedness is managing the operations of the temporary emergency shelters for the unhoused and monitoring hospital capacity. Environmental Health (EH) is supporting outreach to long-term care facilities and, through regular inspections, is helping to ensure the safe operations of the shelters. EH is also working with cities to help coordinate enforcement of social distancing orders for local businesses. Prevention is helping to develop of strategies to address mental health needs in the shelters and throughout the county and supporting outreach to rural areas, and also supporting the epidemiological study of the local pandemic.

Continuity of Operations: Other than Communicable Disease, Vital Records is the only program with all staff still on site; however, staff are receiving orders only via mail and a drop box. Most Public Health staff are now working remotely. Maternal Child Health (MCH) nurses are delivering home visiting programs via telehealth with full reimbursement for services. Despite MCH nurse home visitors being deployed half-time to support the COVID-19 response, they are maintaining caseloads and supporting families to connect to services in new ways. WIC staff are providing all services via phone. Because most clients are now home and answering their phones, the usual 65% show rate has increased to about 90%. WIC's 2019 annual report indicates about a third of pregnant women in Lane County used WIC, with \$3,980,222 in WIC benefits spent at local stores and \$64,308 in farm direct spending at local farmers' markets. Environmental Health staff are supporting local restaurants' efforts to remain open during this emergency and providing guidance to child care facilities to maintain safety for staff and families. The usual work for EH of investigating food borne illness and responding to reports of animal bites and lead poisoning continues. Many of the Prevention staff have been recruited to the EOC, but grant writing continues, including for funding to address substance misuse, problem gambling and suicide in our region. The Community Health Assessment (CHA) is ready for review by the Board, with the development of the next Community Health Improvement Plan (CHIP) with Live Healthy Lane to follow sometime in the future, when the course of COVID-19 is better understood and a new normal is established.

Quality & Compliance

The Quality & Compliance (Q&C) division has continued to build a strong foundation supporting the H&HS Department in a number of key areas including data analytics, electronic health record support, quality improvement and compliance/risk management.

The compliance and risk management component of Q&C is a formal program that is designed to provide H&HS with a coordinated, proactive effort to prevent, detect, respond to, and report violations of laws, government regulations, and ethical rules. The program is aligned with the Office of Inspector General's seven fundamental elements of an effective Compliance Program.

- **Element 1 – Oversight**

H&HS has a designated Compliance Officer, Lisa Nichols, and a Compliance Analyst, Kendra Anderson. It is the role of these staff to operate and monitor the Compliance Program. H&HS also holds a Compliance Committee that is composed of the Compliance Officer and Analyst as well as the Department Director, Administration and Finance Manager and Clinical Financial Services Manager. This committee provides support and advisement on the areas of focus and priorities of the Compliance Program.

- **Element 2 – Standards and Procedures**

It is the purpose of compliance policies, procedures and standards to establish bright-line rules that help employees carry out their job functions in manners that ensure compliance with all regulations, rules and statutes and further the mission and objectives of the organization. It is to this end that the Compliance Program includes the following documents:

- Lane County Code of Professional Conduct
- Compliance & Ethics Program Policy and Procedure
- HIPAA Policies and Procedures
- Healthcare Equity
- Legal Claims Management
- Division Specific Regulatory Policies and Procedures

- **Element 3 – Education and Training**

Effective education and training for all employees on compliance documents and activities is an integral component of ensuring adherence to organizational requirements, rules, regulations, and statutes. The H&HS Compliance Program employs a variety of methods to meet this requirement including formal training modalities, messaging via email and newsletters, orientation with new employees, and events hosted during the annual National Compliance and Ethics week. Formal training includes:

- HIPAA Onboarding and Annual Refresher Training
- CMS Fraud, Waste and Abuse Training
- Compliance and Ethic Program and Code of Conduct Training
- Quality Improvement Training

- **Element 4 – Reporting**

Developing effective lines of communication is integral in a Compliance Program as staff must know and feel comfortable with internally reporting concerns. The H&HS Compliance Program, in coordination with the County, has developed multiple channels of reporting including the Fraud, Waste and Abuse Hotline and H&HS compliance focused exit interviews. The Compliance Program actively promotes use of these mechanisms via highlighting with all new employees in the H&HS New Employee Orientation, the H&HS Newsletter and other training forums.

- **Element 5 – Monitoring and Auditing**

An ongoing process of evaluation and assessment is imperative to ensure effectiveness of compliance related education and adherence to requirements. The H&HS Compliance Program employs several methods in this arena including formal risk assessments and associated mitigation teams for eight of H&HS's divisions/programs, Incident Report monitoring, HIPAA Privacy and Security audits and employee exclusion audits. The divisions and programs of H&HS also frequently engage in audits from external entities and the Compliance team provides support as necessary for these activities.

- **Element 6 – Enforcement and Discipline**

To ensure adherence to the various internal and external requirements it is necessary for every compliance program to include an enforcement and discipline component. The H&HS Compliance team coordinates with H&HS Leadership, County Human Resources and County Counsel as necessary to meet this need. The Compliance Team also looks for other opportunities such as incentives to promote positive response and on-going education and training to keep staff apprised of requirements.

- **Element 7 – Response and Prevention**

To monitor the effectiveness of the preventative and response activities of the Compliance Program a series of effectiveness metrics have been developed and is reviewed by the Compliance team and the Compliance Committee. The measures serve to ensure that the Compliance Program is meeting all of the federal requirements as well as helps to fine-tune strategies to promote and protect the integrity and services offered by H&HS.

Other Areas of Accomplishment

The Quality & Compliance Team has been active in supporting H&HS, the Emergency Operations Center and the community in the response to the COVID-19 pandemic. Notable accomplishments include:

- Rapid implementation of technology to facilitate telehealth visits for the Community Health Centers, Behavioral Health and the Methadone Treatment Clinic.
- Coordination of H&HS divisions and Technology Services to implement remote access and telework opportunities.
- Provision of data analytics and data visualizations related to COVID-19 to H&HS and the Emergency Operations Center.
- Guidance and interpretation on regulatory changes related to this emergency and associated service provision adjustments.
- Staffing support and activity coordination for the Emergency Operations Center.

Youth Services

Lane County Youth Services mission is to reduce juvenile crime through coordinated prevention and intervention programs that hold justice-involved youth appropriately accountable; provide restorative, rehabilitative, and treatment services for youth and their families using evidence-based best practices and data-driven decision making; promote healthy family interactions; prevent, reduce, and resolve family conflict; protect victims' rights; and safeguard our communities. All programs have made adjustments to respond to the COVID-19 pandemic.

Detention Services: Has adjusted intake procedure to include temperature taking of youth prior to admission. Youth and staff are provided with appropriate PPE. A quarantine space has been designated for symptomatic youth. Staff are practicing social distancing with each other and youth, additional sanitization of the unit is occurring, and sanitizing supplies are readily available.

Education & Vocation Services: The MLK Ed Center provides year-round academic and vocational programming for Detention, Phoenix, and community youth. MLK students earn accelerated HS credit, GED testing, community service, restitution and academic stipends for participating. Distance learning has been implemented with guidance from ODE and LESD. Services are provided to all students remotely using distributed Chromebook, packet work, online tutorials and phone checkins. Nutrition Services is making 300 meals a day for the COVID-19 shelter at the fairgrounds. Community service crew leaders are working on projects for the USFS and Eugene Parks and other partners.

Program Services: Includes medical, mental health, victim advocacy, reception, police reports, expunctions, public records requests and division wide support including processing orders for MLK Catering Program. Mental Health Specialists teleworking assist in providing youth in crisis with stabilization services using remote platforms. Medical staff use PPE when appropriate. Victim Advocacy services are conducted using telework. Victims are being advised of service reductions. The MLK Catering program and expunctions are suspended through June 15th.

Restorative Services (Diversion): Facilitates the Minor in Possession class, Impacts of Crime class, victim offender dialogues, and coordinates diversion services. Provides court-connect domestic relations services: Focus on Children and mediation. Provides a strength-based parent intervention service called Family Check-Up (FCU). Domestic relations services are now provided by phone. Parenting education requirements are now available online and subsequent mediation orientation and appointments occur by phone. Staff are conducting juvenile crime prevention assessments and providing evidence based restorative classes by phone. The Family Check-Up program is suspended through June 15th.

Supervision (Probation Services):

The COVID-19 pandemic has significantly impacted the way supervision services are provided and community safety is maintained. Last year's investment around prevention, communal skill building, and collaboration is displaying positive results as the links in service structures remain strong. Juvenile Counselors are able to access, and/or maintain most of the needed Mental Health, Drug and Alcohol Treatment and educational support services for youth by working with providers on creative adaptations and continuing to reinforce the collaborative service safety nets.

Treatment Services (Phoenix): Program staff have been resourceful in the approaches deployed to offer youth support while in their home environment. The program continues to implement Trauma Informed Effective Reinforcement (TIER) system. Policies, packet work, orientation handbooks, and schedules given to youth and families include TIER content and provide youth with resources that reflect a strength-based approach and support a positive transition back into the community.