

Agenda Cover Memo



AGENDA DATE: May 4, 2021

TO: Board of Health

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

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

BACKGROUND

The state of Oregon legalized the recreational consumption, possession, and production of cannabis for adults in 2014¹. Following the enactment of this legalization, commercial retail cannabis grew rapidly in the state and county (see Figure 1 for Lane County retail sales). To date, Lane County is host to 152 commercial producers, 36 commercial processors, 26 commercial wholesalers, and 82 commercial retailers². Lane County houses the second highest proportion of commercial cannabis retailers in the state (second only to Multnomah County)².

Figure 1: Recreational/Commercial Cannabis Retail Sales in Lane County, October 2016 - December 2019.³



With legalization and a burgeoning commercial retail cannabis market, several public health issues have emerged:

- Substantially wider youth access to and availability of cannabis
- Adverse impacts of commercial cannabis on vulnerable populations
- Unwanted/unconsented cannabis exposures
- Increased driving under the influence of now readily available commercial cannabis and subsequent increased preventable roadway fatalities

Youth access to cannabis was identified by Lane County's Board of Health (BOH)/Board of Commissioners (BCC) in previous discussions as a particularly important emerging concern. Cannabis use during youth and adolescence is known to increase risk for the development of mood disorders (e.g., depression) and/or addiction in adulthood^{4,5,6}. Lane County bears a disproportionate burden of non-medical cannabis use among youth, with prevalence exceeding both the state and nation (24.4%⁷ 20.4%⁷, and 21.7%⁸, respectively).

On March 19, 2019, during a BOH/BCC work session, Lane County Public Health staff presented strategies to prevent youth access and use of commercial cannabis products. The BOH recommended that Lane County Public Health develop a work plan to implement the proposed strategies presented. It was during this work session that the county's indoor clean air ordinance was identified as a potential avenue for prevention. The report presented during this work session is available here: https://www.lanecounty.org/UserFiles/Servers/Server_3585797/File/Government/BCC/2019/2019_AG_ENDAS/031919agenda/T.6.A.pdf

The Oregon Indoor Clean Air Act

The Oregon Indoor Clean Air Act (ICAA) was designed to protect Oregonians from exposure to secondhand smoke (including vapor and aerosol) by creating smoke-free public places and workspaces. Specifically, the state ICAA prohibits smoking or vaporizing and aerosolizing inhalants in workplaces; most public spaces; and within 10 feet of all entrances, exits, and accessibility ramps that lead to and from an entrance, exit, windows that open, and air-intake vents. Indoor clean air laws are effective at reducing secondhand smoke exposure, preventing youth tobacco use initiation, supporting adult tobacco cessation/quit attempts, and reducing tobacco-related diseases and deaths⁹.

While fairly comprehensive, exceptions to the act exist including, using tobacco products in:

- Certified smoke shops or cigar bars,
- Up to 25% of hotel or motel rooms, and
- Theater productions where use is integral to the production.

To date, multiple bills (2017¹⁰, 2019¹¹, 2021¹²) have been proposed in the Oregon State Legislature to allow public, on-site cannabis consumption at public venues/lounges or temporary events – effectively weakening the state's ICAA. The 2021 proposed bill introduced this legislative session, HB3112, proposes establishing a Cannabis Equity Board and allowing the Oregon Liquor Control Commission (soon to be renamed “Oregon Liquor & Cannabis Commission”) to issue on premise cannabis consumption licenses.

Expanding the ICAA locally

To preempt these threats to the ICAA locally and better protect public and work places within their jurisdiction, Oregon law grants the governing body of a city or county, such as the BOH/BCC, the authority to adopt stricter local indoor clean air ordinances.

Community engagement

Following the March 2019 BOH meeting, Lane County Public Health staff conducted research on the feasibility of and drafted a potential timeline for expanding the county's indoor clean air ordinance. On July 30, 2019, they presented their findings, as well as the requisite work plan and timeline for the policy expansion. The following strategies were proposed to strengthen and expand the indoor clean air ordinance in Lane County:

- Prohibit indoor smoking/vaping in smoke shops, cigar bars, and potential on premise cannabis use businesses.
- Extend the buffer zone in front of entrances/exits from 10 to 25 feet to align with scientific consensus on secondhand smoke drift^{e.g.,13,14}.
- Remove loopholes that allow smoking/vaping in theater productions.
- Remove loopholes that allow smoking/vaping in hotel rooms where staff would be at risk for second and third-hand smoke/vapor/aerosol exposure.

The report presented during the July 30, 2019 session is available here:

https://www.lanecounty.org/UserFiles/Servers/Server_3585797/File/Government/BCC/2019/2019_AG_ENDAS/073019agenda/T.2.ABOH.pdf

Before moving directly into creating the revised policy, the BOH recommended that Lane County Public Health hold community-wide meetings to introduce and discuss the expanded ordinance and obtain community feedback. Following this direction, Lane County Public Health staff hosted 5 community engagement meetings across the county in October and November 2019 (see Table 1 for a listing of meeting locations, dates, and times). These events were promoted by Lane County Public Health in coordination with the following community partners: Kaiser Permanente, Orchid Health, Pacific Source, PeaceHealth, Trillium Health, and United Way of Lane County.

Table 1: Date, Time, and Location of community engagement meetings on expanding the Lane County indoor clean air ordinance

Community	Date	Time	Location
Cottage Grove	October 22, 2019	5:30 p.m. – 6:30 p.m.	PeaceHealth Cottage Grove Community Medical Center
Springfield	November 4, 2019	5:30 p.m. – 7:00 p.m.	Riverbend Annex-Sacred Heart Foundation
Florence	November 5, 2019	5:30 p.m. – 6:30 p.m.	Suislaw Public Library
Oakridge	November 14, 2019	6:30 p.m. – 7:30 p.m.	Oakridge Public Library
Eugene	November 18, 2019	5:30 p.m. – 7:00 p.m.	Sheldon Community Center

Each community engagement meeting followed the same protocol:

1. Welcome and introduction given by Dr. Jocelyn Warren – Lane County Public Health Manager.
2. Brief 10-minute PowerPoint presentation detailing:
 - a. Concerns over youth cannabis use
 - b. Oregon’s Indoor Clean Air Act and gaps/threats
 - c. Proposed expanded components to Lane County’s local ordinance
 - d. How community feedback would be used in informing these proposed changes
3. Discussion and feedback:
 - a. Q1: Would you support a county Indoor Clean Air policy to close some of the current gaps? If so, why? If not, why?
 - b. Q2: Do you have any comments related to the Indoor Clean Air policy that the Commissioners should consider?
4. Lane County Public Health staff recorded all participant feedback, comments, quotes, and overarching themes.

Overall, participants expressed support for an expanded Lane County indoor clean air ordinance that would prohibit public, on premise cannabis use (e.g., cannabis lounges/bars), as well as close loopholes in the existing policy. Participants described the policy as a way to address many of their concerns including:

- Youth substance use
- Commercial cannabis retail density
- Positive community norms regarding cannabis use
- Health impacts of secondhand smoke/aerosol exposure
- Workers’ exposure and health
- Healthcare costs accrued from secondhand smoke/aerosol exposure
- Increased potential of drugged/impaired driving if public, on premise cannabis use via cannabis lounges, bars, or clubs were permitted in the county.

Lane County Public Health presented a detailed reporting on the methods, analysis, and results from the community engagement meetings to the BOH on January, 14, 2020.

The report presented is available here:

https://www.lanecountyor.gov/UserFiles/Servers/Server_3585797/File/Government/BCC/2020/2020 AGENDAS/011420agenda/T.13.A.pdf

Alignment with community priorities

The expansion of the Lane County indoor clean air ordinance has not only garnered support from prominent and organized members of the community, but actively aligns with and buttresses community health priorities.

- The “Be Your Best” Committee in Cottage Grove is actively advocating for additional community-wide secondhand smoke protections.
- The Public Health Advisory Committee supports expanding the county’s indoor clean air ordinance and members participated in the community engagement meetings.
- The Florence-Area Community Coalition is seeking to maintain and create more smoke-free spaces.
- The Community Advisory Council Health Committee is interested in leveraging smoke-free environments as a key strategy to promote and support the health and well-being of Lane County residents.
- The Safe Lane Transportation Coalition and the Fatal Car Crash Investigation Team are both interested in leveraging an expanded indoor clean air ordinance to prevent increases in roadway fatalities due to commercial cannabis consumption. Lane County roadway fatalities are one of the leading causes of death for residents ages 1-24 and the county often leads the state in annual traffic-related deaths¹⁵. A considerable proportion of these fatalities are from driving under the influence of intoxicants (DUII).

An expanded Lane County indoor clean air ordinance supports:

- **Lane County Strategic Plan 2018-2021 Priority 1:** Protect and enhance the safety and health of Lane County residents with a focus on enhancing and managing resources, improving access to prevention programs and collaborative initiatives.
- **2021-2025 CHIP Strategy:** Implement community and organizational policies that support healthy choices and mental well-being:
 - Preventing substance use and addiction:
 - Prevention of youth/adolescent cannabis use
 - Prevention of youth/adolescent tobacco product use
 - Supporting adult substance cessation/quit attempts
- **Vision Zero/Toward Zero Deaths:** Multi-agency collaborative effort to eliminate deaths and life-changing injuries caused by traffic crashes.

Current Status and Next Steps

The BOH/BCC expressed support for the expanded Lane County indoor clean air ordinance during the January 2020 meeting. Following this direction, Lane County Public Health staff put into motion a number of critical steps to begin drafting the revised policy:

- Review existing city and county codes relating to on premise commercial cannabis consumption at special events and accommodating businesses (e.g., bars/clubs).
- Coordinate with State officials to detail logistics for expanded indoor clean air enforcement.
- Consult with public health law experts and County Counsel in the drafting of the revised & expanded county indoor clean air ordinance.

In March 2020, preparation of the revised policy was put on hold, as Lane County Public Health redirected their staff and resources to respond to the newly emerging SARS-CoV-2 (COVID-19) epidemic. Over a year later, capacity in Public Health for the COVID-19 response has expanded which affords regular staff an opportunity to return to this work.

Next steps include:

- Seeking guidance on an optimal timeline to complete and present the revised ordinance.
- Completing and finalizing the expanded indoor clean air ordinance.
- Presenting the draft to the BOH for review and approval.

Beyond the ICAA

In addition to progressing indoor clean air policy work, Lane County Public Health's Substance Use Disorder Epidemiologist (Dr. Jessica Seifert, PhD, MPH) and Commercial Cannabis Coordinator (Emily Bear, MPH) will be working in the next year to:

- 1) Further additional prevention strategies (e.g., develop and implement cannabis-inclusive DUII prevention programming and complete the commercial cannabis health impact assessment).
- 2) Monitor and address new and emerging commercial cannabis issues facing our county (e.g., high potency THC and associated health impacts and multiple substance use and roadway fatalities).

REFERENCES

1. <https://www.oregon.gov/olcc/marijuana/Documents/Measure91.pdf>
2. Oregon Liquor Control Commission. Approved Marijuana Licenses. Retrieved on 4/7/2021 from <https://www.oregon.gov/olcc/marijuana/Pages/Recreational-Marijuana-Licensing.aspx>.
3. Oregon Liquor Control Commission. Monthly Cannabis Sales by County Product Customer. Received via personal communication on 3/4/2020.
4. Weir K. Marijuana and the developing brain. *American Psychological Association*. 2015;46(10):48.
5. Highly Potent Weed Has Swept The Market, Raising Concerns About Health Risks. NPR.org. Published May 25, 2019. <https://www.npr.org/sections/health-shots/2019/05/15/723656629/highly-potent-weed-has-swept-the-market-raising-concerns-about-health-risks>
6. Patton GC, Coffey C, Carlin JB, Degenhardt L, Lynskey M, Hall W. Cannabis use and mental health in young people: cohort study. *BMJ*. 2002;325(7374):1195-1198. doi:10.1136/bmj.325.7374.1195
7. Oregon Health Authority. Oregon Healthy Teens Survey – 2019 results. Retrieved on 4/2/2021 from <https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/SURVEYS/OREGONHEALTHYTEENS/Pages/2019.aspx>.
8. Centers for Disease Control and Prevention. Trends in the Prevalence of Marijuana, Cocaine, and Other Illegal Drug Use Nation YRBS: 1991-2019. Retrieved on 4/2/2021 from https://www.cdc.gov/healthyouth/data/yrbs/factsheets/2019_us_drug_trend_yrbs.htm.
9. Community Preventive Services Task Force. Tobacco Use: Smoke-Free Policies. Retrieved on 4/2/2021 from <https://www.thecommunityguide.org/findings/tobacco-use-smoke-free-policies>.
10. 2017 SB 307. <https://olis.leg.state.or.us/liz/2017R1/Measures/Overview/sb307>
11. 2019 HB 2233. <https://olis.leg.state.or.us/liz/2019R1/Measures/Overview/HB2233>
12. 2021 HB 3112. <https://olis.leg.state.or.us/liz/2021R1/Measures/Overview/HB3112>
13. Sureda, X, Martínez-Sánchez, JM, López, MJ, Fu, M, Agüero, F, Saltó, E, Nebot, M, Fernández, E.
14. Hwang, J, Kiyong L. Determination of outdoor tobacco smoke exposure by distance from a smoking source. *NTR*. 2014;16(4):478-484. doi: 10.1093/ntr/ntt178
15. Lane County Counsel and Public Works. Fatal Crash Investigation Team (FCIT) Report: Lane County 2019 Traffic Report. https://www.lanecountyor.gov/UserFiles/Servers/Server_3585797/File/Government/BCC/2020/2020_AGENDAS/121520agenda/T.10.B.pdf

Administration

Administration provides leadership and operational support to the eight service divisions within Health & Human Services divisions. The division includes Executive Leadership, Contracts Management, Fiscal Services, Strategic Development and Public Information.

Much of Administration's capacity has been focused on the countywide response to COVID-19, taking on increased workloads to expand contracts with community partners, set up systems to track and bill more than \$45 Million in CARES Act and FEMA funding, and hire more than 150 Extra Help staff to work in the Emergency Operations Center (EOC). In the Public Information section, the focus has been on public communication related to the County's COVID-19 response, particularly in vaccine distribution.

The fiscal and contracts teams are wrapping up the budget development process. A new Contracts PSC recently came on board, and has already improved service provision, even in the training stage for this complex position. Administration is currently engaged in recruiting and selecting an Accounting Analyst in preparation for the retirement of a long-time employee of more than 20 years in the role. Administration is using this opportunity to rebalance fiscal workloads, strategically combine division assignments and re-vision how analysts support their assigned divisions to improve team resilience and ensure continuity of service.

Behavioral Health

Our mission is *“Enhancing individual and family wellness through integrated care and community connections.”*

The Lane County Behavioral Health (LCBH) clinic provides comprehensive team-based care for children, adolescents, adults and families. This includes mental health outpatient treatment, comprehensive forensic services, and integrated behavioral health with primary care. The Lane County Treatment Center (LCTC) is a clinic that provides medication assisted treatment for those in recovery from opioid addiction.

LCBH Quality Improvement and Assurance Efforts:

- Created new dashboards that focus on patient engagement and outcomes.
- Integrated the work of the Risk Management Team and Quality Improvement Committee to ensure rapid change and improvement cycles.
- Continued to utilize the learning management system to ensure ongoing clinical training for all staff.

Compliance Audits:

- LCBH was audited by the Coordinated Care Organizations (Trillium and PacificSource), both audits were successful and illustrated the high level of care provided by the clinic.
- The Trillium audit found the program exceeded minimum performance standards with a score of 98%. They noted “rich, focused assessments, and service plans” and a “full array of covered services provided to members based on individualized member needs identified in service plan”.

COVID Pandemic Update:

- LCBH and LCTC provided continuous clinical services to all existing clients during the pandemic. This was accomplished utilizing telehealth resources and technology. The recent reduction in county COVID risk levels has allowed the clinics to plan for resuming some in-person services utilizing safety protocols. The vast majority of staff have been vaccinated with the Moderna vaccine. All patients now qualify for vaccines and the clinics have started the process of vaccinating patients.

Forensic Program:

- The Forensic Intensive Treatment Team (FITT) program is actively recruiting for all the core positions. The administrative elements (e.g. policy, procedures, and protocols) are currently being drafted and will be fully operational when the team is hired. The current forensic programs (e.g. Psychiatric Security Review Board, Aid & Assist, Civil Commitment, and Forensic Outpatient) continue to provide comprehensive and supportive clinical care to the county’s forensic mental health population.

Medication Assisted Treatment:

- The Lane County Treatment Center (methadone and buprenorphine programs) moved most of their operations to the new building on 11th and Lawrence. This move marks a huge upgrade in the physical space and ability to expand services to treat patients with Opioid Use Disorder. The center has enhanced the access system to conduct faster screenings and admission decisions. The new building and system enhancements will make gaining access to opioid treatment more efficient for our community members.

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

CFS is engaged in a software optimization project with a consultant group to improve functionality and automation of the NextGen Practice Management system. Investigative work has been completed and system enhancements and workflow management tools have been identified and are being prioritized for implementation. Efforts are intended to leverage system options to decrease manual tasks and improve configuration to have the system work for the program, allowing staff to focus on research and intervention that requires personal review and decision-making.

Financial dashboards are being designed and tested on the Tableau platform 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.

CFS is working with the H&HS Risk Management Team to identify areas of vulnerability in operations within the division and creating tools to document and track improvement opportunities. CFS is starting this work by developing a reporting tool to record feedback received from patients, clients or staff regarding billing related concerns that require clinical or administrative follow up or workflow changes.

Supplemental Grants

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

- Health Center Quality Improvement (QI) onetime grant supplement \$68,250 to support health centers that displayed high levels of clinical quality measure performance to continue to strengthen quality improvement activities, including maintaining or achieving patient centered medical home recognition.
- Integrated Behavioral Health Services 2 Year Grant \$167,000 meeting the requirement to add at least 0.5 full time equivalent (FTE) in substance use disorder (SUD) and/or mental health personnel within 8 months of the initial IBHS award.

The Community Health Centers is still utilizing HRSA awarded grant funding to the Federally Qualified Health Center (FQHC) in response to the COVID-19 crisis.

- \$570,619 designated for purchase of supplies and equipment for enhanced COVID-19 testing. The CHC purchased these testing materials and are performing rapid testing in the clinic setting. HRSA approved an adjustment to the originally submitted plans to use all funds for testing supplies and will now allow funds to be used in conjunction with mass vaccination efforts.

Additional funding from HRSA and the U.S. Federal system is planned in 2021 to assist in reduced visit volumes and increased costs due to the COVID-19 crisis.

Fiscal Accountability

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. 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:

- Vaccination of CHC Patients and Community Members
The biggest challenge, and most important activity during the coming months is to help ensure that there is community-wide COVID vaccination. The CHC has more than 15,000 adult patients who are actively engaged in care. In addition the CHC has thousands of individuals who have Medicaid coverage through one of the two area Coordinated Care Organizations who have not established with the CHC for care. We know that these individuals are in underserved populations, including low income, homeless, and minority populations. The CHC will also be working to other safety-net agencies to participate in reaching individuals who will not be receiving on-going care in the CHC. The logistical challenges of this task are immense. The CHC will be exploring and implementing a wide variety of traditional and non-traditional mechanisms for patient outreach and vaccine administration.
- “Build Back Services” Implementation Plan
The CHC has modeled different plans to reintroduce services to gradually build services back to “pre-Covid” 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 the CHC’s control. The CHC has reintroduced some alternative medicine services as well as some elective procedures and specialty services. We are proactively monitoring patient needs and modifying the mechanisms through which the CHC provides 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. This start date will now be delayed until early 2022 due to COVID-related delays in fund-raising and construction.

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 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 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 October 1, 2020 DDS was serving 2870 people. This was an increase of 183 people from the same day in 2019. DDS continues to add FTE to support the capacity of the division to provide timely and quality services to this vulnerable population.
- DDS continues to provide most services virtually in response to the pandemic and in accordance with state requirements. In person licensing of foster homes began March 1, 2021 and in person contact occurs when necessary to ensure the health and safety of individuals served by DDS.
- DDS has and will continue to collaborate with Lane County Public Health, the State Office of Developmental Disabilities, and local Brokerages to ensure individuals with I/DD and their caregivers are offered the opportunity to receive the COVID-19 vaccine in accordance with Oregon's 1a Vaccine Sequencing Plan.
- DDS continues to participate on the project team to design a new building in which to house DDS staff and offer services to individuals with I/DD. The building will be constructed on the same campus as Lane County Behavioral Health and Youth Services. The new location will offer improved access and coordination of care to better serve a growing population of vulnerable individuals, many of who present with complex needs. The project is on track to be completed by mid-year 2022.

Human Services Division

Homeless and Supportive Housing Services is using additional local, state, and federal funding to implement several strategies to address homelessness and housing retention in the landscape of a pandemic. Since the pandemic began, Lane County and partner nonprofits have served 1,900 households with \$7.7 million in rent assistance. Lane County has been allocated an additional \$4.1 million in rent assistance funds from the State of Oregon and \$29.5 million from the Department of Treasury in rent relief. Additionally, Lane County has been awarded \$8.8 million in HUD ESG-CV funds for these homeless efforts.

Other Current Projects include: 111 homeless Hotel/Motel shelter units and 50 wildfire shelter units; Rapid Resolution/Diversion Services supporting households who are newly homeless move back into housing quickly; Street Outreach services covering the full geographic area of Lane County; Alternative Shelter Navigation Services to individuals residing in Eugene's rest stops; unit PSH Commons on MLK began lease up February 2021, it is anticipated 51 individuals fully leased up by May 2021. The 45-unit PSH The Nel located is expected to begin construction May 2021. Laurel Hill Center has been awarded the contract to provide services to residents.

Energy Assistance Services have served 7,148 limited income households across Lane County. HSD is spending out the last of the \$1,975,721 in COVID related funding received to date in anticipation of LIHEAP funds from the American Rescue Plan Act and other funding from the State of Oregon. HSD anticipates that some of the new funding may be able to cover water bills in addition to home heating. After nearly shutting down due to the pandemic, the Weatherization program is cautiously resuming its activities in client households.

Dovetail has supported collaboration across the Department for people with the most complex and intensive needs: served an additional 40 vulnerable individuals in intense, community-based health and social services navigation during the last quarter, bringing the total served to 282. Dovetail staff have supported system wide coordination by co-chairing the Healthcare Integration Collaborative and PHB Health Team. Key successes have included: developing a cross discipline referral tool, drafting of a community-wide care coordination agreement focused on supporting unhoused people transitioning out of the hospital, and developing a health-focused street outreach team to begin service in May 2021.

Veteran Services has been able to operate via telework and continue to serve clients and help them with their claims for VA benefits. Lane County continues to lead the state in total amount of federal VA benefits received with over \$163.8 million received by Lane County Veterans and their survivors. This is nearly \$20 million more than Multnomah County. (Amounts are from latest available VA Geographic Distribution of Expenditures report, Fed. FY 2019). While also directly affected by the Holiday Farm fire, with a staff member having to evacuate from their home near Vida, Veteran Services subsequently reached out to each of our clients in the affected areas to make sure they were aware of the veteran-specific resources which they could qualify for. Veteran Services looks forward to re-opening in-person services as soon as it is safe for clients and staff

WorkSource Lane employment center closed in May due to the pandemic, and the WIOA team has become a mini-workforce center. The program is currently receiving all job search-related calls for the center and have returned over 1,000 calls resulting in approximately 122 hours of staff time per month. Approximately 50% of these calls are from community members needing job search assistance, and 25% are needing assistance with unemployment insurance. This work is being performed in addition to contract requirements for On-the-Job Training and Scholarship Programs. All 25 training scholarships were awarded by December 2020 and most were funding training for commercial truck driving, dental hygiene, and other healthcare certificate programs.

Public Health

Public Health ensures protections critical to the health of all people in Lane County through surveillance, regulation, and response to infectious disease and injury risks. In collaboration with community organizations and partner agencies, Public Health promotes optimal health through policies, interventions, and population-health programs based on scientific evidence and emerging best practices, with a particular focus on ensuring all people in Lane County have opportunity and access to environments and systems that support their health.

The COVID-19 response continues to consume most of the time and attention of many public health staff. In all sections, staff have been partially or entirely devoted to the call center, case investigation, case management, contact tracing, vaccination clinics, data management, epidemiological assessment, communications strategies, and partnering with disproportionately impacted communities for testing and vaccination. For well over a year now, COVID-19 operations have occupied the Charnelton building, supported by a revolving company of temporary and extra help workers and staff loaned from other County programs.

Vaccination has become the focus of the Emergency Operations Center. One challenge is balancing the urgent need to get as many shots in arms as possible from week to week with the equally critical need to reach minority groups. The coronavirus disease 2019 (COVID-19) pandemic has both illuminated and exacerbated the deep inequities in our health care system. The disproportionately high levels of COVID-19 cases, hospitalizations, and deaths among non-White racial groups reflect poorer underlying health, housing, and job conditions, as well as an inequitable distribution of health resources and persistent gaps in insurance coverage. Public Health began partnering with community-based organizations early in the pandemic to address barriers to access for COVID-19 testing. These relationships are now the foundation for efforts to ensure access to vaccination.

Although a few Public Health programs are on pause for the COVID-19 response, such as the launch of the Family Connects universally-offered home visiting program, most have continued, and one is expanding. WIC and Maternal and Child Health staff are delivering valuable family services remotely. The Vital Records staff are still working in the Charnelton building so they can access state systems but fill orders online and through the mail. Environmental Health began offering virtual inspections of restaurants in January and will continue at least through June. Through a combination of virtual inspections and field inspections, EH staff have increased the availability to support local restaurants, day cares, and schools as those begin to reopen. Staff in Prevention have completed the Community Health Assessment and Community Health Improvement Plan in collaboration with the Live Healthy Lane Coalition. Other Prevention staff are advancing policies for prevention of cannabis use among youth and developing programs to address youth suicide and tobacco and substance use prevention. In response to increasing rates of sexually-transmitted infections, the Communicable Disease section is expanding sexual health services and also supporting robust prevention services in the community.

In the last year Public Health welcomed a new supervisor in Prevention – Elisabeth Maxwell, the former Alcohol and Other Drug Prevention Coordinator – and Public Health has two new supervisors in the Communicable Disease Section – Paula Tomczak and Sarah Kooienga. All supervisors in Public Health have worked largely without the support of a manager this last year. Several are regularly tapped for double duty in the Emergency Operations Center (Tammy Johnson, Brian Johnson, Chelsea Whitney, Paula Tomczak) and those who are not in the EOC (Kevin Burns and Elisabeth Maxwell) help support programs and staff in other sections while supervisors are in rotation. The success of the COVID-19 response thus far and the programs sustained during the pandemic have depended on the strength of the leadership team and supervisors' passion to serve, drive to connect, and focus on solutions.

Quality & Compliance

The Quality & Compliance (Q&C) division has continued to build a strong foundation to support the H&HS Department in a number of key areas including data/analytics, quality improvement, electronic health record (EHR) support 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 (OIG) seven fundamental elements of an effective compliance program. To meet these requirements Q&C, in coordination with the H&HS Compliance Committee, creates an annual work plan with components formatted to reflect the seven required elements. The following are selected items from the 2021 Compliance Work Plan:

Element 1 - Oversight

In June of 2020 the U.S Department of Justice updated its compliance program guidance. Program design was one area of focus, with guidance reflecting the need to incorporate mechanisms to show why a compliance program has been designed in the manner it has, how the program has evolved over time and how the program has incorporated "lessons learned" into its program design.

To meet this guidance Q&C, in conjunction with the Compliance Committee, is utilizing a risk assessment process to prioritize work plan initiatives. Time will also be dedicated in every quarterly Compliance Committee meeting to track initiative achievement and corresponding risk mitigation as well as lessons learned.

Element 2 - Standards and Procedures

This element focuses on establishment of standards and procedures to prevent and detect negative conduct. Incident reporting is a mechanism which can inform potential areas of risk across the department as well as identify and reduce adverse conduct. Lane County Risk and H&HS do not currently have policies and procedures which outline the need for and requirements surrounding incident reporting. Additionally, H&HS does not utilize standardized tools for incident reporting nor are the reviews of incident reports done in a standardized manner. Lack of a standardized review process hinders the ability of the organization to prevent incident recurrence.

To realize improvement in this area, Q&C has drafted an incident reporting P&P and created an online incident report form which will standardize the incident reporting process and institute a root cause analysis (RCA) procedure for the review of all incident reports. In CY2021, Q&C will implement a training campaign which will highlight the use of RCA in the incident review process, better positioning the organization to respond to and prevent recurrences of incidents.

Element 3 - Education and Training

H&HS supports a broad array of services and systems. Without education and training to build a shared understanding of the resources, work and roles across the organization there is the risk of inefficiencies, duplicative services and misinformation that sustain current health inequities. To impact in this area Q&C will utilize information gathered from quality improvement (QI) and compliance surveys to identify training opportunities specific to principles of these disciplines and foster a culture of learning across the organization.

Element 4 - Reporting

This element requires organizations to have and publicize a system, which may include mechanisms that allow for anonymity or confidentiality, whereby employees may report or seek guidance regarding

potential or actual criminal conduct without fear of retaliation. To comply in this area, Q&C will provide a compliance specific exit survey to all leaving staff. Exit interviews will be reviewed to determine areas for compliance investigation as well as themes which will be incorporated into ongoing improvement efforts that support a culture of learning.

Element 5 - Monitoring and Auditing

In June of 2020 the U.S Department of Justice updated its compliance program guidance with continuous improvement being one area of focus. As well, the U.S Department of Health and Human Services, OIG has identified ensuring quality of care and safety of vulnerable populations as one of the top management and performance challenges facing HHS. To address this concern, OIG promotes strengthening efforts to improve quality of care.

To enhance the work within this element, Q&C has integrated QI and compliance activities specific to risk management. Both risk management and QI are aligned in their focus on identifying potential problems and implementing corrective strategies. This integration will endeavor to achieve the following:

- The use of QI tools and models to address risk areas and use of risk management prioritization principles in determining and implementing QI projects;
- Using data and analysis to identify problems and performance concerns, and develop solutions and improvements; and
- Fostering a culture of learning that encourages and empowers all employees of H&HS to be fully engaged in risk management and continuous quality improvement.

Element 6 - Enforcement and Discipline

This element requires organizations to promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law. To support in this area, Q&C will continue to coordinate with the H&HS Director to develop “Tone at the Top” compliance messaging specific to reporting without fear of retaliation. The division will also continue to disseminate compliance related messaging, which will include messaging specific to the Code of Conduct and the disposition of received reports of misconduct/incidents/near misses.

Element 7 - Response and Prevention

The final compliance and ethics program element establishes the need to periodically evaluate the effectiveness of the program. Q&C will continue to refine metric definitions, identify data sources and analyze program impact via percentage change performance metrics. Q&C will also continue to conduct a Compliance Survey during National Compliance & Ethics Week as well as a Culture of Quality survey.

Other Areas of Accomplishment

- Collaborated with the Public Health division and the COVID-19 Emergency Operations Center to create 36 Tableau dashboards that provide staff and the community with ongoing updates on the COVID-19 pandemic.
- Provision of staffing support and resources for the data related needs of the COVID-19 vaccination efforts.
- Provided data and analytics support to H&HS resulting in 430 Tableau data users who have interacted with 2,999 dashboards and visualizations over 100,000 times in the last year.
- Continued provision of EHR end-user training and support including the updating of templates and coordination of system enhancements to promote the effectiveness and efficiency of services.

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.

Detention Services: Sixteen-bed detention facility lodging youth ages 12-17, including youth being held on adult criminal charges. COVID response: COVID-19 vaccine offered to staff. COVID screening still being offered to youth at Detention intake. Masking and social distancing requirements for youth and staff, whenever possible. Personal protective equipment (PPE) provided to staff. Isolation/ quarantine space designated for COVID positive and symptomatic youth. Two remote access spaces established for youth (Court & appointments - medical /mental health/family visitation/etc.). Non-contact visitation restarted, was placed on pause, and has again restarted on a limited basis.

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. COVID response: COVID-19 vaccine offered to teaching staff. In-person learning has resumed with all students (JDEP, Phx, MLK) with guidance from ODE and LESD. Vocational programs and community services crews have been restarted with youth, with some restrictions, PPE, and social distancing.

Program Services: Medical, mental health, victim advocacy, reception, police reports, expunctions, public records requests and division support. COVID response: Mental Health Specialists provide youth in crisis with stabilization services using remote platforms. Medical staff administer COVID testing, monitor positive & symptomatic youth, and coordinate discharge (public health portion). Victim Advocacy services via telework format. Victims advised of service reductions, reduced court hearings, changes in court format (remote), and community service to earn restitution program reductions. MLK Catering program taking limited capacity orders. Expunctions restarted on a limited basis.

Restorative Services (Diversion Services): 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. COVID response: All programs transitioned to video conferencing platforms: parent education and mediation orientation and mediation; juvenile crime prevention assessments; evidence based restorative classes; Family Check-Up program.

Supervision (Probation Services):

COVID response: adjustment of practices to meet increased youth and family needs and decreased family, court and community resources. Successes are reflective of prior investments in incentivisation, prevention, communal skill building and collaboration with community partners. Juvenile Counselors able to access, and/or maintain most of needed services for youth by working with providers, despite reductions in services by many providers/partners. Supervision staff teleworking and rotating into the office as needed and scheduled. Some in-office appointments are now occurring.

Treatment Services (Phoenix): Sixteen-bed behavioral treatment program for male and female youth involved in the juvenile justice system. COVID response: COVID-19 vaccine offered to staff. Bed capacity currently restricted to 8 youth. OHA COVID protocols remain in pace. COVID testing is required for youth at admission. Staff required to wear masks and practicing social distancing.