

Agenda Cover Memo



AGENDA DATE: November 3, 2020

TO: Board of Health

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Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

Creating a healthy community is a shared responsibility and requires collective action from many sectors of society. For this reason, Lane County Public Health is a partner in Live Healthy Lane, a formal collaboration that conducts a county-wide Community Health Assessment in order to develop a 5-year Community Health Improvement Plan. Live Healthy Lane brings together Lane County Public Health, Trillium Community Health Plan, Lane Community Health Council, PeaceHealth Oregon and United Way of Lane County to do the work of the assessment and develop the plan. The collaborative assessment meets OHA standards for the Coordinated Care Organizations as well as public health accreditation standards set forth by the Public Health Accreditation Board.

This report provides a summary of the results of the Community Health Assessment and an update on progress towards the 2021-2025 Community Health Improvement Plan. Because the development of the Community Health Improvement Plan involves a robust community engagement process, the original timeline of having a new CHP by June of 2020 was significantly delayed by COVID-19. As a result, the steering committee of Live Healthy Lane agreed to extend the current 2016-19 CHP into 2020 and the new five-year plan will be for 2021-2025.

Community Health Assessment (CHA)

Using the Mobilizing for Action through Planning and Partnership (MAPP) process developed by the National Association of City and County Health Officials, data for the CHA was gathered from May 2018-December 2019. MAPP outlines four key assessments for obtaining the information necessary to develop a comprehensive Community Health Improvement Plan. Data for each assessment is gathered from secondary data sources – such as the Oregon Behavioral Risk Surveillance System (ORBRFSS), Oregon Center for Health Statistics (ORCHS) and others and through by engaging community members and stakeholders in focus groups and surveys. Below is a brief summary of each of the four assessments.¹

Community Themes and Strengths – identifies the community’s priority issues as well as the strengths and assets that can be used to tap into health. Similar to the findings in the 2015 CHA, housing, living wage jobs, access to affordable, healthy food, affordable, high quality childcare and access to behavioral, oral and physical health care remain top concerns. The community identified collaboration, policy work and widespread understanding of the social determinants of health as community assets.

¹ Full reports, including how each assessment was conducted, can be found on the [Live Healthy Lane](#) website. Report titles that are underlined in blue are also hyperlinked to full reports.

[Local Public Health Systems](#) – assesses how well the public health system is able to provide the ten essential services of public health. The assessment showed improvement over the 2015 assessment and included the following themes: need for better communication and community engagement around data, appreciation of the broad and integral nature of public health, linkages between mental health and housing, and the contributions of the business community to health. The importance of a continued focus on health promotion and health education was also emphasized.

[Community Health Status](#) – uses secondary data sources to examine health outcomes, health behaviors and the social determinants of health. Economic recovery from the 2008 recession continues to lag in Lane County, housing costs continue to rise, and poverty rates are higher than the state and nation overall. Rates of substance use, including tobacco use, are higher than the state overall. While chronic disease rates are similar or better than the state overall, poor mental health and sexually transmitted disease rates are higher in Lane County. Health outcomes and social determinants of health vary dramatically based on race and/or geography.

[Forces of Change](#) – engages community leaders and stakeholders in a conversation about the external threats and opportunities for health. Housing, federal/state policies, immigration, technology, and public discourse (e.g., racism, political polarization) were identified as the primary forces posing threats to and opportunities for health in Lane County. Also of note was the recognition of how each of these forces intersects and interacts with the others.

Looking at the totality of the four assessments a core team of Live Healthy Lane – including participants from Lane County Public Health, Trillium Community Health Plan, Lane Community Health Council, and United Way of Lane County – identified the following themes:

1. A significant proportion of Lane County residents **lack access to affordable housing, living wage jobs, healthy food, and quality childcare**, all of which are key social determinants of health
2. There are **significant disparities** in both health outcomes and the social determinants of health in Lane County **based on race/ethnicity**
3. There is a concerning trend of **worsening mental health** among Lane County residents, especially youth
4. The **above conditions stem from and contribute to social and environmental conditions** that are detrimental to healthy behaviors and healthy outcomes for Lane County residents

Because of the findings of significant disparities, an additional assessment on health outcomes, health behaviors and social determinants of health to look at disparities based on race/ethnicity, disability status, and immigration status was also conducted. The findings from that assessment serve to update the [2017 Health Equity Report](#) as well as to inform the development of the Community Health Improvement Plan. Data from sources included in the Community Health Status Assessment that could be disaggregated based on race/ethnicity, disability status, and/or immigration status were identified and compiled from December 2019 to August 2020.

Unsurprisingly, the updated [2020 Health Equity Report](#) revealed higher rates of poverty, lower median income, and fewer educational opportunities for Black, Indigenous, People of Color (BIPOC) who have borne the brunt of historical and systemic racism. These disparities in the social determinants of health contribute to increased stress and add to the generational trauma experienced by BIPOC communities. This can lead to disparities in health behaviors. As the data in the report demonstrate risk behaviors, such as increased tobacco use and binge drinking, are more prevalent in BIPOC communities. In addition, there are disparities in access to and utilization of health care services for these communities. All of which combine to create the disparities seen in health outcomes such as higher rates of chronic

illness, infectious disease, and mortality. The report also revealed that people who report having a disability are more likely to experience poverty, are less likely to earn a college degree, and have higher rates of chronic illness.

Developing the Community Health Improvement Plan (CHP)

A root cause analysis of the four themes identified in the assessment was conducted by the core team of Live Healthy Lane in order to identify the key strategic issues for the CHP. Strategic issues represent the underlying challenges which, if adequately addressed, would lead to improvement in health conditions for Lane County. Three strategic issues were identified based on the data and the root cause analysis:

1. How do we ensure all people in Lane County have the resources they need to live a healthy life?
2. How do we create community conditions that support mental wellness and healthy behaviors for all Lane County residents?
3. How do we ensure that Lane County is a place where resources are distributed equitably?

The Live Healthy Lane core team then met with 21 community organizations, advisory groups and/or coalitions to identify goals, priority areas and strategic priorities for the CHP:

The goal of the 2021-2025 CHP is: ***To create the community conditions necessary to promote behavioral health and physical wellness across the lifespan for all people in Lane County.***

To achieve that goal, the following areas of strategic focus were identified:

1. Develop a local economy that ensures sufficient income for all people in Lane County to cover their basic costs of living (i.e., housing, childcare, food, transportation)
2. Transform current institutions, policies and resource allocations that perpetuate racism in order to correct current and historical injustices and ensure equity in the future
3. Ensure systems of care address the health needs - physical, behavioral, and spiritual - of the whole person and are accessible to all people across the lifespan
4. Implement community and organizational policies that support healthy choices and mental well-being

While much of the data collection and analysis for the CHA occurred prior to the COVID-19 pandemic, it is clear that many of the issues created by the pandemic – housing crisis, poverty rates, and disparities in health outcomes – were already present in Lane County. The pandemic has certainly exacerbated these issues to a great degree, but has not changed the underlying causes of poor health outcomes in Lane County. The impacts of COVID-19 have created a greater sense of urgency to addressing the strategic priorities that have emerged from the CHA, but have not significantly altered those priorities.

Next steps

The Live Healthy Lane core team is currently working on the final phases of CHP development.

- Determine actions
 - Actions are the collective impact approaches that will direct the community's focus for the duration of the CHP. They are identified through engaging community partner's and key stakeholders in conversations about what is needed to move the needle on the strategic priorities and by looking at evidence-based approaches for each strategy.
 - Timeline: September – October 2020
- Set population outcome measures to track
 - Population outcomes or indicators help quantify the achievement of CHP goals. Indicators will be identified for each strategy by an evaluation and tracking team composed of community members and partner organization representatives.
 - Timeline: November – December 2020

- Draft the CHP and get approval from the partner organizations
 - Live Healthy Lane core team members will draft the CHP and present it to the governing bodies of each partner organization for approval and adoption.
 - Timeline: December 2020 - January 2021
- Begin the action cycle
 - The action cycle is the final phase in the MAPP process and includes
 - Determine intermediate objectives or the short-to-medium term outcomes for each action
 - Develop implementation steps or the activities needed to achieve short-to-medium term outcomes. Implementation steps will include the “who” and the “by when” for each activity
 - Identify process measures used to evaluate and measure the achievements of each implementation step
 - Timeline: February-April 2021
- Implementation: May 2021-December 2025

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.

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 \$2.5 Million in CARES Act funding, and hire more than 80 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. More recently, a contractor has been engaged to continue the work to improve internal communication that has suffered during the ongoing pandemic.

The fiscal and contracts teams are beginning the budget development process, reviewing financial results from FY19/20 and engaging Division managers earlier in the process to support a more inclusive and holistic management strategy for FY 21/22 budget development. A new Accounting Analyst position has been filled and the position is training while tackling process improvement to address increased workloads and in anticipation of upcoming retirements.

The new 340B Program Service Coordinator has worked closely with the pharmacist on prescription drug discount eligibility and has made progress performing analyses and ensuring compliance by addressing programmatic and contractual issues. Next steps include writing policies and procedures associated with the program and staffing a 340B Risk Committee to monitor this progress.

Behavioral Health

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

Lane County Behavioral Health (LCBH) provides comprehensive team-based care for children, adolescents, adults and families. This includes outpatient treatment, comprehensive Forensic services, and integrated behavioral health and primary care treatment.

COVID-19 Pandemic Response:

LCBH has focused intensely on continued operations during the pandemic. The clinic quickly shifted from a majority in-person treatment modality to a tele-health model (video and/or phone) based service. This included getting a large portion of staff the technology to perform clinical work in a modern virtual format. This transition has gone well and LCBH now operates many services virtually.

Wildfire Response:

LCBH coordinated with local emergency response and provided enhanced support for behavioral health clients in the community.

Forensic Program:

The Forensic Intensive Treatment Team (FITT) program was funded and positions are in active recruitment, and the team should be live this fall. This team will deliver innovative, assertive, and supportive enhanced care for the County’s highest risk behavioral health clients involved in the criminal justice system.

LCBH Quality Improvement and Assurance Efforts:

- Created dashboards that illustrate actionable data to improve compliance, clinical outcomes, and client engagement.
- Developed a comprehensive “Opportunities for Improvement” plan in response to a Quality & Compliance review of documentation.
- Developed a client-centered, compassionate “No Show” system that focuses on removing barriers to attending scheduled appointments.
- Rolled out a client registration technology to improve and streamline the check in process.
- Rolled out a Continuing Education Unit (CEU) learning management system, which gives staff high-quality, online training.
- Developed a broad “Environment of Care” system that includes updating key safety policies, and created a “Crisis Prevention and Response Protocol.”
- Created an online chart review process and guidance document, which enhances the overall quality and safety review of clinical documentation.
- Continued to make progress on Risk Management strategies and lowered risks in key areas.
- Created updates in the health record to enhance clinical accuracy in documentation.

Key Focus Areas

The clinic is focused on:

- **Access:** Enhancing the access system to be responsive to the emerging behavioral needs during the pandemic and beyond.
- **Finance:** Continuing to make structural adjustments to work toward financial solvency over the upcoming fiscal years.
- **Compliance:** Continuing to build infrastructure that supports the ongoing compliance with local, State and Federal regulations for Behavioral Health systems.

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. The goal is to leverage system options to decrease manual tasks and improve configuration to have the system work for the program, allowing existing staff to focus on research and intervention that requires personal review and decision-making. CFS is confident that increased efficiency and productivity through enhancements in the billing system will allow the program to resolve more accounts in a thorough and timely manner.

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.

Supplemental Grants

The FQHC continues to manage funds from two supplemental grants from the Health Resources and Services Administration (HRSA) this year. HRSA awarded three grants to the Federally Qualified Health Center (FQHC) in response to the COVID-19 crisis.

- \$77,969 used towards expenses incurred in the implementation of telehealth technology to better serve patients and clients during the stay-at-home order and will enhance service delivery moving forward.
- \$1,102,715 used to offset reduction in revenue during March and April 2020 due to suspended service and reduced patient/client visits as a result of Stay at Home orders.
- \$570,619 designated for purchase of supplies and equipment for enhanced COVID-19 testing. The CHC is in the process of securing rapid testing equipment and supplies for COVID-19 testing in the clinic setting. Funds will be used for initial equipment purchase and on-going supplies. Testing supplies are intended for use with patient, staff, and community.

The CHC received a 2nd year award for Integrated Behavioral Health in the primary care setting and Quality Improvement dollars. The two on-going grants total \$235,250.

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

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-19 pandemic

This will be a major focus for the CHC for some time to come. The COVID-19 outbreak has resulted in a major realignment of how the CHC delivers services. This has included the following:

- **Temporary suspension of many services**
All preventive dental services provide in schools, WIC, and Headstart programs were suspended concurrent with the closing of the schools. CHC then suspended primary care routine well-care visits, elective procedures, as well as some services such as alternative medicine and mindfulness. The Springfield Schools Health Clinic remains closed. The CHC does not expect to be able to provide any dental services in the schools until after the first of the year. Some preventive dental services have been shifted to provide integrated dental screenings and treatment in two of the six clinics.
- **Major realignment from traditional in office visits to phone visits and telemedicine (video) visits.**
CHC actively moved to telemedicine visits in March – providing more than 80% of visits through these mediums. CHC has now resumed most in-clinic primary care services, but are still restricting some elective procedures. 10 – 15% of primary care visits are currently phone or video tele-medicine.
- **“Build Back Services” Implementation Plan**
CHC has modeled different plans to 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 the program’s control. The CHC has reintroduced some alternative medicine services as well as some elective procedures and specialty services. The CHC is proactively monitoring patient needs and modifying the mechanisms through which services are provided 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 late fall 2021 or early 2022 due to COVID-19-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 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 October 1, 2020 DDS was serving 2808 people. This was an increase of 191 people from the same day in 2019. 12.5 FTE have been added this fiscal year to support the capacity of the division to provide timely and quality services to this vulnerable population.
- DDS quickly implemented changes in response to COVID-19. DDS began providing services virtually and is limiting in-person contacts with supported individuals to situations requiring urgent health and safety monitoring per state requirements. In addition, changes have been made within the office environment to support physical distancing and increase sanitation to prevent the spread of the virus.
- DDS purchased and distributed over 600 technology related items to children as a result of state funding provided through expanded Family Support dollars. The funding was allotted by the state in response to COVID-19 in an effort to support children and families during the pandemic.
- DDS continues to participate on the project 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 projected completion date for the new building is mid-year 2022.

Human Services Division

Energy Services continues to experience significant changes due to the COVID-19 pandemic. Energy Assistance has received two new federal energy assistance grants, LP CARES and EASAR20. The two programs combined provide \$1,682,374 in additional energy assistance funds. Partner organizations are now delivering the energy assistance programs through the mail in lieu of in-office appointments. The Weatherization program stopped all in-home services, but is on the cusp of resuming working in the field based on health and safety measures and training provided by the state.

Human Services is responsible for homeless, shelter, housing, and services, as well as homeless prevention grants administered through Lane County. Through the use of local, state, and federal funding including FEMA, Corona Virus Relief Funding (CRF) CARES, Emergency Solutions Grant-Corona Virus (ESG-CV), Community Development Block Grant (CDBG-CV), and County General Funds, Human Services is in process of implementing several strategies to address homelessness and housing retention in the landscape of a pandemic.

Current Projects include:

- \$5.7 million dollars of CARE's funds has been allocated to serve households impacted by COVID-19. To date, over 1000 households have been assisted.
- Hotel/Motel shelter and services for 80 individuals throughout winter with an expected project start date of November 2020.
- 3.5 FTE to provide rapid resolution/diversion services to support households who are newly homeless move back into housing quickly, with an expected project start date of January 2021.
- 50 Shelter beds for homeless persons with chronic medical conditions with an expected project start date of November 2020.
- Homeless Street Outreach –
 - 2 FTE homeless street outreach workers to serve Eastern Lane County for a minimum of 12 months with an expected project start date of January 2021.
 - 2 FTE homeless street outreach workers to serve the Eugene Metro Area for 12 months with an expected project start date of November 2020.
 - 2 FTE homeless street outreach workers to serve the South Lane County for 12 months with an expected project start date of November 2020.
- Alternative Shelter Navigation Services to a minimum of 75 individuals residing in the City of Eugene's rest stop locations with an expected project start date of November 2020.

Veteran Services assisted Lane County residents receive \$163,865,000 in Compensation and Pension payments. This is nearly \$20 million higher than the next county's total (Multnomah) which has over 10,000 more veterans than Lane. Regarding current service provision, the program has pivoted to providing assistance through non-direct contact means, mostly commonly telephone interviews or via email, in response to COVID-19 social distancing protocols.

Workforces Services: Between 7/1/2020 – 9/30/2020, combined Workforce activities include: 600+ job seekers served 87 placements. Between 5/1/2020 – 9/30/2020, our staff have returned over 2,000 phone calls primarily assisting customers with questions related to Unemployment Insurance. We were approved for \$100,000 CRF and have used some of that money to purchase computer equipment in order to meet the customers with significant barriers in-person at the Eugene Public Library for job search assistance as well as for rural customers with outreach.

LaneCare

Collaboration with Trillium Community Health Plan and Pacific Source Community Solutions remains essential to Public Health's focus on improved health. Both CCO's reserve a PMPM (per member per month) set aside for prevention that includes staff positions and initiatives. The contributions are based on the number of OHP members they cover.

Primary Prevention Programs

- Both CCO's agreed to continue funding of school-based interventions to improve nutrition, increase physical activity, and reduce tobacco and substance use in 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 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 <https://preventionlane.org> website and continues to work in collaboration with the Public Health.
- Suicide Prevention Coordinator to address older adult suicide prevention and postvention. 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.
- The Healthcare Integration Collaborative (HIC) started last year is designed to bring together primary care, mental health and substance use providers to explore effective whole person care through community provider partnerships. This has been a great success. 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, 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.

This is this ninth month of the COVID-19 response here in Lane County. The public health response continues to evolve as we learn more about the SARS-CoV-2 virus and COVID-19 disease, and as our local conditions change. Although the response in the **Communicable Disease** Section touches everything and everyone in Public Health, in this space we highlight other key aspects of operations.

In **Environmental Health** (EH), staff continue to provide consultation and support to small drinking water systems, food establishments, and residents in the McKenzie River Valley impacted by the Holiday Farm fire. EH staff continue to provide COVID-19 guidance to businesses, daycares, and congregate living settings such as fraternities and sororities and to respond to complaints about failures by licensed facilities to comply with COVID-19 guidelines. The team has also been supporting the safe opening of new businesses through plan reviews and pre-opening inspections and regular semi-annual inspections, scheduled inspections at events and festivals, animal bite investigations, follow up on high priority alerts for drinking water systems, and assisting with local foodborne illness complaints and outbreaks.

Many of the **Prevention** staff have been pulled into the COVID-19 response and are lending their expertise in research, planning and analysis. At the same time, the team is advancing important initiatives such as the Community Health Improvement Plan (CHIP). In July, Prevention was awarded the Garrett Lee Smith Youth Suicide Prevention Grant and Dr. Elisabeth Maxwell (previously the Alcohol and Other Drug Prevention Coordinator) accepted the position of Prevention Supervisor.

Between March and October, nurses in **Maternal and Child Health** used telehealth to provide over 1,800 visits with pregnant individuals and families that have included health assessments, parent education, and referral to community resources. The Nurse-Family Partnership team alone has enrolled 48 new clients and, through the Oregon Mothers Care program, 366 pregnant women have been enrolled in the Oregon Health Plan. MCH Nurses also continue to support COVID-19 response.

Currently 100% of **WIC** services are being provided, with 95% of those by phone and the remaining 5% provided curbside. The USDA has announced an extension of WIC waivers until thirty days after the end of the nationally-declared public health emergency, which allows WIC to continue providing services remotely. WIC has also received special funding to implement user-friendly technology to better serve clients during the pandemic.

In **Vital Records**, outreach in the birth ward at RiverBend hospital has been temporarily suspended and staff continue to work onsite to fill orders by phone and mail.

Overall, essential work continues in Public Health and all sections contribute staff as needed to the COVID-19 response. We have lost some momentum on key initiatives, including modernization, and have been unable to launch some planned new initiatives, such as Climate Change and Health Equity. We do still plan to participate as a pilot site for the universally-offered home visiting program, Oregon Family Connects, however, the timeline for planning and implementation has been delayed into 2021.

Quality & Compliance

The Quality & Compliance 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. A highlight of current focus areas are as follows:

Data/Analytics

- Collaboration with the Human Services division on the composition and maintenance of the Homeless by Name Dashboard.
- Inclusion of staff in the COVID-19 Emergency Operations Center.
- Coordination with the Public Health division in the production of COVID-19 reporting.
- Creation of Equity data tools for Lane County.

Quality Improvement

- Recipient of the Oregon Primary Care Association (OPCA) CHC Value award for extraordinary efforts in striving toward the achievement of CHC value through data, measurement, and research.
- Assistance with the integration of Social Determinants of Health questions for the Multi-Agency Resource Center (MARC) to facilitate the capturing of this data during emergency events.
- Participation in the Joint Community Resilience Workgroup (CRW) Task Team with focus on System and Service Transformation.
- Provision of support to determine role clarification and workflow standardization for the Patient Care Coordinator positions across all Federally Qualified Health Center (FQHC) clinics.
- Provision of support to the COVID-19 Emergency Operations Center via set-up of the Call Center, acting as Resource Unit Lead and supporting the Contact Tracing Teams through onboarding and scheduling volunteers.

Electronic Health Record Support

- Implementation of kiosks and tablets in the Community Health Centers and Behavioral Health to streamline patient check-ins and manage appointment screening information.
- Implementation of Telehealth that provides the ability to conduct remote office visits, improving services to patients in rural areas or those with mobility/transportation barriers, as well as conducting patient visits in a way that keeps both patients and staff safe during the COVID-19 pandemic.
- Preparation for the application of system patches related to regulatory billing requirements and fixes to critical system issues.

Compliance/Risk Management

- Provision of a comprehensive analysis for Lane County Behavioral Health related to electronic health record documentation errors with the inclusion of solutions to address system issues.
- Continued provision of mitigation activity support to established H&HS division/program risk management teams; implementation of a 340B Program risk management team.
- Coordination with County Risk Management to create an H&HS Incident Reporting Policy and associated incident reporting form; creation of a streamlined process and an automatic data flow into the visualization database facilitating an improved and efficient method for the utilization of data in risk management and compliance related activities.
- Creation of an ongoing "Compliance Corner" educational series within the monthly H&HS Newsletter and dissemination of other compliance messaging on a variety of topics including the elements of a compliance program and compliance during times of crisis.

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: COVID screening of youth at Detention intake. COVID testing available for youth. Youth provided with face coverings. Face coverings, face shields, gloves, gowns and eye protection are available for staff. Staff required to wear masks and practicing social distancing with each other and youth whenever possible. 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 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: Distancing learning implemented with guidance from ODE and LESD. Services provided to all students (JDEP, Phx, MLK) remotely and with packet work, online tutorials, phone and remote/video check-ins. Chrome books distributed to students. Community service crew leaders working on fee for service and grant funded projects. Community service crews operational with Phoenix youth on-site and on location. One-site crews have been restarted with youth, requiring 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 providing 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 a combination of phone and 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. Last year's investments in prevention, communal skill building and collaboration is displaying positive results. Juvenile Counselors are 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.

Treatment Services (Phoenix): COVID response: Phoenix Program was temporarily closed during initial phases of the pandemic. Program reopened in April 2020, with reduced capacity. As of July 2020 capacity increased to 8 youth. OHA COVID entry protocol implemented. COVID testing is available for youth upon admission. Staff required to wear masks and practice social distancing. In-person family visitation is occurring with restrictions on contact, and with masking and social distancing requirements.