

BEFORE THE BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, OREGON

In the Matter of Adopting the Columbia County
COVID-19 Reopening Framework

RESOLUTION NO. 42-2020

WHEREAS, on March 13, 2020, the Board of County Commissioners adopted Resolution No. 25-2020, declaring an emergency for Columbia County to address the spread of COVID-19 and authorizing the Board to take actions and issue orders necessary to protect the public and minimize or mitigate the effect of the emergency; and

WHEREAS, on March 23, 2020, the Office of the Governor signed Executive Order No. 20-12, "Stay Home, Save Lives," requiring Oregonians to stay at home, closing specified retail businesses, requiring social distancing measures for public and private facilities and imposing requirements for outdoor areas and licensed childcare facilities; and

WHEREAS, on May 1, 2020, Governor Brown issued guidance on reopening Oregon, with gating criteria and seven prerequisites for Phase 1 reopening at the county level; and

WHEREAS, Columbia County has had a total of 15 confirmed cases of COVID-19, and has experienced a marked decline in confirmed cases, with its most recent case reported being the first in almost four weeks; and

WHEREAS, because Columbia County, its residents and businesses have worked diligently to reduce the spread of COVID-19, the County is prepared for Phase 1 reopening and has developed a Reopening Framework to demonstrate its capacity and readiness to meet its Phase 1 prerequisites;

NOW, THEREFORE, THE BOARD OF COUNTY COMMISSIONERS HEREBY RESOLVES that the Columbia County COVID-19 Reopening Framework, attached hereto as Exhibit 1 and incorporated herein by this reference, is hereby adopted and shall be submitted to the State to apply for Phase 1 reopening on May 15, 2020.

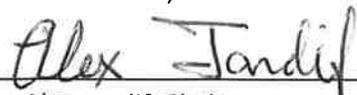
DATED this 11 day of May, 2020.

Approved as to form

By: 

Office of County Counsel

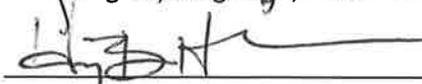
BOARD OF COUNTY COMMISSIONERS FOR
COLUMBIA COUNTY, OREGON

By: 

Alex Tardif, Chair

By: 

Margaret Magruder, Commissioner

By: 

Henry Heimuller, Commissioner

EXHIBIT 1

Columbia County COVID-19 Reopening Framework



11 May 2020

Columbia County Introduction

The COVID-19 pandemic has impacted every resident of Columbia County. The monumental scope of this incident continues to manifest in terms of economic, social, education, mental and physical health, and other broad public policy considerations.

This framework is based on the unique conditions in Columbia County. It provides a measured and phased approach to allow expansion and contraction of our reopening tempo should there be a significant spike in COVID-19 cases. The framework provides a locally relevant structure that addresses public health and safety, economic, and second and third order impacts.

Green on the following pages indicates that the enumerated prerequisite is met. We cannot move forward without meeting these broad prerequisites.

NOTE: As of 11 May, Columbia County meets all prerequisites over which we have control.

Guiding Principles for Reopening Columbia County

Stabilize Community Lifelines

Community Lifelines enable the continuous operation of critical government and business functions and are essential to human health, safety, and economic security.



Government Services



Public Health



Medical Supply Chain



Medical Care



Community Safety

Community Lifeline Models inform how we understand, prioritize, and communicate impacts to the community. Lifelines are the most fundamental services in a community that enable all other aspects of society to function.



Public Health

Public Health The first priority in reopening is maintaining the health and safety of residents and visitors to Columbia County. Every measure taken by State, county, and local governments, businesses, and individuals should consider the general health and safety of the public.



Medical Care

Medical Care Health care providers should be able to return to normal operations through a prudent approach that ensures capacity to treat COVID-19 patients in the event of a surge in new cases. Health care providers need to develop models for the sustainability of medical supplies and preservation of medical resources without the need for public augmentation of medical supplies.

Guiding Principles for Reopening Columbia County



Protecting Vulnerable Populations Targeted measures should focus on underserved and at-risk populations and those over 60 years of age and/or people with comorbidities.



Economic Recovery The safe, smart, step-by-step plan to re-open Columbia County should support the highest level of business operations possible while maintaining public health and safety. We must be mindful of the second and third order impacts to mental and physical health caused by loss of income, business, and social contact. We must move rapidly to mitigate these impacts while protecting residents and visitors.



Community Partners Residents, neighbors, businesses, non-profits, local, county, State, and federal partners all play key roles in the re-opening of Columbia County. It will take all of us working together to ensure a safe and speedy re-opening of our businesses and service agencies.



Protection of Civil Liberties and Individual Rights Measures taken by Columbia County government must not impair the fundamental rights of citizens. When restrictive measures are required they should be the least restrictive feasible to accomplish a specific medically necessary objective.

Prerequisites Checklist for Reopening Columbia County

	County	Health Region	State	Status
1. Declining Prevalence of COVID-19	Not Required if less than 5 cases.			Met. To be confirmed by OHA.
The percentage of emergency department visits for COVID-19 like illnesses (CLI) are less than the historic average for flu at the same time of year.	NA	NA	Required	Met. To be confirmed by OHA.
A 14 day decline in COVID-19 hospital admissions.	Required if more than 5 cases.	NA	Data provided on the OHA website.	NA. Less than 5 hospitalized cases.
2. Minimum Testing Regimen				
Regions able to administer testing at a rate of 30 per 10k per week.	NA	Required	OHA will evaluate and approve at the region level.	Met. To be confirmed by OHA.
Sufficient testing sites accessible to underserved communities.	NA	Required	OHA will evaluate and approve at the region level.	Met. See Status Detail below.

Prerequisites Checklist for Reopening Columbia County

	County	Health Region	State	Status
3. Contact Tracing System				
County has 15 contact tracers per 100k residents.	Required		OHA will evaluate, and approve at county or region level.	Met. See Status Detail below.
County contact tracing workforce is reflective of the county and able to work in needed languages.	Required		OHA will evaluate, and approve at county or region level.	Met. See Status Detail below.
County is prepared to trace 95% of all new cases within 24 hours.	Required		OHA will evaluate, and approve at county or region level.	Met. See Status Detail below.
4. Isolation Facilities				
Counties have isolation facilities available for those who cannot self-isolate.	Required		OHA will support, evaluate and approve at the county or region level.	Met. See Status Detail below.
Counties provide a narrative of how they will respond to three different outbreak situations.* *See narrative below.	Required		OHA will evaluate and approve at the county level. OHA will provide a list of congregant housing.	Met. See Narrative below.

Prerequisites Checklist for Reopening Columbia County

	County	Health Region	State	Status
5. Finalized Statewide Sector Guidelines				
	NA	NA	Required	Met. To be confirmed by OHA.
6. Sufficient Health Care Capacity				
Region must be able to accommodate a 20% increase in hospitalizations.	NA	Required		Met. To be confirmed by OHA.
7. Sufficient PPE Supply				
Hospitals in region are reporting PPE supply daily through HOSCAP.	NA	Required	OHA will certify.	Met. To be certified by OHA.
Hospitals in region must have a 30 day supply of PPE.	NA	Hospital leadership must attest in writing.	OHA will confirm receipt of hospital attestation.	Met. To be confirmed by OHA.
Counties must have sufficient PPE for First Responders.	BOCC must attest in writing.		OHA will confirm receipt of county attestation.	Met. See Status Detail.

Columbia County Status Detail

Prerequisites	Status
<p>Sufficient testing sites accessible to underserved communities.</p>	<p>The County has sufficient testing sites dispersed throughout its geographic area, including underserved communities.</p> <ol style="list-style-type: none"> 1. OHSU Scappoose Clinic and in-home. 20 per day and can scale up. 2. Legacy St. Helens Clinic and limited in-home testing for ~8k Legacy clients. 3. Columbia Health Services in St. Helens Clinic and in-home testing in cooperation with Columbia County Public Health. 5 per day. 4. Mist-Brikenfeld EMS In-home testing in cooperation with Columbia County Public Health. 5. Adventist-Vernonia Clinic rapid testing. 6. Community Health Center of Clatskanie Clinic testing.
<p>County has 15 contact tracers per 100k residents. Must be prepared to contact trace 95% of all new cases within 24 hours. Must be able to conduct tracing activities in a culturally appropriate ways and in multiple languages as appropriate for the population.</p>	<p>Under this formula, the County will need 8 contact tracers. The County's Public Health Department has 8 staff members who are trained for contact tracing. The County will be prepared to contact trace 95% of all new cases within 24 hours by hiring additional staff and/or contracting for services, in addition to utilizing trained Medical Reserve Corps volunteers. English is the primary language of 96% of the County's population. County staff will use Language Line interpreter services to communicate with non-English speakers.</p>
<p>County has isolation facilities available for those who cannot self-isolate.</p>	<p>The Columbia Pacific Coordinated Care Organization has agreed to provide hotel rooms for Columbia County residents who cannot self-isolate or self-quarantine.</p>
<p>County must attest to sufficient PPE supply for first responders in the county.</p>	<p>The County has sufficient PPE for first responders.</p>

Columbia County Reopening Framework Narrative

*Counties provide a narrative of how they will respond to three different outbreak situations.

Jail

- Community Health Nurse coordinates with facility staff to implement control measures. Monitor progress.
- Isolate positive cases (The jail has two negative pressure cells).
- Inform jail Medical Director.
- Ensure adherence to State guidance and jail infection control plan.
- Distribute test kits to jail medical staff to test contacts of positive cases with priority for individuals over 60 and/or with pre-existing conditions.
- Evaluate need for an alternate care site.
- 14 day monitoring of all asymptomatic individuals.

Columbia County Reopening Framework Narrative

*Counties provide a narrative of how they will respond to five different outbreak situations.

Long Term Care Facility (LTCF) & Nursing Homes

- Community Health Nurse coordinates with facility staff to implement control measures. Monitor progress.
- Isolate positive cases.
- Inform LTCF Director.
- Ensure adherence to State guidance and local infection control plan.
- Distribute test kits to LTCF medical staff to test contacts of positive cases with priority for individuals over 60 and/or with pre-existing conditions.
- Evaluate need for an alternate care site.
- 14 day monitoring of all asymptomatic individuals.

Columbia County Reopening Framework Narrative

*Counties provide a narrative of how they will respond to three different outbreak situations.

Group Living Facility

- Community Health Nurse coordinates with facility staff to implement control measures. Monitor progress.
- Isolate positive cases.
 - Consider cohorting positive cases as appropriate.
- Inform facility Director
- Ensure adherence to State guidance and jail infection control plan.
- Arrange testing of positive case contacts with priority for individuals over 60 and/or with pre-existing conditions.
- Evaluate need for an alternate care site.
- 14 day monitoring of all asymptomatic individuals.

Columbia County Reopening Framework Notes

Case History

Date	Presumptive Required reporting from 04 May 20	Confirmed	Deaths
24-Mar	0	1	0
27-Mar	0	1	0
31-Mar	0	1	0
2-Apr	0	2	0
3-Apr	0	3	0
6-Apr	0	1	0
7-Apr	0	1	0
8-Apr	0	2	0
9-Apr	0	1	0
10-Apr	0	1	0
5-May	0	1	0
Total		15	

Case Notes	
Total Columbia County Residents Tested To Date	899
Total Cases	15
Currently Hospitalized	0
Total Recovered	13

HPO Region 1	
County	Population
Clackamas	423,420
Clatsop	39,330
Columbia	52,750
Multnomah	821,730
Tillamook	26,500
Washington	613,410
Total HPO Region Population	1,959,500
Columbia County % HPO Population	2.658%

Columbia County COVID-19 Reopening Framework

Mike Paul

Director

Columbia County Public Health

michael.paul@columbiacountyor.gov



Steve Pegram

Director

Columbia County Emergency Management

steve.pegram@columbiacountyor.gov



11 May 2020

COLUMBIA COUNTY
Emergency Management



ST. HELENS, OR 97051

230 Strand St.
Direct (503) 366 3931
www.co.columbia.or.us

Date: 11 May 2020

To: BOCC

From: Steve Pegram

Subj: PPE Quantity Certification

Columbia County Office of Emergency Management maintains a cache of PPE for county first responders. We receive regular supply and burn rate updates from our first responder partners. We are now receiving regular supply from our federal and State logistics train.

I hereby attest and certify that Columbia County has sufficient stock on hand to meet the Governor's directive requiring the ability to provide sufficient PPE to county first responders in the event of a COVID-19 surge.

Semper Paratus,

Steve Pegram

Steve Pegram
Director
Columbia County Office of Emergency Management



315 SW Fifth Ave
Portland, OR 97204
503-416-4100 or 800-224-4840
(TTY/TDD 711)
careoregon.org

CareOregon Affiliated CCOs Housing Plan for COVID Self-quarantined Individuals

May 11, 2020

To Whom it May Concern,

CareOregon is the parent company of Columbia Pacific CCO ("CPCCO") and Jackson Care Connect ("JCC") and is in a contractual relationship with HealthShare ("HSO") to provide a variety of services to HSO members. CareOregon holds a contract with Project Access NOW ("PANOW"), an Oregon nonprofit organization, to provide services through its C3 Community Assistance Program ("C3CAP"). This agreement became effective on March 1, 2020 and does not terminate until either organization initiates termination procedures as outlined in the contract. Under this agreement, PANOW C3CAP manages vendor contracts on behalf of CareOregon as a downstream Subcontractor of CPCCO, JCC, and HSO. This includes making payments for services and goods provided to the members of these three CCOs including authorized housing services such as motels. PANOW currently has motel options throughout the state of Oregon including Multnomah, Washington, Yamhill, Clackamas, Jackson, Clatsop counties and is actively working to expand to Columbia and Tillamook. PANOW also offers hotel options in several Washington counties including Cowiltz and Clark.

Due to the COVID-19 pandemic, CareOregon is aware that there may be an increased demand for hotel/motel rooms for individuals who may need to self-quarantine but are unable to do so. PANOW is not only contractually committed to tracking and facilitating the procurement of these services and more on behalf of our members; but actively partners with our organization(s) to accomplish its objectives.

If you have questions regarding this service please contact me.

Sincerely,

A handwritten signature in black ink that reads "Monica Martinez".

Monica Martinez
Director of Legal Affairs
CareOregon
martinezm@careoregon.org
503-416-4934

COVID-19 and Urgent Self-Isolation Protocol

Columbia Pacific CCO has been working to support our communities and members in responding to the current COVID-19 outbreak. We recognize the importance of social distancing and/or isolation for those with potential exposure and/or potential or confirmed infection. To support the healthcare system, CPCCO has created a process for providing support to members who have undergone testing for COVID-19 and are awaiting results or have a known positive test for the COVID-19 virus and are unable to quarantine due to experiencing houselessness or inadequate housing. This process is outlined below.

Make a Referral to the Regional Care Team:

- 1) Confirm that the person is an active CPCCO member, if so:
- 2) Send a referral to the CPCCO Regional Care Team for urgent self-isolation in a local hotel by:
 - a. Calling the RCT: **503-416-3743**
 - b. Email ccreferral@careoregon.org
 - i. Please include the following information when making the referral:
 1. Name of Member, Date of Birth, Phone Number
 2. Number of people requiring isolation (i.e., family, individual, couple)
 3. Any specifics pertinent to making a reservation (i.e., pets, ADA, etc.)
 4. Any specific food restrictions (i.e., allergies, etc.)
 5. Status of member: awaiting test results or already tested positive

What to Expect:

- 1) If awaiting test results:
 - a. 5-day automatic approval
 - b. Transportation to hotel through NEMT
 - c. Food delivery to member
 - d. Other Important Things to Know:
 - i. It takes, on average, 5 hours to secure and confirm hotel reservations upon receipt of referral
 - ii. If the test comes back negative; RCT will no longer supply food as it is then not essential for the member to self-isolate, unless the CCO receives directions from the provider to continue isolation
 - iii. If the test comes back positive; the stay will automatically be extended to cover the full 2 weeks and arrangements will be made to ensure food needs are covered for the duration of the stay
- 2) If known positive test result:
 - a. Automatic two-week approval for hotel reservation
 - b. Transportation to hotel
 - c. Food delivery to the member for the entire length of stay

Limits to RCT Involvement

- 1) No weekend support will be available, RCT staff work Monday-Friday 8am-5pm
 - a. Enough food will be delivered to sustain a member through the weekend
- 2) We will not be available to monitor members health status, our role is to coordinate the hotel reservation, transportation, and food delivery

- 3) At the end of the stay the RCT can help coordinate transportation back to the members primary residence if needed and help coordinate re-engagement with primary care, behavioral health, or social service providers as needed.
 - a. *Other than the needs outlined above, the RCT will consider the case closed*
- 4) Members must be able to return to their previous housing arrangement, this is not a housing program; rather, it is a COVID-19 response program
- 5) We are not available to train hotels on COVID-safe cleaning or laundering during or after a member's stay

What We Need from Community Partners and Referents

- 1) Weekend coverage and/or contact for members in self-isolation
- 2) Coverage of any monitoring requests
- 3) Assistance completing the CPCCO Health Related Services flex fund form and submitting applicable chart notes
 - a. Link to the flex fund form: [Health Related Services Flex Services Policy and Request](#)
- 4) Communication regarding a member's test results

For any Questions or Concerns, Please Contact:

CPCCO Regional Care Team: 503-416-3743

or

Rachel Paczkowski, Regional Care Team Manager: 503-729-5027



May 13, 2020

To: Tina Edlund, Senior Health Policy Advisor, Office of Governor Kate Brown

From: Michael Paul, Public Health Director

Re: Integrating community organizations and health workers for contact tracing and protection of Columbia County's Latinx and other diverse populations

Columbia County will work closely with community organizations and utilize community health workers to complete disease investigations, conduct contact tracing, and appropriately arrange or direct residents to testing sites and providers.

The County's Reopening Framework is based on a Whole Community approach to conduct the business of emergency management. As described by FEMA, the concept of Whole Community planning is a means by which residents, emergency managers, community organizations, and government officials assess the needs of their respective communities and determine the best ways to organize and strengthen their assets, capacities, and interests.

The provision of culturally and linguistically appropriate services (CLAS) is a key component of Whole Community planning. The National CLAS Standards describe a framework to deliver services that are culturally and linguistically appropriate and respectful, and that respond to residents' cultural health beliefs, preferences and communication needs.

Per the American Community Survey, Columbia County has 52,354 residents (~2.5% of HPO Region 1). Of note: 21.1% of residents are under 18 years of age; 18.7% of residents are 65 years of age or older; 92.5% of residents identify as white alone; 5.4% of residents identify as Hispanic or Latino; 3.9% of residents identify as two or more races; 1.5% of residents identify as American Indian or Alaskan native; 5,035 residents are veterans; and 3.6% of residents speak a language other than English at home.

Investigations and contact tracing. Columbia County has access to bilingual staff to assist with investigations and identification of contacts. As part of the Oregon Health Authority's triennial review in October of 2018, the County reviewed its language access plan, which it will fully utilize to ensure meaningful access to benefits, services, information, and other important portions of programs and activities for individuals who are limited English proficient (LEP). In addition, the County is in the process of contracting with LanguageLine Solutions, and it will directly employ or contract with community-based organizations to ensure bilingual staff are available to interview cases and contacts.

Clinical preventive services, testing and primary care services. Columbia County is home to three rural health centers (Adventist-Vernonia; OHSU-Scappoose; and Legacy-St Helens) and one federally qualified health center (Community Health Center of Clatskanie, which is operated by Yakima Valley Farmworkers Association). Further, the County has a contract with Columbia Health Services in Saint Helens; CHS operates two patient-centered primary care homes in

Saint Helens and Rainier. The main purpose of the County's contract is to fulfill the County's requirement to provide clinical preventive services, including testing and treatment to prevent and control communicable disease. Since CHS is a subrecipient of federal and state program funds, the County's contract includes terms to ensure CHS has the ability to provide of culturally and linguistically appropriate care to individuals with limited English proficiency.

We have also incorporated review of case and contact insurance status into our disease investigation process. In doing so, we accelerate the assignment of a care coordinator at Columbia Pacific Coordinated Care Organization. Managers at each clinic in our County have verified their access to bilingual OHP application assistants and hotlines to utilize certified interpreters if necessary. In addition, CHS utilizes Linguava interpreters and Passport to Languages.

Last, staff at the County's Emergency Operations Center are coordinating with Columbia Pacific Coordinated Care Organization, the Columbia Health Coalition, Community Action Team and Columbia Community Mental Health. In partnership with these organizations and aforementioned clinics, I am confident that the County can collaborate with community organizations and health workers to protect Columbia County's Latinx and other diverse populations.