



Oregon

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May 29, 2020

The Honorable Representative Sanchez, Chair
The Honorable Representative Ron Noble, Vice-Chair
The Honorable Representative Anna Williams, Vice-Chair
House Committee on Human Services
900 Court Street NE
Salem, OR 97301-4048



Re: Services for Senior Citizens – Director Fariborz Pakseresht's Talking Points

Introduction

Good afternoon Chair Sanchez and Vice Chairs Noble and Williams, for the record my name is Fariborz Pakseresht and I am the Director of the Department of Human Services.

General DHS Update

Like other agencies and the legislative assembly, DHS has been adjusting, shifting and adapting to the new reality. Our world, like yours, looks much different today than it did back in February and early March. Unlike most other agencies most of our offices stayed open with significantly reduced staffing. Some of our service recipients don't have web access and many rely on face to face contact to access services. This pandemic has forced all of us to adjust.

Within a couple of weeks nearly 60% of our staff were working remotely and many of our processes such as eligibility, visitation, and consultation were being conducted electronically. Our Program Directors will share with you details of how their programs have been impacted by this pandemic and how they have adjusted and responded. Overall, I would say, this has been a valuable learning experience. It has taught us that we can be nimble and act quickly when we are focused and work together toward a common goal. It has also demonstrated the illusion of control, and how quickly our reality can shift. The new normal, whatever it ends up being will look much different than the world we are used to. Our challenge is to keep focused and make sure we are addressing the needs of those Oregonians who have been most impacted by this virus, our communities of color, our Tribes, our elders, our people with disabilities, and those who need some assistance to get back to self-sufficiency.

COVID Response Unit

As of last Friday, the state's unified Incident Command Structure (ICS) within the Emergency Coordination Center (ECC), was demobilized. The statewide ICS has been the hub of the state's response to COVID, and OHA and DHS have played a leading role, along with the Governor's Office, Office of Emergency Management, the Department of Forestry, and the State Fire Marshall.

"Assisting People to Become Independent, Healthy and Safe"

As the Department moves from an Incident Command Structure to an intermediate response phase, OHA and DHS have agreed to stand up a COVID Response Unit, which started yesterday, May 26th. This Unit will continue the integration of the two Departmental efforts to coordinate, strategize, plan, align and implement joint efforts to support all Oregonians impacted by COVID-19. Both the Agency Operations Center within OHA and the Health and Human Services Branch, created under the Incident Management Structure will continue as part of this Unit.

Jana McLellan from DHS will serve as director of the COVID-19 Response Unit, with Akiko Saito from OHA serving as the deputy director. Organizational structure and longer term strategic planning will occur throughout June with Agency Leadership. We'll keep you updated as this effort moves forward and this unit is developed

Budget

Our biggest challenges remain ahead of us due to the economic impact of COVID-19. We know that the demand for our services will increase while we must make reductions to do our part in balancing the state budget. We've gone from being on the verge of receiving a healthy infusion of resources to bring DHS closer to the baseline of resources it needed to serve nearly 1.5 million Oregonians, to being on the verge of reducing key services to some of the most vulnerable people we serve. That is the reality we face, and we'll do that together with your direction and support. We've been called to do this work and we'll answer that call together.

Services for Senior Citizens – DHS Aging and People with Disabilities Update

As you are all aware, the virus has hit the elderly and those with underlying health conditions the hardest, particularly our senior population in congregate care and long-term facilities. For context, there are around 678 LTCs (SNF, ALF, MCU) and over 1400 AFH with total population of around 41,000. Early on, DHS and OHA worked closely with OHCA, Public Health and facilities to try to contain the spread of the virus.

The initial focus was on creating policies and programs to support prevention, especially in long-term care facilities, and to ensure older adults and people with disabilities had access to the resources they needed during the pandemic. APD adopted Policies in February and then expanded them in March which restricted visitation and congregate activities in long-term care facilities.

Care facilities were required to report any suspected or COVID-19 cases so that additional measures could be put in place to protect their residents under an APD executive order. Once that groundwork was laid, the focus shifted to assist long-term care facilities in managing COVID-19 cases and ensuring that outbreaks were contained. APD is collaborating with the Oregon Health Authority, local public health agencies and LTCO's Office and others to continue meeting needs as they evolve and ensure the wellbeing of the people we serve.

These efforts were successful in containing the spread of the virus to about 4% of Oregon's larger congregate care facilities and 1% of adult foster care. Still, the impact has been devastating to the residents, family members, and staff who care for the residents in LTC. While 15% of total COVID + cases in Oregon have been in LTCs 60% of the fatalities have also been in LTC. In the recent weeks, we've seen a downward trend in cases and fatalities. As of May 26th, only 22 larger, congregate care facilities had a current case of COVID-19 among residents or staff, which is down 15 % from 26 facilities reported on May 12th. As of May 26th, the number of adult foster homes with cases has been holding steady with a current count of 7.

We're working in collaboration with facilities that report cases to ensure they are managing the situation. Restrictions around visitation and robust infection control practices remain in place as Oregon has entered phase one of re-opening.

CMS issued guidance last week on critical steps nursing homes and communities should take prior to relaxing restrictions including:

- Ensuring all residents and staff have received results from a baseline COVID-19 test;
- State survey agencies have inspected any nursing facility that experienced a significant COVID-19 outbreak;
- And, finally, that nursing facilities remain in the current state of highest restriction even when a community begins to relax restrictions for other businesses and should be among the last to reopen within the community, to ensure safety of the residents.

Following CMS guidance, today, any facility with confirmed cases receives a weekly on-site visit from the licensing team. These check-ins focus on infection control practices and monitor how the facility is doing in managing the cases as well as protecting residents who are not infected. So far, most facilities are demonstrating that they are taking appropriate action in terms of isolating residents with the virus, practicing proper infection control and using personal protective equipment properly. If deficiencies are found, DHS is providing technical assistance to the facility staff to address its issues.

Finally, DHS and the Oregon Health Authority are currently working on a proposal for testing long-term care facility residents and staff. We expect to share more information about this plan soon.

Emergency health care centers

Oregon's interagency facility support team, led by the Department of Human Services and Oregon Health Authority, has deployed two designated COVID-19 emergency health care centers; Laurelhurst Village Rehab in Portland and Pacific Health and Rehabilitation in Tigard. The centers are intended to:

- Support long-term care facilities in crisis with rising infections;
- Care for residents of facilities with only a few cases of the virus to reduce the chance that others could be exposed; and,

- Provide hospitalized COVID-19 patients with a place to recover before returning to the long-term care facility where they live.

These emergency health care centers – EHCCs - continue to provide essential assistance in ensuring the state’s response to outbreaks is effective. Per our contract 97 beds are available. To date, 94 people were admitted receiving care. Of the 94, 80 patients came from the hospital, ensuring hospital beds are available for those requiring a higher level of care; 90 of these 94 patients were long-term care facility residents before they became ill. Current census counts:

- Laurelhurst: 29 residents
- Pacific Health and Rehabilitation: 26 residents

Testing

APD has received several questions about testing strategies for long-term care and additional questions surfaced last week following a Trump administration recommendation to test all individuals in nursing facilities. Under Oregon’s guidelines, people who live or work in residential care facilities—and who have symptoms consistent with COVID-19—are prioritized for testing. There are many issues to be worked out related to blanket testing given the large numbers of individuals involved in long-term care statewide. DHS estimates for the number of tests required are the following:

- Nursing Facilities: 8,500 residents and 13,000 staff
- Assisted Living/ Residential Care/ Memory Care: 23,000 residents and 16,000 staff

DHS and OHA are working with the Governor’s Office on our testing strategy with final decisions coming shortly.

Pre-submitted questions and answers

Q: What long-term mental health supports are being put in place to support senior citizens who are in congregate and residential care?

- Mental health supports remain an area of need that has increased as a result of the pandemic with infection control protocols increasing isolation for many residents.
- More needs to be done in this area including full adoption of telehealth capabilities in long term care settings.

Q: If there is another wave of COVID-19 cases, what have the organizations learned to improve the next round of responses?

- Through the pandemic collaboration between state agencies has evolved so that the supports provided complement each other and minimize disruption for the facility.
- In addition, there are now mechanisms in place to share more information in supporting the facility. With the onset of a single case at a facility, DHS and the local health authority respond to support and monitor infection control efforts. With 3 cases or more, that effort is increased with ongoing monitoring in coordination with OHA to ensure a facilities can: support both the individuals with COVID-19 and protect those who aren’t

infected; maintain adequate access to tests and personal protective equipment; maintain adequate staff.

- If a facility is struggling to manage and contain the virus, DHS, OHA and local public health authorities will do further assessments and may help the facility decompress its risk by sending those with the virus to one of two emergency health care centers or EHCCs so that they can recover without risk of infecting other residents. We have also recognized the need for COVID positive memory care capacity and have started internal deliberations on the capacity needed in the future.

Q: What are the orgs focused on for the next 2-3 months?

Improving access to testing and PPE as well as planning for future capacity at EHCCs to help the state reduce the number of long-term care facilities with active COVID-19 cases.

Q: What is the plan to ensure long-term care providers have sufficient PPE? What policy changes are needed to protect your employees and or clients? Are there any statutory changes that would enhance your ability to respond effectively to pandemic-related issues?

We do not see the need for any statutory changes at this point. Long term care providers are responsible for establishing their supply chains for PPE. When the supply chain breaks down, the combination of local and state resources step in to meet emergent needs.

Conclude

Thank the committee for having you present.
Let them know you are happy to answer questions.

For additional information please contact:

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