

First audit report on Multnomah County's response to the COVID-19 pandemic

February 2021

Congregate settings

- Joint Office homeless shelters: The Joint Office responded quickly by adding shelter sites to allow for physical distancing, but faces challenges going forward
- County jails: The MCSO worked with the Health Department on policies and process, but compliance with policies is an ongoing challenge
- Juvenile detention: Management responded rapidly by updating policies and practices, but use of face coverings still needs to be consistently enforced
- Adult care homes: Significant efforts made to ensure vital services can continue safely during the pandemic with areas for improvement noted

County organization-level support

- Guidance to departments and employees: Guidance is thorough; employees report implementation gaps
- Changes to county buildings: Physical changes are ongoing; attention and care are needed to ensure cleaning and disinfecting, and supply availability
- Telework: Adjust Telework Practices to Meet Increased Need



Multnomah County Auditor's Office

Jennifer McGuirk, Multnomah County Auditor

Report Highlights..... 1

 Why We Did This Audit 1

 What We Found 1

 What We Recommend..... 3

Congregate Settings 6

 Joint Office homeless shelters: The Joint Office responded quickly by adding shelter sites to allow for physical distancing, but faces challenges going forward 6

 Multnomah County Inverness Jail & Multnomah County Detention Center: Sheriff’s Office worked with the Health Department on policies and process, but compliance with policies is an ongoing challenge..... 17

 Donald E. Long Juvenile Detention Center: Management responded rapidly by updating policies and practices, but use of face coverings still needs to be consistently enforced..... 24

 Multnomah County Adult Care Homes: Significant efforts made to ensure vital services can continue safely during the pandemic with areas for improvement noted 30

County Organization-Level Support..... 48

 Guidance to departments and employees: Guidance is thorough; employees report implementation gaps 48

 Changes to county buildings: Physical changes are ongoing; attention and care are needed to ensure cleaning and disinfecting, and supply availability..... 58

 Telework: Adjust Telework Practices to Meet Increased Need..... 69

Objectives, Scope, & Methodology 77

 Why We Conducted an Employee Survey 83

Audit Staff 85

Appendix - Multnomah County Auditor’s Adult Care Home Survey issued 2020 86

Response Letters..... 102

Report Highlights

Why We Did This Audit

The COVID-19 pandemic has presented significant challenges to Multnomah County. We conducted this audit to support transparent and accountable government operations during this unprecedented time. We focused our work on determining steps the county took to ensure that vital services could continue safely and equitably during the pandemic; whether those steps were in line with guidance from the Centers for Disease Control and Prevention and other health authorities to reduce health risks; and what improvements can be made moving forward.

Our focus on equitable service delivery led us to center our work on congregate settings, where people are housed together. People who work and live in these settings may face particular challenges with social distancing to prevent the spread of COVID-19. People living in congregate settings also tend to represent vulnerable populations in our county, including elders, people who have disabilities, people who are experiencing homelessness, and people who are in adult or juvenile custody. We also examined operations that affect the county's ability to provide vital services: countywide guidance and support to departments and employees, physical changes to county buildings, and teleworking.

We focused our work on the guidance and practices in place as of June 1, 2020, and which continued to evolve through December 18, 2020. This audit report provides a snapshot of some county preparations and operations during that time. Due to the volatile nature of the pandemic, some county practices may have changed since we concluded our work. COVID-19's prevalence at the county is also likely to change. For example, our office learned about an outbreak at the Multnomah County Detention Center after we completed audit fieldwork. The tenacity of COVID-19 underscores the importance of implementing the recommendations we have noted in this audit.

What We Found

The Joint Office of Homeless Services made several changes in the shelter system in response to COVID-19. It added shelter sites to allow for physical distancing, including motel shelters to house the most vulnerable guests. The Joint Office and Public Health provided COVID-19 safety guidance to shelter providers. Moving forward, funding will be a concern, staffing will be challenging, and the need for supplies will continue. Additionally, there could be a substantial increase in homelessness because of economic conditions.

The Sheriff's Office worked closely with the Health Department to develop policies, plans, and processes that were consistent with CDC, state and local guidelines. However, getting Sheriff's Office staff to follow the guidelines regarding face coverings has been challenging.

The management of the juvenile detention center responded quickly to the pandemic by updating policies and practices and ordering face coverings and PPE. Fewer youths are in custody, which makes it easier to maintain physical spacing. However, the employee survey found that employees and youth in detention could improve their use of face coverings.

We found that the county's Adult Care Home Program (ACH Program) had pivoted quickly to remote working conditions for the ACH Program licensers and support staff to monitor adult care homes (ACHs) during the pandemic. We conducted a survey of ACHs to help substantiate the ACH Program's efforts and assess ACH compliance with federal, state, and local guidelines and recommendations related to the pandemic. Overall, we found the results to be positive. However, we also noted an opportunity for the ACH Program to increase their communications with ACHs to help ensure compliance with federal, state, and local requirements to support the health and safety of vulnerable residents in the ACH as well as staff working in the homes.

The safety guidance that the county provides to departments and employees was thorough. It covered most of the topics addressed in federal and state guidance. New requirements from Oregon Occupational Safety and Health (OSHA) address items that were missing. We surveyed county employees to learn about their experiences. According to employees, county departments are implementing safety steps in line with guidance. However, there are still gaps, and many employees expressed workplace safety concerns in the survey.

The county has generally followed authoritative guidance to modify Heating, Ventilation, and Air Conditioning systems (HVAC), make physical distancing modifications, and install signage at county buildings. Areas of concern include whether contractors can meet the cleaning and disinfecting needs, and if Facilities and Property Management (FPM) has staff capacity to complete modifications before more buildings substantially open to employees and service users.

In response to the pandemic, the county had to rapidly change how it accomplishes a large portion of its responsibilities from working on-site in county buildings to teleworking from employee's homes. With this change, the county was challenged to make sure telework agreements were in place and employees had proper equipment. These tasks should be done to help ensure secure use of county information systems, and employee worksite safety.

What We Recommend

Recommendations for Shelters:

1. Upon issuance of report, county Public Health officials should revise guidance on the public facing website for nonprofit shelter providers within county boundaries to improve clarity, in line with state requirements.
2. Joint Office of Homeless Services management should include clauses to follow Public Health guidelines in new contracts with shelter providers and in new amendments to contracts with shelter providers.

Recommendations to Sheriff's Office:

3. To be consistent with CDC guidelines, MCSO should begin exchanging the cloth masks of adults in custody on a daily basis if they are used upon issuance of this report.
4. With normal no-cost visiting options suspended because of COVID-19 precautions, MCSO should either expand the use of free-phone calls or modify lobby video visit operations to allow for safe use as soon as possible and no later than 90 days within issuance of this report.

Recommendation to the Department of Community Justice:

5. Immediately upon the issuance of this report, we recommend that managers consistently enforce face covering policies with their staff.

Recommendation to the Adult Care Home Program:

6. The ACH Program should perform a review of all recent communication with each ACH and ensure that each ACH has received sufficient information and is aware of requirements and guidelines pertaining to the pandemic. A particular focus is needed in the areas of exposure, infection control, physical distancing and reporting. A review should be performed as soon as possible and no later than 30 days from issuance of this report. If contact is needed the contact should be made within at least 90 days from the issuance of this report.

Recommendations for Guidance section:

7. As soon as possible, the OR OSHA COVID-19 temporary rule implementation committee should complete all new OSHA requirements:
 - a. Risk assessment, infection control plan, protocols for potential exposure, and employee training.

Note: management reports that substantial work toward this recommendation has been completed. This work occurred between the time the report was written and when it was issued. We acknowledge that work

has been done, but we did not audit that work. We are leaving the recommendation in the report, so we can follow up on the recommendation thoroughly.

8. By March 2021, Central Human Resources should develop a method for employees to provide COVID-19 related feedback anonymously.
9. By March 2021, the Chair or her designee should provide employees with a point of contact for COVID-19 safety coordination.
10. Based on responses to our office's employee survey, it appears that applying policies is an ongoing challenge. Upon issuance of the report and periodically thereafter, the Chair or her designee should reiterate to managers and employees her expectations that safety policies and recommendations are followed, including the requirement that employees telework as much as possible.

Recommendations for Facilities:

11. Prior to adding in-person capacity at county locations, we recommend that FPM ensure that necessary building modifications, including the installation of partitions, and filter upgrades in HVAC systems have been completed.
12. Prior to adding in-person capacity at county locations, we recommend that FPM work with its janitorial contractors to ensure that each location has sufficient staffing capacity to ensure the enhanced cleaning recommended by the CDC.
13. We are told that the county is currently in the process of adding COVID-19 specific cleaning and disinfecting requirements into its contracts with janitorial providers. We recommend that FPM complete these contractual requirements prior to programs adding substantial in-person capacity at county locations.

Recommendations for Teleworking:

14. By July 2021, department directors should provide county-owned computers to employees who frequently telework and should emphasize using county-owned computers for employees who occasionally telework. The county should also provide employees with any other equipment typically used by one person to telework effectively, such as computer mice, computer monitors, and headsets. These examples are meant to be descriptive, not exhaustive.
15. By February 2022, Central Human Resources should ensure the maintenance of telework information electronically, preferably in Workday to allow:
 - a. Accessibility to approved or denied telework agreements at the employee, supervisory, departmental and central levels.
 - b. Electronic approvals and updating for better efficiency.
 - c. Monitoring of teleworking performance and equity.

- d. Documentation of specific details, such as computer ID numbers, of all county equipment used to telework.
16. To help ensure fairness among employees, by February 2022, Central Human Resources should indicate potential telework eligibility in county job descriptions.

Congregate Settings

One of our audit goals was to determine what the county has done to ensure the continuity of vital services without unnecessarily increasing health risks. We focused on congregate settings, where people are housed together, because people who work and live in these settings may face particular challenges with social distancing to prevent the spread of COVID-19. People living in congregate settings also tend to represent vulnerable populations in our county, including elders, people who have disabilities, people who are experiencing houselessness, and people who are in adult or juvenile custody.

Joint Office homeless shelters: The Joint Office responded quickly by adding shelter sites to allow for physical distancing, but faces challenges going forward

The Multnomah County Joint Office of Homeless Services (Joint Office) oversees county and City of Portland homeless services. Multnomah County and Portland share governance, policy implementation, and funding for the Joint Office to address houselessness.

The Joint Office contracts with local nonprofit agencies to provide shelter services for adults, families, domestic and sexual violence survivors, and homeless youth. Prior to the pandemic, the Joint Office provided approximately 1,400 shelter beds plus additional temporary shelter during severe weather events. The adult shelters typically have dormitory style sleeping areas, often with bunk beds in a confined space. The family shelters provide private rooms for sleeping and shared common areas. As in past years, shelter programs operate at very high to full capacity, especially in winter.

Many people experiencing houselessness are older, and many have underlying health conditions, placing them at higher risk for severe consequences from COVID-19.

Early in the pandemic, the Joint Office partnered with the county's Emergency Operations Center and County Emergency Management's Mass Sheltering/Disaster Recovery Center team to form a shelter response. To minimize the risk of infection among shelter participants, they undertook a massive effort to open additional shelter sites. The expanded operations allowed for more physical distancing, but did not increase overall shelter capacity.

Homeless shelters, like other congregate living facilities, are vulnerable to COVID-19 spread because so many people are in one location. Additionally, unlike some other congregate facilities such as jails, guests are free to come and go from the shelter. Guest and staff contacts outside the shelter, as well as turnover in the shelter population, add to COVID-19 exposure

risk. This increased risk makes following guidance on face coverings and physical distancing even more important.

As part of our audit, we conducted an employee survey to better understand employee experiences during the pandemic and tools and support employees need to be better able to work during the pandemic. While many county employees worked at county-operated shelters during the pandemic, the majority of shelter workers work for nonprofit agencies and did not receive our survey. We received too few responses from county-assigned shelter workers to report on quantitative shelter responses, due to our policy of not presenting data from groups with fewer than 30 respondents. However, we will report on themes from comments from county-assigned shelter workers.

Planning

Does the county have a written plan for how to respond to the pandemic and future outbreaks?

The shelter system provides COVID-19 guidance to providers on its public-facing website. Joint Office and county Public Health staff also share information with providers during a weekly meeting and through emails. County policies about COVID-19 operations apply to county-run shelters.

Under guidance from the county Office of Emergency Management, the Joint Office was in the process of developing a continuity of operations plan when the pandemic started. Staff from the Joint Office said they were well positioned and practiced for an emergency. They already operate under emergency conditions, like when there is severe weather.

According to Public Health officials, Public Health follows guidance from the Oregon Health Authority and Centers for Disease Control and Prevention (CDC) in investigating outbreaks at shelters. The county also included an explanation of the procedures it would follow if there were an outbreak at a homeless shelter in its application to the state for reopening.

Where does the county's shelter guidance come from?

The Multnomah County Health Department is responsible for guidance to shelter providers and consulted with Central Human Resources on county policies. The Health Department gets its guidance from the CDC and the Oregon Health Authority, but also has some discretion as the Local Public Health Authority.

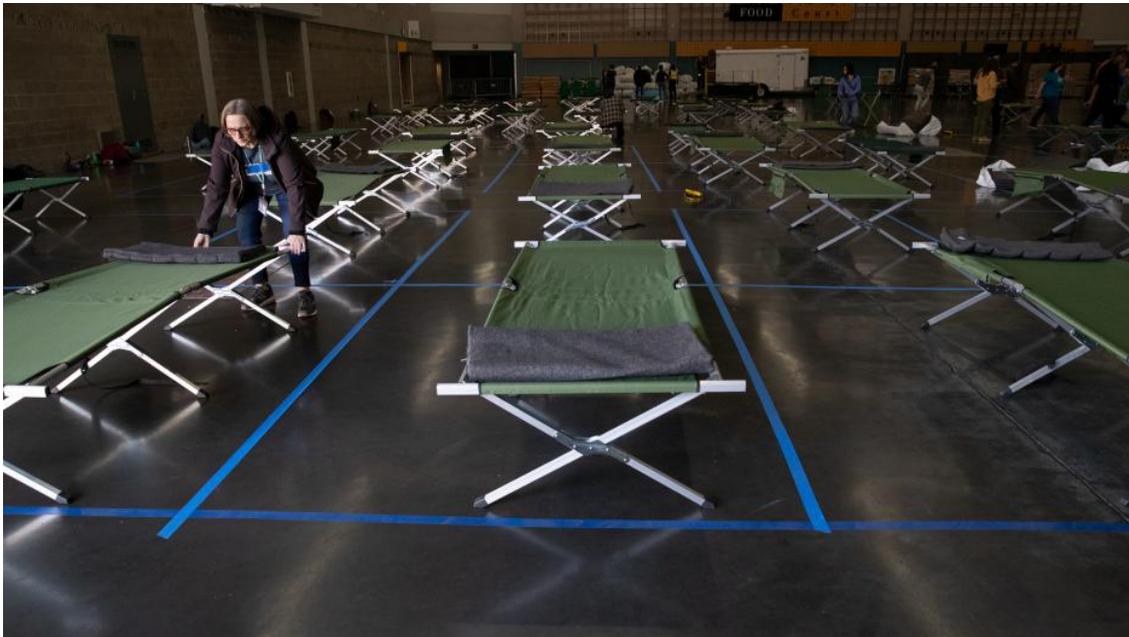
Physical distancing adaptations

What changes have they made to physical layouts and operations for providing services and continuing operations?

The Joint Office, in partnership with Public Health and Multnomah County's Emergency Operations Center, made several changes in the shelter system in response to COVID-19. The initial effort was to add shelter sites in order to increase the amount of space for each participant, and reduce virus spread. The county added four temporary locations with a total of 375 additional beds. The new locations allowed existing shelters to reduce their capacity and increase space per person by moving many participants to the new sites. These new locations increased the total physical space for shelters, but did not increase the number of participants in the shelter system.

The new locations were in government-owned buildings that were not being used as their services had been closed down due to COVID-19 related closures. The new sites were:

- The Oregon Convention Center
- The Charles Jordan Community Center
- East Portland Community Center
- Mt Scott Community Center



The Oregon Convention Center
Source: Multnomah County

Other changes in operations occurred over the next several months, including:

- The City of Portland opened three outdoor emergency shelters supplied with tents, cots, and sleeping bags.
- The county opened voluntary isolation motels to provide a safe place to isolate those with COVID-19 symptoms, those who had been exposed to COVID-19, and those who tested positive for COVID-19. These motel rooms were used by people who had been staying in the shelter system as well as community members.
- The Joint Office opened six physical distancing motel shelters to house the most vulnerable shelter participants, based on factors including age, medical conditions, and race/ethnicity.
- The motels replaced the shelter capacity at other locations and as motel sites opened, the county began to close down most community center sites.
- The shelter system opened additional sites beginning in October 2020 and transitioned the former Greyhound station in Portland's Old Town into a temporary shelter.

Initially the county Emergency Operations Center opened the new shelters, then shifted most management to nonprofit agencies. At the time of our audit, the Emergency Operations Center and the Joint Office continued to manage the voluntary isolation motels and one community center location. The Joint Office included culturally responsive agencies as shelter providers and, according to management, the system made an effort to bring in staff with racial equity experience and an understanding of serving Black, Indigenous, and People of Color (BIPOC) communities.

The traditional shelters managed by providers made a few modifications to the physical layouts in response to the pandemic. As the county added new shelters to spread people out and allow for social distancing, the number of participants in nonprofit shelters was about half compared to before the pandemic.

Shelters providers made changes to layout and operations to prevent COVID-19 spread. Shelters added signage and hand sanitizing stations, increased cleaning protocols, and spaced out where people slept. We confirmed this with onsite visits to some shelter locations as well as through interviews with providers and Joint Office managers.

Shelter providers employed various strategies to adapt, such as spaced out sleeping and seating areas, and had staff serve meals rather than allowing participants to serve themselves. In other cases, staff distributed meals to participants.

The Joint Office has tried to minimize the risk of COVID-19 exposure by encouraging participants to stay in facilities and avoid going out into the community. Shelters provide three

meals a day and space for physical distancing. One provider told us they have spaces for activities, with computers, a TV, a library, and space for art work.

What oversight and support was the Joint Office providing at the time of the audit to contractors for changes to physical layouts and operational adjustments for more physical distance?

Early in the pandemic, the county put out guidance for congregate shelters. The Joint Office checked in with shelter providers and Public Health, and began hosting call-in meetings with nonprofit agencies and other interested community members. In these meetings participants shared information and planning for a COVID-19 response among those who serve community members experiencing homelessness. During the calls, they discussed emerging best practices, shared information from Public Health, and discussed common concerns. They initially held meetings at least twice each week, then held weekly meetings, and moved to biweekly meetings at the time of our audit. After the meetings the Joint Office issued an email with links to guidance and resources related to the call. Providers and county staff told us that 100 or more providers and community members attended the early meetings.

Upon the request of providers, Public Health officials conducted site visits to advise on practices for COVID-19 safety. For example, one provider told us that a deputy Public Health officer visited their location to help advise on safety concerns. The Joint Office increased funding to provider contracts to purchase needed supplies, such as masks and sanitizing products.

What guidance or protocols were there for visitors?

According to the Joint Office, shelter providers have 'no visitor' policies with the exception of limited visits by case managers and other social service or specialty providers. Visitors, along with staff and residents, were required to wear masks.

Face Coverings

Is there a policy about face coverings?



Requiring face coverings in shelters is a critical part of the county's strategy to reduce COVID-19 risks. Guidance for face coverings has changed throughout the pandemic.

At the time of this report, there were two sets of guidance for face coverings:

- The internal county policy only applied to the shelters that the county runs. At the time this report was written, there was only one county-run congregate shelter. There are also two county-run voluntary isolation motels. Isolation motels provide rooms and services for people to isolate safely while they are infectious with COVID-19 or waiting for test

results. The rooms are for people in the houseless community and others who cannot safely isolate at home.

- Public Health also provides external guidance, on the county's public facing website, to nonprofit shelter providers within county boundaries. Many nonprofit shelter providers have contracts with the county. Some of the contracts include a requirement to follow this guidance.

The internal county policy requires that staff wear a face covering unless they are at a private workstation. According to the internal county policy, shelter guests are also required to wear a face covering, except when eating or drinking. The isolation motels do not have their own specific guidance, but guests are in private rooms and would not be expected to wear masks in those rooms.

The county's external guidance is not clear. In addition to linking to the state's face covering guidance, it also has a section recommending face coverings for staff and clients "to the extent possible." This is short of the state requirements and the county's internal policy. A Public Health official told us that they recall this section allows for different types of shelters that are set up in different ways (for example families in rooms, with shared kitchens, bathrooms, and common areas). However, this intention is not clear and it is still contrary to the most recent state requirements.

Were face coverings being worn?

Overall, it appeared that the shelters were following guidance and were working to ensure that staff and guests wear face coverings.

During the audit, we visited a few shelter facilities, both county and contractor run. We observed staff and guests wearing face coverings. The only exceptions were guests not wearing face coverings at tables six feet apart in a dining area and while smoking outside. We also saw some people wearing face coverings incorrectly, not covering their noses or with face coverings on their chins. Since we only visited a few locations, we cannot say with certainty that this was the case at all locations, all the time.

According to interviews, Joint Office staff and providers have become more assertive with enforcing the wearing of face coverings as state guidance changed. However, it is not simple. For homeless shelters, there is an additional concern that excluding someone for not wearing a face covering could put them in a dangerous situation without shelter. We were told that staff have to frequently remind guests to wear face coverings correctly.

Several respondents to our employee survey reported concerns about guests at shelters not wearing face coverings consistently. However, it is possible that respondents were referring to earlier times when guidance was different.

Did the shelter system have sufficient supply of face coverings at the time of the audit? Do they have sufficient supply going forward?

The shelters primarily use cloth face coverings and report having sufficient supplies. Typically, guests are responsible for washing their own masks and laundry facilities or services are available. Early in the pandemic, when some items were in short supply, the county distributed supplies to nonprofit providers. Now providers can purchase their own pandemic-related supplies. The county added funds to their contracts for this purpose. The Joint Office also maintains a supply site for providers. The Emergency Operations Center manages supplies that can serve as backup for the community, including shelters if needed. As of November 2020, the Emergency Operations Center had hundreds of thousands of cloth face coverings on hand.

Personal Protective Equipment (N95 masks, face shields, gloves, etc.)

Did they have sufficient supply? Do they have sufficient supply going forward?

County Public Health does not require routine use of respirator masks (N95 or KN95) at shelters for COVID-19 protection. Some PPE is available at shelters. According to Joint Office staff, procedural masks, respirators (KN95s), and gloves are available. "Spill kits" are available for cleaning biohazards. According to Joint Office staff, PPE is also available at the voluntary isolation motels in the unlikely event that a staff member has to enter a room. However, under most circumstances staff interact with guests at their doorway, 6ft apart, using face coverings.



The Jupiter Hotel is serving as a voluntary isolation motel.
Source: Multnomah County

The Joint Office did not report supply issues. The Emergency Operations Center can serve as a backup for supplies for the community, which can include shelters. As of November 2020, the Emergency Operations Center had hundreds of thousands each of KN95s and procedural masks on hand.

Staffing

When preparing to open new shelter locations early in the pandemic, the Joint Office and Emergency Operations Center needed numerous people to help set up and staff the new sites. County leadership issued a request asking employees to voluntarily be assigned to work at the new emergency shelters.

They also appealed to the community for help and hired a large number of temporary employees to work in various shelter and motel settings.

Some county employees volunteered to set up and work at the new shelters. Some county staff expressed concerns about working in shelters or motels. The Emergency Operations Center also hired temporary staff to help operate the new shelters.

Are there enough staff moving forward?

According to the Joint Office and shelter providers, staffing is currently adequate but future staffing is a concern. The risk of virus transmission can make the positions difficult to fill. The Joint Office provided nonprofit shelter staff with a \$2 per hour increase as an incentive to retain them.

Some are worried about the possibility of future staffing shortages. One provider said that staffing is always a challenge. Adequate staffing going forward is the primary concern.

New intakes

How had the shelter system adjusted intakes and did the approach appear safe?

Early in the pandemic, shelter providers limited new intakes to keep the number of people down. Now, the intake process is similar to before the pandemic. As in the past, participants can be referred through the 211 information and referral system, another provider, outreach workers, or by signing up on the provider wait list. When a shelter space is available, the applicant is notified and intake screening begins.

Shelter providers screen new participants for COVID-19 symptoms. They also conduct a public health risk assessment which includes an evaluation of COVID-19 risks, such as age and medical conditions. If no COVID-19 symptoms are present, participants are accepted into the facility.

The Joint Office told us that everyone is screened daily for COVID-19 symptoms, including temperature checks. If a person's temperature is over 100 degrees, the provider makes a referral to the isolation motel. In the isolation motels, two symptom checks are conducted each day.

Does the current approach mean some people are not being served?

Similar to conditions prior to the pandemic, there is not enough shelter space to serve all who seek shelter. Many shelters have reservation or referral systems with priority for aging and vulnerable people. There is currently a waiting list for many shelters.

Portland and the county increased capacity for winter shelters starting in October 2020, adding 275 new winter shelter beds. According to management, this brings the total to nearly 1,700 shelter beds in the system. Participants are provided with 24/7 access to the shelter and three meals a day. This is a higher level of service than the Joint Office offered in winter shelters in past years, when fewer meals were served and shelters were open only at night and not available during the day.

In the past, the county has had a no-turn-away policy during severe weather. When severe weather is declared, the Joint Office said they would stand up more beds and keep those beds open for the duration of a particular severe weather event.

Containment

What is the Joint Office doing with clients or staff who exhibit symptoms or test positive?

Providers told us that keeping staff and guests safe and healthy is a very high priority. Staff are not allowed to work in shelters when they have symptoms, have been exposed to someone who tested positive for COVID-19, or have tested positive themselves.

Transportation providers take symptomatic participants, or those who have tested positive, to voluntary isolation motels or hospitals. After a quarantine period, participants may return to the shelter.

Contractor Management

What processes did they have in place to monitor contracted shelter providers?

The Joint Office hosts regular call-in meetings with providers, and Joint Office staff visit sites periodically to address concerns as they arise. Joint Office staff worked with providers to set up or transition new locations to providers, which gave them the opportunity to observe provider practices. Joint Office staff said they follow up on reported concerns and are well aware of trouble spots.

Joint Office staff and contracted providers told us that shelters are at great risk if they don't follow COVID-19 protective practices, such as wearing masks, practicing physical distancing, and sanitizing. Staff may not want to work if they perceive increased risks and the facility might have to close if they have an outbreak at their shelter.

Did the Joint Office have sufficient contract authority to require contractors to operate homeless services in alignment with Multnomah County Public Health guidance?

Joint Office management reported no issues with contract authority in terms of COVID-19 policies. Some Joint Office shelter amendments issued for FY21 require providers to operate homeless services in alignment with current Multnomah County Public Health COVID-19 Guidance and provide a link to the guidance in the contract.

Moving Forward

What are the biggest concerns going forward?



Winter weather:

This winter could be challenging for shelters during the pandemic. With the weather getting colder, more people will want to be inside. It will be hard to differentiate cold and flu symptoms from COVID-19 symptoms. An increase in COVID-19 cases in the community will add risk.



A large outbreak at a shelter:

As of mid-December 2020, there have not been any reported large outbreaks at any county-run or contracted homeless shelters. The preventive work by the Joint Office may have helped lessen outbreak risks. However, if an outbreak were to occur, it could pose challenges with staffing and having adequate space for isolation.

\$ Consistent funding and capacity challenges:

Temporary CARES Act funding has paid for much of the increase in homeless services. Moving forward, funding will be a concern, staffing will be difficult, and the need for supplies will continue. Additionally, there could be a substantial increase in homelessness because of economic conditions. Provider capacity is already strained. An increase in homelessness may place demands on shelter providers that they will not be able to satisfy.

Recommendations

- Upon issuance of this report, county Public Health officials should revise guidance on the public facing website for nonprofit shelter providers within county boundaries to improve clarity, in line with state requirements.
- Joint Office of Homeless Services management should include clauses to follow Public Health guidelines in new contracts with shelter providers and in new amendments to contracts with shelter providers.

Multnomah County Inverness Jail & Multnomah County Detention Center: Sheriff's Office worked with the Health Department on policies and process, but compliance with policies is an ongoing challenge

The Multnomah County Sheriff's Office (MCSO) operates two jails, the Multnomah County Detention Center (MCDC) and the Inverness Jail. MCDC is a maximum security facility made up of individual cells. It is located in downtown Portland. The Inverness Jail is a medium security facility primarily made up of open dormitories. It is located near the Portland International Airport. MCDC serves as the primary initial booking facility for all people arrested within Multnomah County. MCDC houses adults in custody for the county, as well as adults in custody involved in state and federal court matters.

Local jails, like Multnomah County's, are particularly vulnerable to COVID-19 outbreaks because of the high turnover of adults in custody, the confined indoor space, and the limited ability to control who comes into the jails. And, because the staff includes about 460 people who come and go each day, jails also put their staff's communities at risk.

Planning

Does the MCSO have a written plan for how to respond to the pandemic and future outbreaks?

Management has written pandemic policies that cover a variety of topics such as face coverings, screening of COVID-19 signs and symptoms, disinfecting surfaces, visitation, and court hearings. MCSO guidance is consistent with central county guidance.

Where does their guidance come from?

MCSO uses guidance from Multnomah County Public Health and the Centers for Disease Control and Prevention (CDC).

Face Coverings

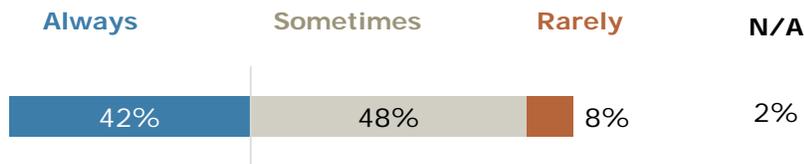
Is there a policy requiring jail staff to wear face coverings? If so, were people wearing them at the time of our audit?

Requiring that face coverings be worn in the jails is a critical part of the plan to decrease exposure to COVID-19 and to contain any outbreak, should one occur. Staff that come and go from the facilities are one of the greatest risks for introduction of COVID-19 into the jails. The Sheriff has revised the direction about wearing masks over time:

- In early April 2020, the Sheriff issued a recommendation for all staff to wear masks when within 6 feet of each other, per CDC guidance.
- On June 24, 2020, the Sheriff issued a face covering policy consistent with the Governor and County Chair’s direction for the use of face coverings – mandating face coverings in all jail settings because physical distancing can be difficult.
- On August 6, 2020, the Sheriff upgraded the policy to the level of a *special order* mandating the use of face coverings. The distinction between policy and special order is important because a special order allows for staff members to be disciplined for non-compliance.

In July, the press and others reported that MCSO staff were not wearing face coverings in the jails. In fall 2020, we sent a survey to all county employees to provide them with an opportunity to communicate their experiences during the pandemic. More than 50% of MCSO staff in the jails who responded to the survey reported that County employees wear face coverings only sometimes or rarely. Staff reported that some of their coworkers were not taking COVID-19 seriously and not complying with face covering requirements. As of October 23, 2020, MCSO reported that they had not disciplined any staff for non-compliance with the face covering order.

Survey question: In my experience, county employees wear masks or face coverings when working with the public or within 6 feet of others.



Source: Multnomah County Auditor’s county employee survey issued 2020. Results for MCSO employees working at least part-time in the jails. Of the 458 MCSO staff members that work in the jail, 216 responded to this question.

MCSO management said some of the issues with face covering compliance is related to when the Sheriff requires them. For example, according to the special order, face coverings are not required for staff working in control rooms by themselves or when they can maintain recommended physical distancing.

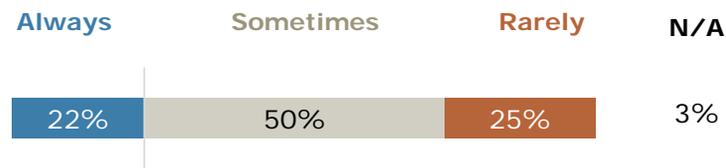
Is there a policy about face coverings for service users (adults in custody)? If so, were face coverings being worn at the time of our audit?

- MCSO requires new adults in custody to wear a face covering whenever out of their cell.
- MCSO does not require adults in custody to wear a face covering inside their housing unit, if the unit residents have passed quarantine for a minimum period of time established by the local health authority.

- MCSO requires all adults in custody to wear face coverings outside their housing units.
- MCSO does not require face coverings for adults in custody when:
 - inside a non-contact visitation or law library room when no one else is present,
 - inside a recreation gym once staff have vacated,
 - people have a physical or mental condition or disability that limits their ability to wear a face covering, and/or
 - an order from the Oregon Judicial Department, presiding judge, or local health authority provides an exception to the wearing of face coverings.

The responses to our survey about adults in custody wearing face coverings reflected the fact that they are not always required to wear one.

Survey question: In my experience, service users, (e.g. clients, patients, people in custody) and community members wear masks or face coverings when in county facilities or when interacting with county employees.



Source: Multnomah County Auditor's county employee survey issued 2020. Results for MCSO employees working at least part-time in the jails. Of the 458 MCSO staff members that work in the jail, 217 responded to this question.

Did MCSO have a sufficient supply of face coverings at the time of the audit?

According to the MCSO supply manager, the agency monitors its rate of use and has a goal of maintaining a 30-day supply on hand. MCSO uses disposable masks in booking and has been able to maintain a 30-day supply of about 35,000 of these masks.

The MCSO uses washable cloth face coverings for both adults in custody and staff. Adults in custody may exchange their mask for a clean one each week. This contrasts with CDC guidelines, which call for cloth face coverings to be washed when dirty, but at least every day if used. To be consistent with CDC guidelines, as soon as possible, MCSO should begin exchanging the cloth masks of adults in custody on a daily basis if they are used.

Do they have a sufficient supply going forward?

While there were difficulties maintaining an inventory of face coverings during the early stages of the pandemic, MCSO management told us these problems have largely been solved.

Personal Protective Equipment (N95 masks, face shields, gloves, etc.)**Did they have a sufficient supply at the time of our audit?**

According to MCSO management, the availability of more robust personal protective equipment, such as N95 masks, and other COVID-19 related supplies is mixed. An order for 3,000 KN95 masks submitted on May 17, 2020 was unfilled as of August 25, 2020. Still, MCSO had an inventory of over 7,000 N95 rated masks. MCSO has also had difficulty obtaining large gloves; disinfectant wipes are still difficult to obtain, but hand sanitizer is more readily available.

The inability of MCSO to get some supplies was reflected in the information provided in our employee survey. Nearly 60% of staff responding to our survey said MCSO did not provide them with sufficient PPE. Several MCSO staff said they were not able to get some necessary supplies, especially wipes, for cleaning their work areas at the beginning of or during their shifts.

Do they have a sufficient supply going forward?

The extent to which MCSO has a sufficient supply of PPE depends on their ability to prevent outbreaks within the jails. Current CDC guidelines recommend the use of N95 masks in only very limited circumstances – *staff having direct contact with or present during a procedure that may generate respiratory aerosols on a confirmed or suspected COVID-19 case*. MCSO reported that their processes – developed in consultation with the Health Department - also reduce the need for routine use of PPE like N95 masks.

Staffing**Had MCSO management redeployed staff from other areas to the jails, or has management hired new staff?**

MCSO management said that they have not needed to redeploy or hire additional staff to meet staffing needs during the pandemic. A small number of staff who would normally work in the jails have requested and received approval for alternative work assignments, but the number was sufficiently small to be accommodated without unusual staffing adjustments.

Are there any other staffing concerns?

While not related specifically to the pandemic, staff expressed concerns in our survey about the amount of mandatory overtime associated with the ongoing protests downtown and other absences. When there is a sufficient number of absences on any given shift– protest related or

not - and there isn't a sufficient number of employees who volunteer to fill the gaps, MCSO management can require individual staff members to work an overtime shift.

Physical distancing adaptations

What changes had they made to physical layouts and operations for providing services and continuing operations?

The jails are currently operating at approximately 50-60% of physical capacity – the majority of the reduction is the result of law enforcement agencies bringing fewer adults in custody into the jails. The Inverness Jail has the same number of dorms open as it did prior to the pandemic, which allows for more space per adult in custody. In MCDC, adults in custody are housed in individual cells and MCSO has instituted a process for isolating and monitoring all new adults in custody prior to admission to the general jail population.

What guidance or protocols were there for visitors at the time of our audit?

MCSO suspended all in-person visits at both jails. Early in the pandemic, MCSO distributed coupons for free video visits for adults in custody. Currently, adults in custody are allowed two 10-minute telephone calls per week for free and limited free video visits for emergencies that the MCSO chaplains provide. Otherwise video visits cost \$5 each, and phone calls beyond the two free ones are collect calls.

With normal no-cost visiting options suspended because of COVID-19 precautions, MCSO should either expand the use of free-phone calls or modify lobby video visit operations to allow for safe use as soon as possible.

New intakes

How had they adjusted intakes, and did the approach appear safe?

MCSO management can encourage law enforcement partners to reduce the number of adults brought in, but cannot control the inflow. According to MCSO management, new adults in custody are housed at MCDC in individual cells (with solid walls and doors) and Corrections Health staff working in the jails monitor them for COVID-19 symptoms on a daily basis for at least 14 days. When MCSO transfers adults in custody from MCDC to Inverness, they are moved in groups that stay together and that end up being isolated from the general jail population for 20-30 days. Corrections Health management told us it must clear adults in custody for moves through this process.

MCSO management told us the intake process on the booking floor has also changed. With the new process, MCSO staff screen individuals for COVID-19 symptoms prior to entry into booking then issues them disposable face coverings. Once the booking process starts, MCSO attempts to maintain physical distancing between adults in custody and staff and to limit the amount of time spent with any personal interactions. After booking, Corrections Health staff conduct a more comprehensive COVID-19 screening interview.

According to a Public Health official, no one was considered exposed when a COVID-positive adult in custody went through the booking process with a standard face covering and limited contact with staff or others.

Did the new approach mean some people who would have been in jail pre-pandemic are not housed there?

MCSO is processing fewer individuals into the jail population. For most minor offenses, local law enforcement agencies instituted a policy of citing in lieu of arrest. When law enforcement agencies make arrests, most individuals are booked and then released and required to appear in court if ordered. Individuals arrested on more serious charges as well as transfers from state and federal custody have been occurring more normally and these individuals have been integrated into the jail population.

Containment

What happens if adults in custody or staff exhibit symptoms or test positive?

MCSO and Corrections Health isolate any adult in custody with symptoms consistent with COVID-19 in a negative air pressure cell within the medical section for additional monitoring until they are cleared to be transferred into the general population or released.

During our audit, MCSO had one instance where they determined that an individual being processed in booking was potentially COVID-19 positive, which later proved to be true. This individual was isolated and then released to a quarantine hotel rather than entering the jail population. As of October 14, 2020, MCSO reported that they had had one corrections deputy test positive. This staff member quarantined and recovered at home without exposing other staff or adults in custody in the jails.

MCSO worked with the Corrections Health and Public Health Divisions to examine each instance where a staff member or adult in custody tested positive. Public Health examined the contacts with the infected person, determined if there was additional exposure, and consulted on the best course of action. In both the cases of the positive adult in custody and the positive

corrections deputy, the Public Health unit determined that no staff had been exposed. In our survey, MCSO staff working in the jails expressed concern about this incident and felt they had not gotten much of an explanation about how the Health Department arrived at this determination.

Programming/Education

Were programming/educational opportunities available to adults in custody during the pandemic at the time of our audit?

Prior to the pandemic, contract employees from Volunteers of America (VOA) facilitated an addictions treatment readiness program at the Inverness Jail. MCSO suspended the program to reduce the number of non-MCSO staff coming into the jails. MCSO corrections counselors have been in contact with VOA and are continuing the treatment readiness program using VOA materials. MCSO management told us chaplains continue to work in both jails and offer limited religious services. The law library is still open, but can only be used by adults in custody from one dorm at a time.

Contractor Management

What processes did they have in place to monitor contractors?

MCSO management said the use of contractors in the jails has been limited. MCSO suspended programming activity that has been provided by volunteers and contractors. Food service contractors continue to prepare and provide meals to adults in custody, and construction contractors are installing an electronics upgrade in MCDC. MCSO management told us they require these contractors to comply with County and MCSO COVID-19 policies.

Did MCSO have sufficient contract authority to require contractors to comply with county pandemic directives, even if they go beyond state directives?

MCSO management reported no issues with contract authority in terms of COVID-19 policies.

Recommendations

- To be consistent with CDC guidelines, MCSO should begin exchanging the cloth masks of adults in custody on a daily basis if they are used upon issuance of this report.
- With normal no-cost visiting options suspended because of COVID-19 precautions, MCSO should either expand the use of free-phone calls or modify lobby video visit operations to allow for safe use as soon as possible and no later than 90 days within issuance of this report.

Donald E. Long Juvenile Detention Center: Management responded rapidly by updating policies and practices, but use of face coverings still needs to be consistently enforced

The Multnomah County Department of Community Justice (DCJ) runs the Donald E. Long Detention Facility (Donald E. Long), which is a 64-bed youth detention center. There are 34 detention beds for Multnomah County youth and 30 beds contracted by Clackamas and Washington Counties. The detention beds are grouped into four pods; three for males and one for females. Each pod has 16 individual sleeping units and a common area. Housed in the same building, but not part of juvenile detention, is a voluntary, short-term residential program with 16 beds. There are 58 Juvenile Custody Service Specialists and 31 Juvenile Counselors who work at Donald E. Long.

Planning

Does Donald E. Long have a written plan for how to respond to the pandemic and future outbreaks?

Management created policies or referred to central county guidance on a variety of topics such as face coverings, daily staff health screening of COVID-19 signs and symptoms, visitation, and court hearings.

Where does their guidance come from?

Donald E. Long management uses guidance from Multnomah County Public Health and the Centers for Disease Control and Prevention.

Face Coverings

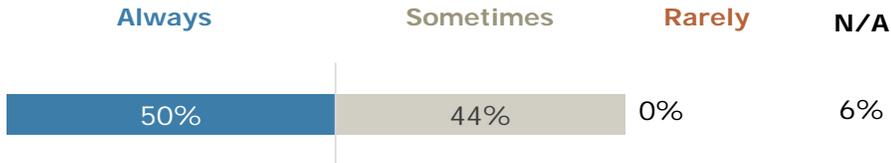
Is there a policy requiring face coverings? If so, were people wearing them at the time of our audit?

DCJ management said they defer to the county's guidance for juvenile detention settings. The county policy states that, "Staff are required to wear face coverings/face shields in settings where they are interacting with the public, and if they cannot maintain 6 feet or more distance between other staff. Face coverings are not required while eating or drinking."

In fall 2020, we sent a survey to all county employees to provide them with an opportunity to communicate their experiences during the pandemic. For the 34 employees who responded from Donald E. Long, 50% said that staff always wear a mask when in close proximity to others.

In the same survey, 38% of staff said that youth in detention at Donald E. Long always wear their masks. We recommend that managers consistently enforce face covering policies.

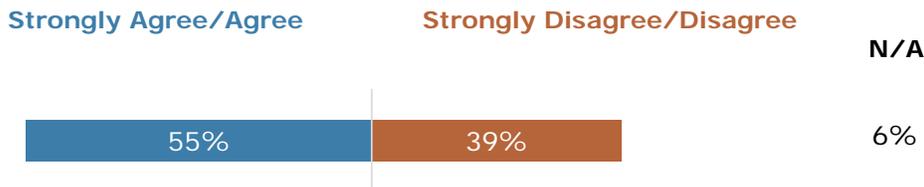
Survey question: In my experience, county employees wear masks or face coverings when working with the public or within 6 feet of others.



Survey question: In my experience, service users (e.g. clients, patients, people in custody) and community members wear masks or face coverings when in county facilities or when interacting with county employees.



Survey question: My work unit has a sufficient supply of masks or face coverings available for service users (e.g. clients, patients, people in custody) and community members, when needed.



Source: Multnomah County Auditor's county employee survey issued 2020. Results for those working at Donald E. Long. Thirty-four people responded to the first two questions and 33 responded to the last one.

Did they have a sufficient supply of face coverings at the time of our audit?

Procurement staff for Donald E. Long said that they have sufficient supply and provided us with inventory lists to demonstrate this. However, our office's survey found that 55% of Donald E. Long employees felt there was always a sufficient supply of masks or face coverings for those in custody.

Do they have a sufficient supply going forward?

Management said that they issue youth in detention one washable mask, which reduces the need to order disposable masks. Masks are laundered nightly and youth in detention are issued

a clean one in the morning. Unless there are major changes to the supply chain, management stated they should have enough.

Personal Protective Equipment (N95 masks, face shields, gloves, etc.)

Did they have a sufficient supply at the time of our audit?

Procurement staff for the Donald E. Long said that they have sufficient supply, but have to be creative about when to order to find supplies. For example, some online retailers have more supplies available after 10 p.m.

Do they have a sufficient supply going forward?

Yes, but large and extra-large gloves are the most difficult items to find. They had enough at the time of the audit, but these items have the greatest risk of running out.

Staffing

Had DCJ management redeployed staff from other areas to the Donald E. Long, or has management hired new staff?

Early in the pandemic, a Central Human Resources policy allowed staff to claim a hardship and work from home. Seventeen percent of Juvenile Custody Services Specialists claimed a hardship, which put a strain on the staff still working onsite. Given the nature of the work, managers found it difficult to find meaningful tasks for the employees at home. Management approached the unions twice about having staff employed elsewhere in DCJ to temporarily work at Donald E. Long. There are different unions representing these employees, and management and the unions were not able to come to an agreement.

More recently, Central HR changed the policy about how people who work from home can record their work hours. Those unable to perform their work from home must take leave. This resulted in most of the employees with a hardship exemption returning to work onsite at Donald E. Long.

DCJ management said that early in the pandemic, many on-call staff chose not to work due to concerns about COVID-19. HR notified the on-call staff that they either needed to make themselves available at least 20 hours per month or be taken off the on-call list. Most on-call employees chose to be available, which has helped with staffing at Donald E. Long.

Are there enough staff moving forward?

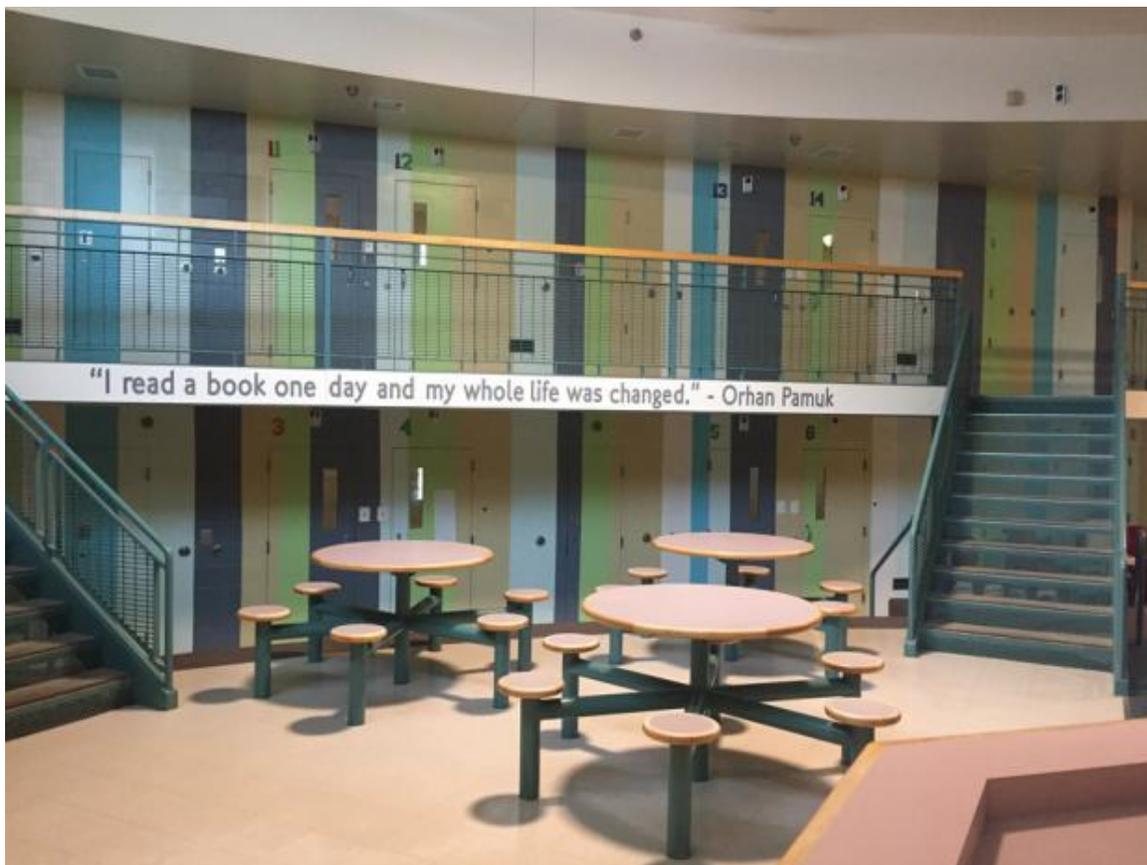
According to management, Donald E. Long still has staffing challenges, but it is greatly improved from the beginning of the pandemic.

Are there any other staffing concerns?

According to management, the remaining staffing challenges are primarily related to issues that existed prior to the pandemic.

Physical distancing adaptations**What changes had they made to physical layouts and operations for providing services and continuing operations?**

The physical layout is not significantly different, but the numbers of youth in detention is lower, so they are able to have more physical spacing. During the pandemic, the pods have been at about 25-70% of capacity.



Donald E. Long Juvenile Detention Facility
Source: Multnomah County Health Department

What guidance or protocols were there for visitors at the time of our audit?

According to management, visits with family are in a no-contact room. They must be pre-scheduled and there is a limit of two visits per week. Professional visits are also in the no-contact room. There are two special rooms for youth in detention to meet with attorneys, psychologists, and investigators. These are reserved for those with very serious charges that would have been previously charged under Measure 11. The rooms have Plexiglas on the table and all parties must wear a mask. Visitors must answer health screening questions. Staff disinfect the room between uses. Management said that youth in detention may call their parents and/or other approved contacts every day at no charge.

New intakes**How had they adjusted intakes, and did the approach appear safe?**

Donald E. Long management can encourage law enforcement to reduce the number of youths brought in, but cannot control the inflow. Law enforcement has not brought in as many juveniles since the pandemic started, and there has been a decline of youth in custody. Each pod at the Donald E. Long can hold up to 16 youths, but during the pandemic, there have been 4-11 youths in each pod.

When new youths are brought to the facility, staff do an initial medical screening and then a nurse performs an additional screening to check for COVID-19 exposure and symptoms. If no symptoms are noted, they are placed with the general population. For the first 14 days, their symptoms are checked every day.

According to management, for those with a potential exposure or symptoms, they are placed in a medical isolation room until test results come back.

Did the new approach mean some people who would have been at Donald E. Long pre-pandemic are not housed there?

Some youths who would have otherwise been at the Donald E. Long have been cited and released by law enforcement. In other instances, Juvenile Custody Services Specialists and judges have placed youths on alternative to detention plans. According to management, some plans have worked as intended, but some youths have returned to Donald E. Long when they did not follow their plans.

Containment

What happens if youth or staff exhibit symptoms or test positive?

Management told us that during the time of the audit, there were four Donald E. Long staff who had tested positive for COVID-19: one in the detention center and three at the short-term residential program. DCJ management worked with Multnomah County Public Health to determine who may have been exposed. In the first instance, Public Health staff determined that the positive staff member was not at the building during their infectious phase, but they still tested the youths in the residential program and none of them tested positive.

In the most recent situation, management shut down the Donald E. Long residential program and sent the kids home or to other placements. The main reason they shut down was because they did not want to bring staff from detention into the residential program and then risk them bringing COVID-19 into the detention unit. Prior to shutting down the residential program, the kids were quarantined and not allowed to use any of the facilities used by the youth in detention. Janitorial staff did a deep clean of the residential program before DCJ management reopened it.

Education

Were educational opportunities available to youth in detention during the pandemic at the time of our audit?

Prior to the pandemic, the Oregon Department of Education provided in-person instruction to the youth in detention for 6.5 hours each day. During the spring of 2020, the Oregon Department of Education suspended school due to the pandemic. In July, in-person school resumed for juvenile detention centers, but a teacher tested positive in August, so the Oregon Department of Education switched to remote teaching at Donald E. Long. Teachers now come to an empty pod and remotely interact with youth in detention via Chromebooks. DCJ management told us that Multnomah County has the only juvenile detention center in the state that does not have in-person teaching (of the centers that have requested it). At the time of this audit, management was concerned that youths in custody in Multnomah County may not be receiving the same quality of instruction offered elsewhere.

Recommendation

- Immediately upon the issuance of this report, we recommend that managers consistently enforce face covering policies with their staff.

Multnomah County Adult Care Homes: Significant efforts made to ensure vital services can continue safely during the pandemic with areas for improvement noted

Adult Care Homes (ACHs) are licensed, single family residences that offer care for up to five adult residents in a homelike setting. The homes are in residential neighborhoods. Each home has one operator who may employ additional caregivers. All homes are licensed annually and monitored quarterly via unannounced home visits by Multnomah County's Aging and Disability Services' Adult Care Home Program (ACH Program). The ACH Program enforces the Multnomah County Administrative Rules that govern the licensing and operations of the approximately 620 licensed adult care homes in Multnomah County, Oregon.

Included in the ACH Program's responsibilities is ensuring that residents are cared for in a homelike atmosphere that is safe and secure and to enforce the county administrative rules in order to protect the health, safety, and welfare of ACH residents.

ACH operators have the overall responsibility for the provision of residential care and must meet the standards outlined in the administrative rules. Some homes have a resident manager; this is a person approved by the ACH Program and employed by the home operator, who lives in the home, is responsible for daily operations of the home and care given to residents on a 24-hour basis, and must comply with the ACH Program rules. Many homes also have caregivers. A caregiver is any person employed by the operator to provide residential care and services to residents. For some homes, an operator and caregiver may be the same person, and some homes may support a relative as the resident in the care home setting.

Adult care homes, like other congregate care living facilities, are vulnerable to COVID-19 spread as many of the residents are older, and many have underlying health conditions, placing them at higher risk for severe consequences from COVID-19.

To help us gain an understanding of the ACH Program's processes in place to monitor ACHs during the pandemic, we interviewed ACH Program management and staff. We also reviewed supporting documentation of their monitoring efforts. We found that the program had pivoted quickly to remote working conditions for the ACH Program licensers and support staff. At the time of our audit, the ACH Program performed monitoring activities remotely through email, telephone, and video conferencing. However, to help ensure homes addressed health and safety concerns, the ACH Program still performed some in-person activities during this time. Overall, the ACH Program management and staff indicated they felt the shift to working remotely was done safely and in a way that supported them and the ACH residents.

Why We Conducted an Adult Care Home Survey

We conducted a survey of the ACHs to help substantiate the ACH Program's efforts and assess ACH compliance with federal, state, and local guidelines and recommendations related to the pandemic.

Our findings are intended to provide community members, county management, and the Board of County Commissioners with information to help understand efforts made to ensure vital services, such as adult care homes, can continue safely during the pandemic.

Results of the Adult Care Homes Survey

In September 2020, the Auditor's Office conducted a survey of all ACH operators, resident managers, and caregivers the ACH Program monitors and for which the ACH Program had a valid email address as of August 19, 2020. We collected responses for several weeks and ensured respondents' anonymity by not collecting identifying information.

Thank you participants

We asked respondents to identify their role with the ACH (operator, resident manager, and/or caregiver). The response rate was highest among operators (34%) and resident managers (32%), with caregivers providing a lower response rate (8%). A respondent could select more than one option since some persons may fill more than one role in a home.

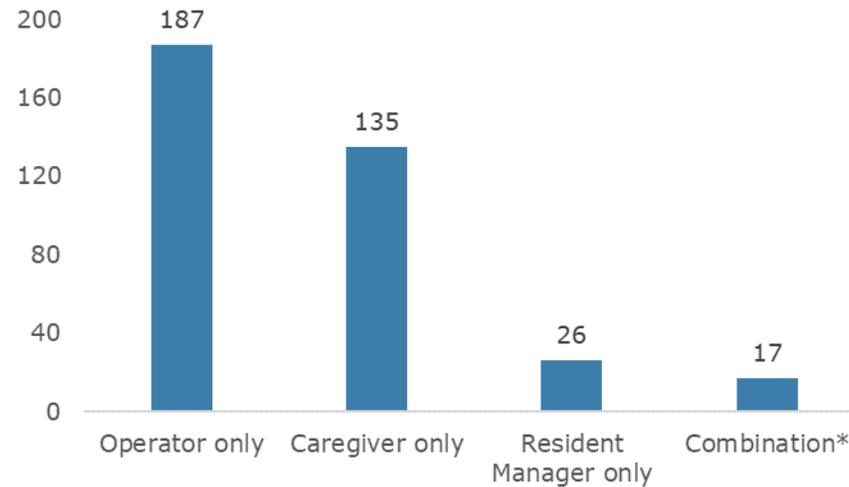
We analyzed results by provider type (e.g., caregiver only vs operator/resident manager/combination) and by number of residents in a home (e.g., one resident vs more than one resident) and found little to no significant variation in results, in most cases. Most results are presented based on all responses provided unless specifically identified. Please see the appendix for a copy of the survey.

We provided an opportunity for comments, which were wide-ranging

We ended the survey with an optional comment box for respondents to share any additional concerns or comments about their experience during the pandemic. About 20%, or 73 of the people who took the survey, chose to comment. We categorized each comment as positive, neutral, and/or negative. Overall, respondents who provided comments were more likely to leave neutral (38) or negative (30) comments than positive ones (5). Negative comments were a combination of specific issues and/or responding more generally to the pandemic situation itself.

We have incorporated some selected comments in the report to highlight findings and provide insights into respondents' perceptions. In some cases, comments helped explain why people answered the way they did. We edited responses for clarity and to remove identifying references.

Operators made up the majority of the 365 respondents to the survey

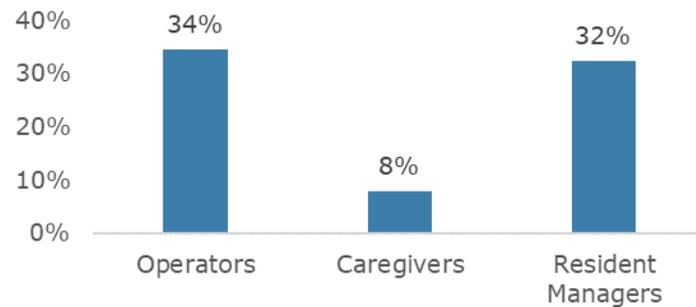


*Some persons are responsible for multiple roles within a home
Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Response rates were highest among operators

Of the 580 operators who received the survey, 200 (34%) provided responses. Of the 1,931 caregivers who received the survey, 151 (8%) provided responses. Of the 99 resident managers who received the survey, 32 (32%) provided responses. The difference in these numbers to those in the above graph relate to the 17 respondents who identified themselves in more than one role for the home.

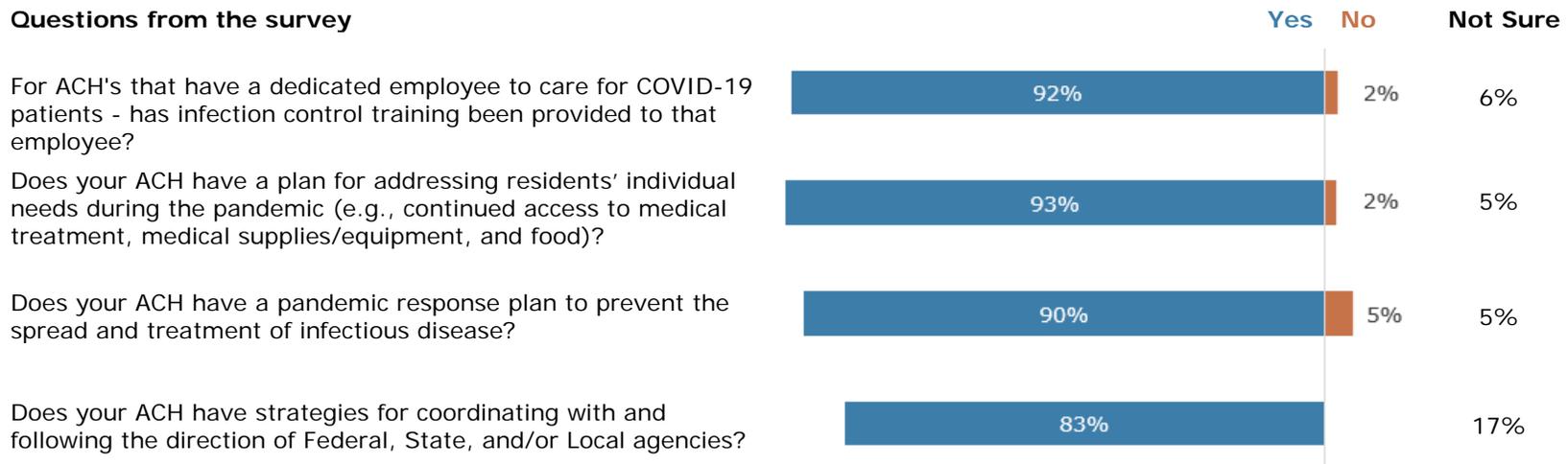
Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.



Adult care homes' preparedness at the time of taking the survey was generally strong.

According to survey results, adult care homes (ACHs) were generally well prepared and trained for addressing COVID-19.

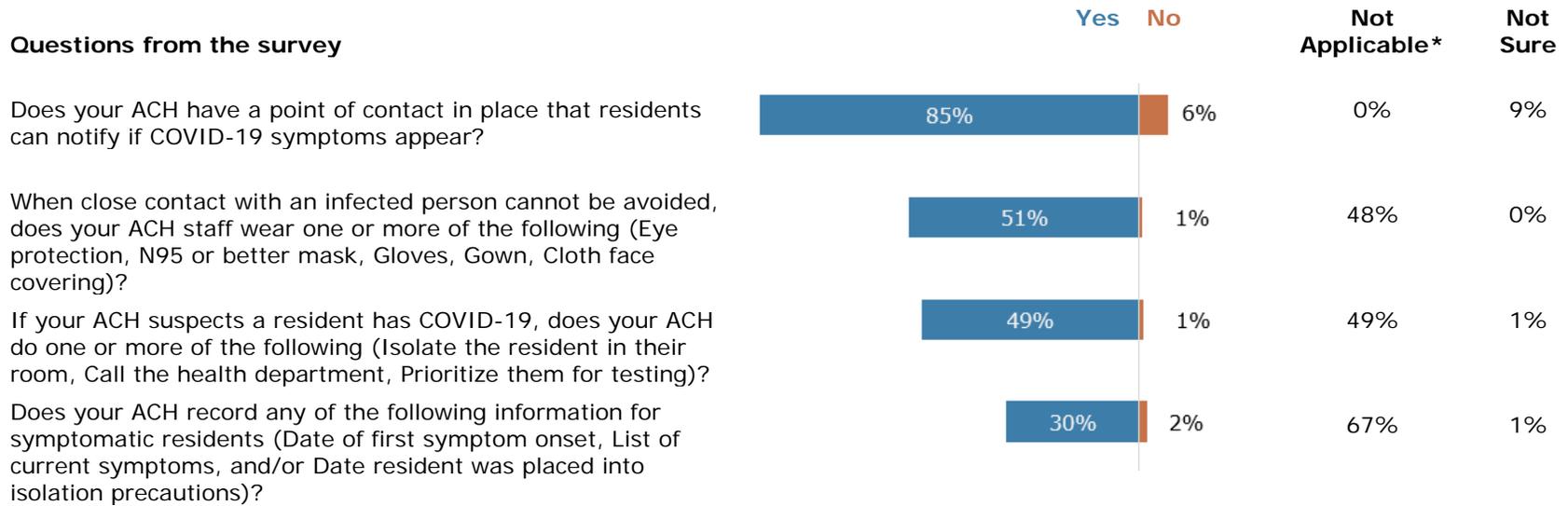
Questions from the survey



Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Exposure control – survey respondents indicated efforts by adult care homes at the time of taking the survey were generally in place.

For respondents that indicated exposure control efforts applied, they reported that the ACH was taking appropriate efforts to monitor, limit, and record information. *No* and *Not Sure* responses are minimal (0% to 2%) for questions related to exposure, with the exception of whether ACHs have a point of contact in place for residents to notify if COVID-19 symptoms appear.



*Not Applicable option: No residents have shown symptoms or have been suspected of having COVID-19
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

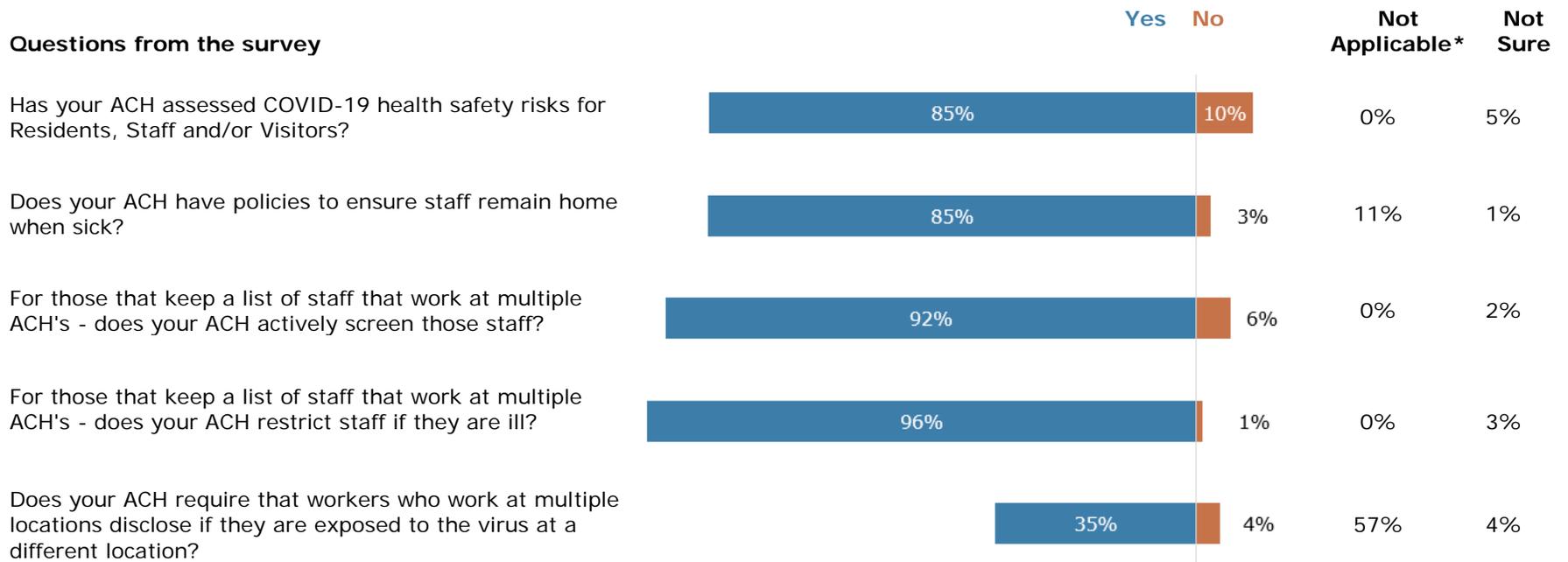
Results indicate some respondents do not have or are not sure if a point of contact is in place that residents can notify if COVID-19 symptoms appear.

Homes with multiple residents (e.g., 4 to 5) are considered to pose an increase in risk, as there may be more staff working in the home and visitors entering the home compared to homes with fewer residents.

- A majority (10 of 17) of those that indicated “no”, they did not have a point of contact in place, work with/for ACHs with 4 to 5 residents in the home.
- A majority (20 of 23) of those that indicated “not sure” also work with/for ACHs with 4 to 5 residents in the home.

Infection control – survey respondents indicated efforts by the adult care home at the time of taking the survey were generally in place.

Proper infection control can help prevent or stop the spread of infections, such as COVID-19, in congregate care settings. ACH personnel who live outside the home or work at multiple ACHs present a higher risk of spreading the infection from or to residents in an ACH.



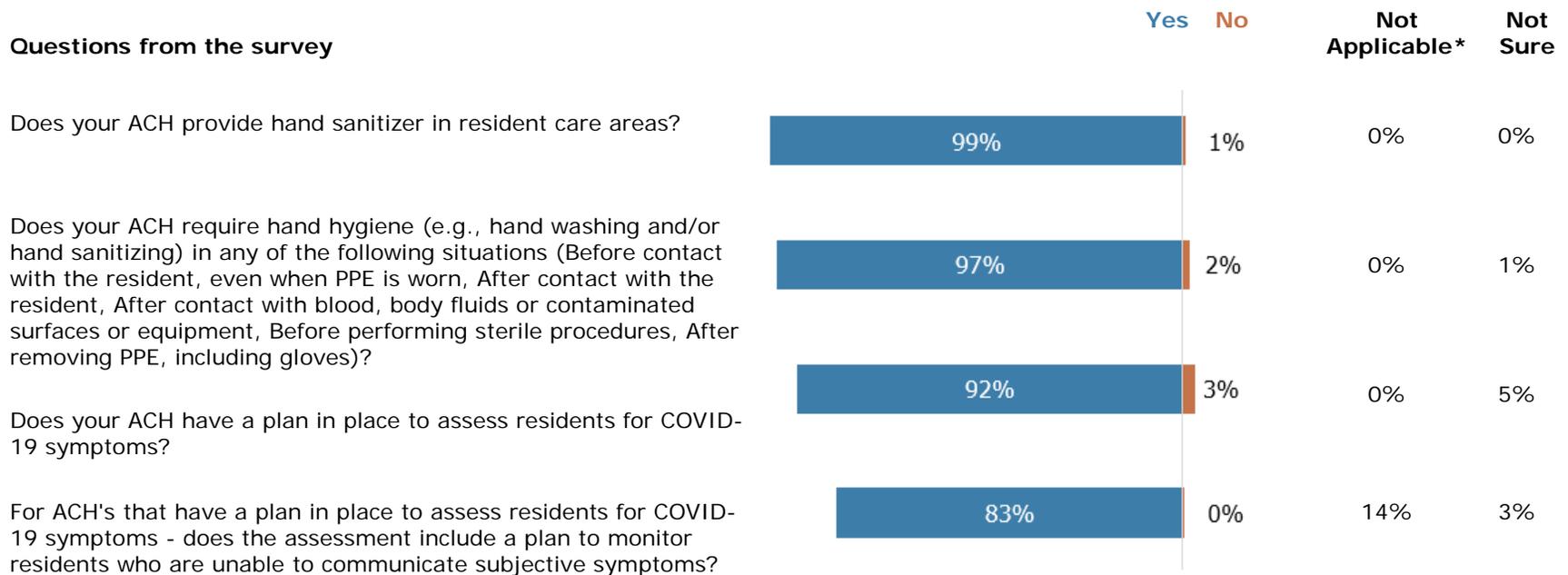
*Not Applicable option: No staff work at another location
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate some homes had not assessed the health safety risks for residents, staff or visitors.

- A majority (17 of 25) of those that indicated, “No assessments have been performed”, work with/for ACHs with 4 to 5 residents in the home.

Infection control – survey respondents indicated efforts for hygiene and assessing COVID-19 symptoms at the time of taking the survey were strong.

Proper infection control includes appropriate hygiene among personnel and residents to help prevent or stop the spread of infections. An ACH that provides and requires proper hygiene controls is better prepared to help address the risk of spreading an infection, such as COVID-19. Additionally, ACHs that assess residents for COVID-19 symptoms are likely to identify a need for increased measures sooner.

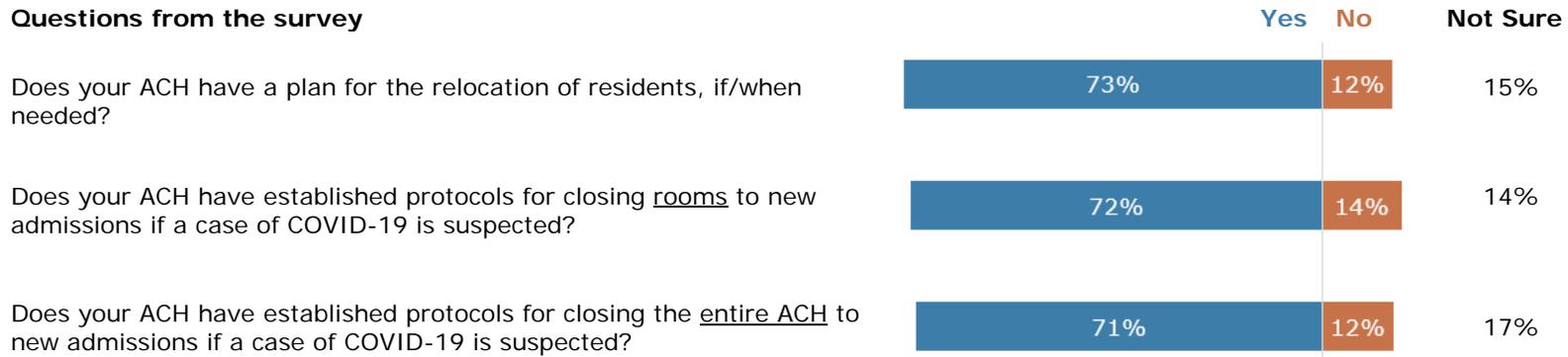


*Not applicable option was simply "N/A"
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Infection control – survey respondents indicated efforts for new admissions to homes with more than one resident at the time of taking the survey could be improved.

Proper infection prevention and control readiness can help with preparations to care for residents with COVID-19. For the next set of questions we are presenting the responses from respondents that work with/for homes with more than one resident. If a home has only one resident, the assumption has been made that the home has been licensed specifically for that resident and that these questions would not apply.

Questions from the survey



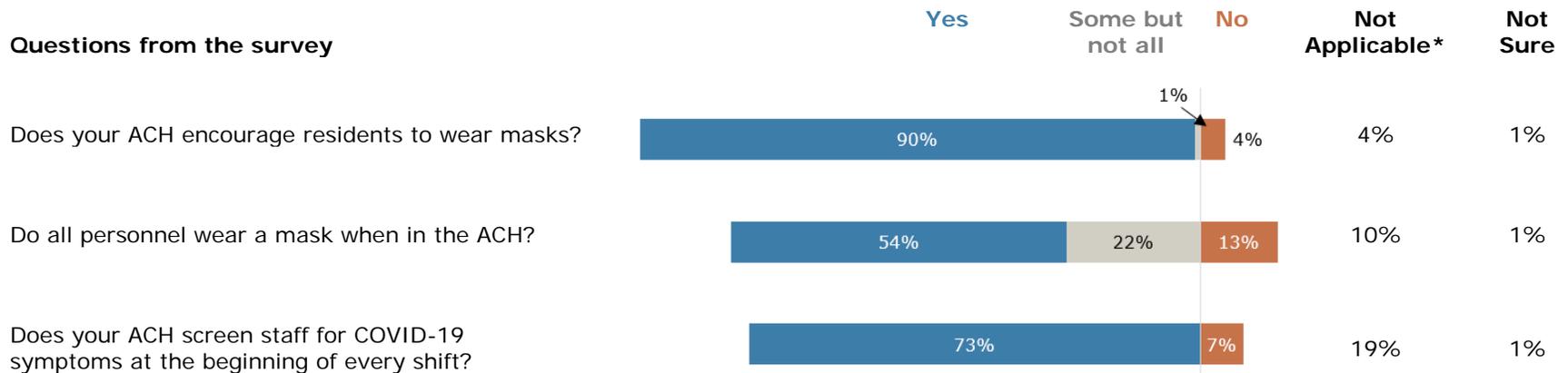
Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Some ACH's appeared to lack awareness of efforts needed to limit new admissions to homes with suspected cases of COVID-19.

Based on the responses received, it appears some ACHs may not be aware of the need to limit new admissions to the home if there is a suspected case of COVID-19 in the home. There is an opportunity for increased information sharing to the ACH's. The ACH Program should provide reminders to all operators for the need to close a home to new admissions if a case of COVID-19 is suspected and to have plans in place in the event a relocation is needed.

Source control – survey respondents indicated protocols during the month prior to the survey were generally good.

Proper source controls can help prevent the spread of COVID-19. Source control is a strategy used to help reduce disease transmission through respiratory secretion (e.g., coughing or sneezing). N95 respirators and surgical masks are examples of products used as a strategy to limit exposure. Cloth facemasks may be used in epidemic situations, such as COVID-19, when there are shortages of surgical masks.



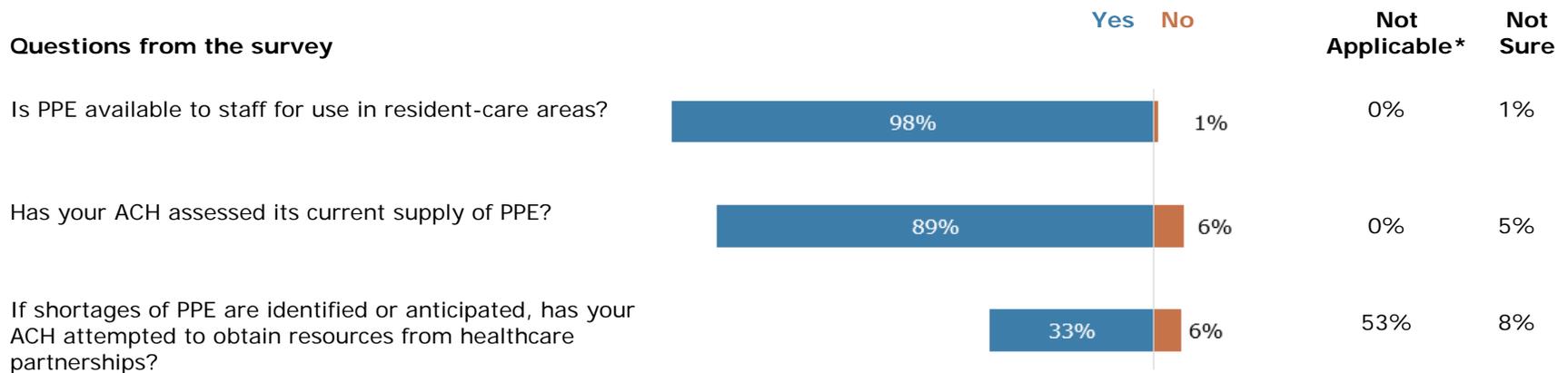
*Not applicable option was simply "N/A"
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results may reflect live-in caregiver situations.

The Oregon Health Authority (OHA) notes that evidence has shown that wearing a mask can help protect from spreading and catching COVID-19. Based on the Governor's statewide requirement, all caregivers are to wear masks while providing care. However, the order does not require live-in caregivers to wear a mask while providing care. All caregivers who live outside the ACH are mandated to wear masks or face coverings while working with residents. Some exceptions can be granted if the ACH caregiver has a documented medical need that prevents them from wearing a mask or if a caregiver wearing a mask triggers a resident's anxiety causing them to engage in stressor behaviors.

Personal Protective Equipment (PPE) Inventory – survey respondents indicated PPE in the adult care home during the month prior to the survey were generally good.

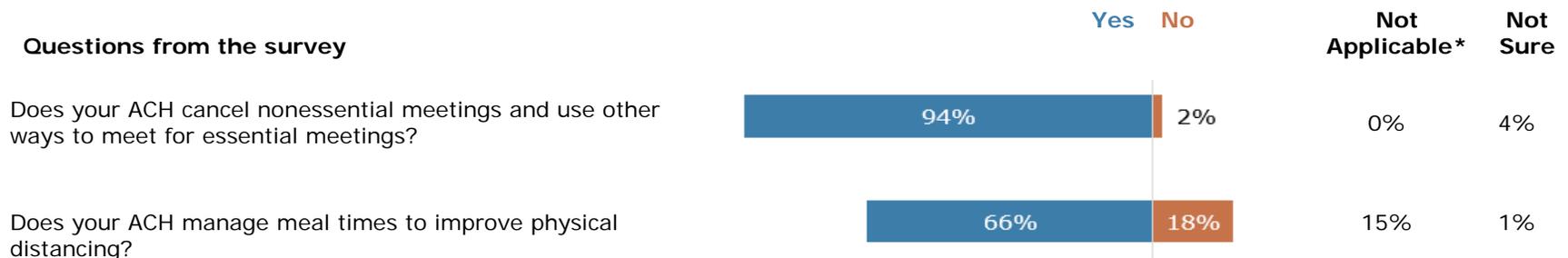
Personal Protective Equipment (PPE) options described in the survey, included facemasks, eye protection, gloves, gown, and/or N-95 mask or better.



*Not Applicable option: Have not experienced a shortage in the past month
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Physical Distancing – survey respondents indicated protocols during the three months prior to the survey were generally good.

To help prevent the spread of COVID-19, ACHs should encourage physical distancing. For those that responded to our survey, the majority of ACHs appears to have made modifications to nonessential meetings by canceling such meetings and/or using other ways to meet for essential meetings. The Centers for Disease Control and Prevention (CDC) recommends delivering meals to rooms instead of communal dining, staggering meal times, or do a grab-and-go dining.



*Not applicable option was simply "N/A"
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate that some ACHs are not managing meal times as a way to improve physical distancing.

- A majority (33 of 42) of those that indicated "no" – their ACH does not manage meal times to improve physical distancing – work with/for ACHs with 4 to 5 residents in the home.
- Homes may have live-in personnel and not allow visitors, thereby limiting the homes' overall exposure.
- Respondents expressed concerns for resident's wellbeing due to isolation from visitors and outings. Additional limitations within the home may be viewed as more harm than good.

Selected comments

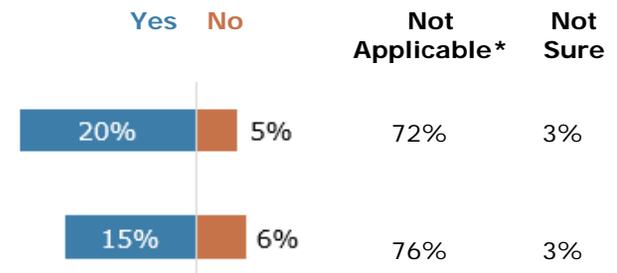
- *Concerns for my resident's wellbeing due to lack of social and family visits and outings*
- *I have had residents who are depressed, behaviors, and sad on a daily basis. Residents who started antidepressant pills who have never had mental health issues. Never have I seen such mental effects like this has caused.*

Reporting – survey respondents indicated protocols during the three months prior to the survey were generally good but areas of concern exist.

To help prevent the spread of COVID-19, state and local authorities require providers to report to the ACH Program anytime a resident, staff, or household member has shown any symptoms, or is pending test results or has a positive test result. Positive test results must also be reported to the Multnomah County Health Department.

Questions from the survey

Does your ACH report to the ACHP any time a resident, staff, or household member has shown any symptoms, or is pending test results or has a positive test result?



Does your ACH report positive test results to Multnomah County Health Department?

*Not applicable option: No symptoms, pending test results or positive test results have occurred
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate some homes are not reporting symptoms or positive test results.

- Any homes not properly reporting are of concern. Homes with more than one resident present additional risk as an infected resident could spread to other vulnerable residents.
- All of those that indicated “no” work with/for ACHs with more than 1 resident in the home.

There is an opportunity for increased information sharing to ACHs.

Based on the responses received, it appeared some ACHs may not be properly reporting COVID-19 symptoms and test results to the ACH Program. The County’s ACH Program should provide a reminder to all operators and caregivers of the requirement for reporting such information, who they are to report to, and how and when to report such information.

Training and education – survey respondents indicated efforts at the time of taking the survey were generally strong.

Training of healthcare professionals and others who may come into contact with residents is essential to help prevent and control the spread of the COVID-19 virus, mitigate exposure, and inform what steps are to be taken in various situations.

Questions from the survey

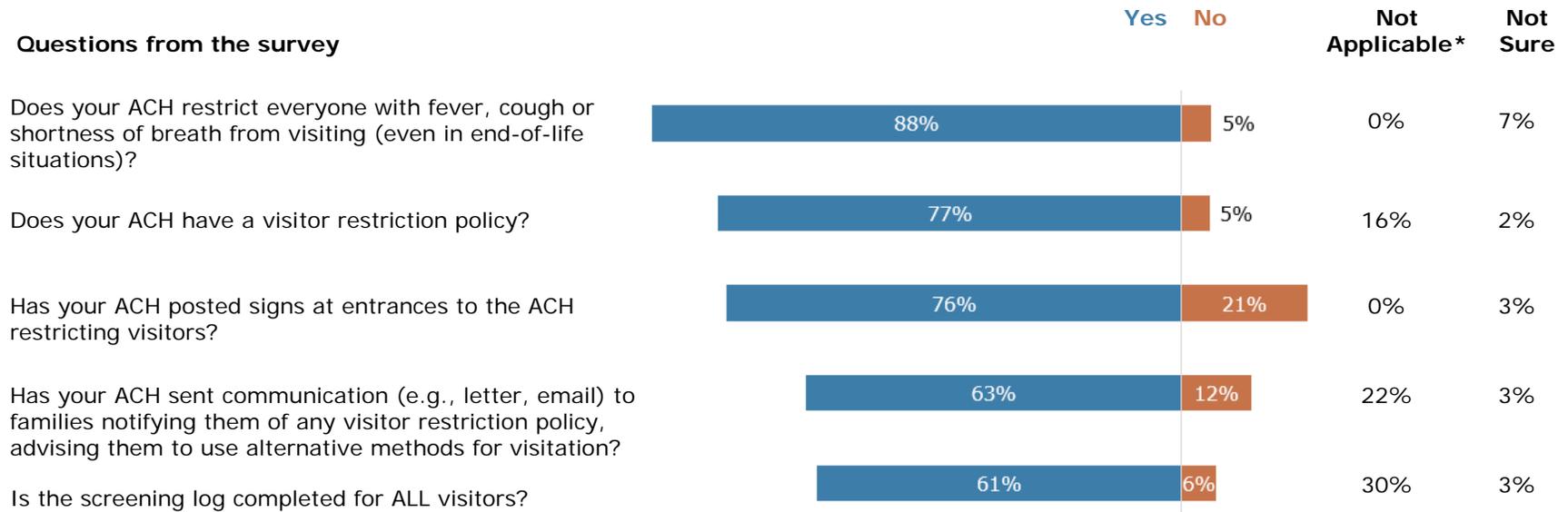


*Options available for the respondent to select from included (one or more options could be selected): COVID-19 symptoms and modes of transmission, Hand hygiene during interactions with residents and their environment, Selection of appropriate PPE, How to put on and take off (don and doff) PPE, Cleaning and disinfecting environmental surfaces, Cleaning and disinfecting resident care equipment.

Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Visitors – survey respondents indicated policies at the time of taking the survey were generally good but areas for improvement exist.

Proper visitor policies help ensure visitors remain well informed of any restrictions on the ACH.



*Not applicable option: There are no visitors or the ACH has had no visitors
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate some homes are not posting signs at entrances to notify of restrictions.

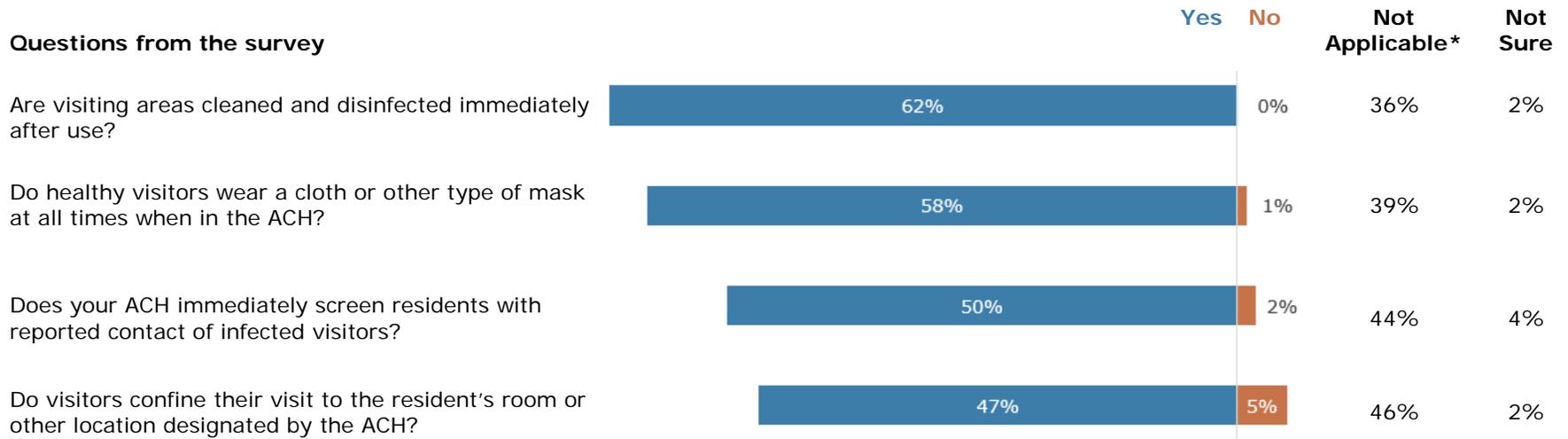
The CDC and the Oregon Health Authority recommend that a facility post a sign at the entrance to the facility advising that unauthorized visitors may not enter the facility.

Homes with multiple residents are considered to pose an increase in risk, as there may be more staff working in the home and visitors entering the home compared to homes with a single resident.

- A majority (36 of 47) of those that indicated “no” – their ACH has not posted signs – work with/for ACH’s with more than one resident in the home.

Visitors – survey respondents indicated protocols at the time of taking the survey were generally good.

Proper visitor protocols can help prevent the exposure and spread of COVID-19.

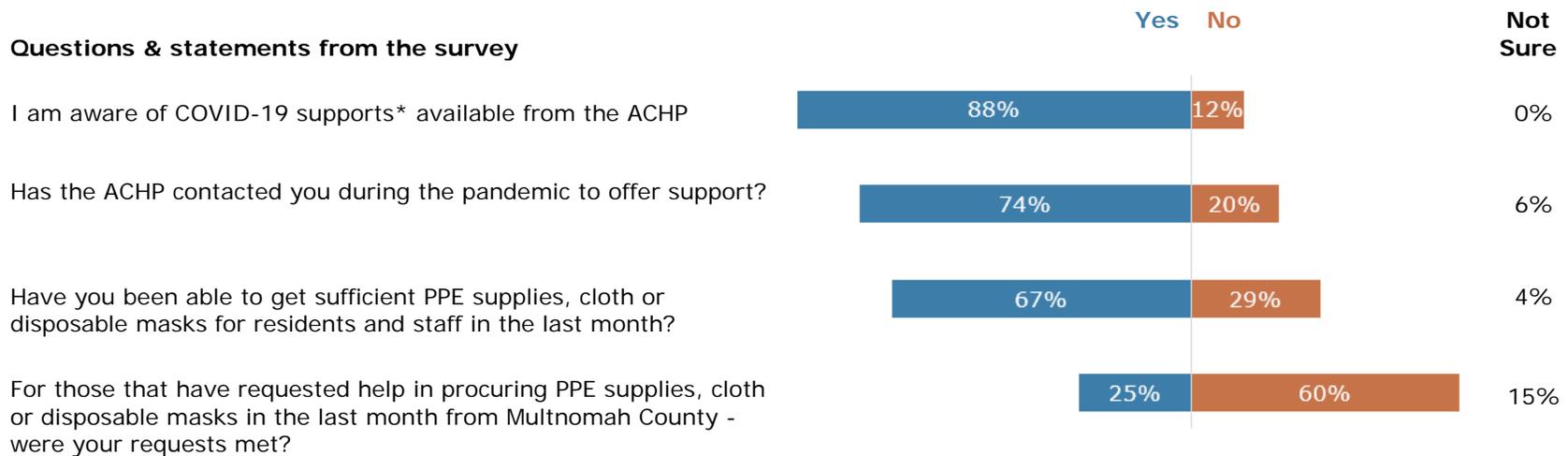


*Not applicable option: There are no visitors or the ACH has had no visitors

Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

County ACH Program support for operators and resident managers could be improved.

Part of the survey focused on the County's ACH Program support to operators and resident managers and if those surveyed felt, they were receiving adequate support from the ACH Program.



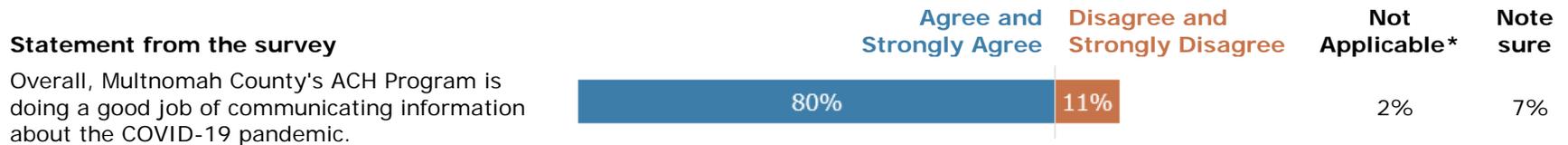
*ACH Program website, ACH Program online resources, PPE, group webinars
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Opportunity for increased support by the ACH Program to operators and resident managers.

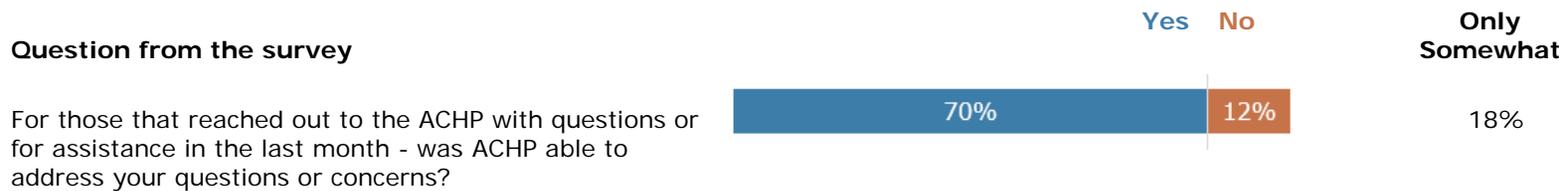
Multnomah County and specifically the ACH Program provides information on their websites about COVID-19 and various links to resources including how to obtain masks. However, the ACH Program should review their outreach and communication processes to ensure all operators and resident managers are receiving adequate information.

ACHs are generally satisfied with the ACH Program but areas for improvement exist.

Part of the survey focused on satisfaction with the ACH Program and the communication and support to operators, resident managers, and caregivers.



*Not applicable option was simply "N/A"
 Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.



Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.



Source: Multnomah County Auditor's Adult Care Home Survey issued 2020.

Results indicate some respondents feel the ACH Program communication could be clearer.

The County's ACH Program had to pivot quickly to a telework environment. This had a direct impact on how ACH Program licensors interacted with ACH personnel. The results above provide a generally positive response about the ACH Program. However, opportunity for improvement exists.

Selected comments

Seven of the thirty negative open-ended comments were directly related to the ACH Program. Below are a few of those comments:

- *Multnomah County ACHP's response and support were minimal, delayed, incomplete and confusing. Our main support was federal/state/CDC sites. Changing the "assigned" licenser to the "licensor of the day" created confusion, broke an established relationship with the county in the middle of these difficult times.*
- *Multnomah County has been very difficult to communicate with and delay in answering questions or even providing support for us (operators and caregivers) who are on the front lines.*
- *We were not contacted about renewal status and evacuation plans, haven't been contacted at all except about having any openings for new residents.*
- *The ACHP does not seem to be able to coordinate any proper communications with the ACH.*

As a reminder (see chart above), 80% of respondents indicated they agreed or strongly agreed with the statement that the ACH Program is doing a good job of communicating information about the COVID-19 pandemic. We have included the above comments to share with the ACH Program where improvements can be made and provide an opportunity to address them.

Recommendations for the ACH Program

Based on those who responded to our survey, adult care homes reported taking steps to reduce the risk of COVID in line with guidance. In addition, the ACH Program pivoted quickly to a remote setting during the pandemic to support the ACHs. While we noted these efforts, we also noted an opportunity for the ACH Program to increase their communications with ACHs to help ensure compliance with federal, state, and local requirements to support the health and safety of vulnerable residents in the ACH as well as staff working in the homes.

Therefore, we recommend the ACH Program perform a review of all recent communication with each ACH and ensure that each ACH has received sufficient information and is aware of requirements and guidelines pertaining to the pandemic. A particular focus is needed in the areas of exposure, infection control, physical distancing, and reporting. A review should be performed as soon as possible and no later than 30 days from issuance of this report. If contact is needed, the contact should be made within at least 90 days from the issuance of this report.

County Organization-Level Support

Guidance to departments and employees: Guidance is thorough; employees report implementation gaps

Guidance

Why did we look at centralized guidance? Why is it important?

Centralized guidance is guidance and policies from central county leadership to departments and employees. The existence of guidance alone is not enough to ensure a safe workplace, but is a necessary first step.

The county provides critical services to the community and has over 5,000 employees. Many services cannot be done remotely. It is important that the county operate safely to protect the people it serves, its workforce, and the public, as well as ensure that critical services can continue uninterrupted.

What guidance is the county providing to departments and employees about operating safely during the pandemic?

Central Human Resources put together centralized guidance for county operations during the pandemic. The guidance is published on the county's intranet. It is available to all employees.

Policies and guidance have changed over time. Guidance continues to change. At the time of our audit, the guidance covered topics including: masks/face coverings, health screenings, cleaning and disinfecting, strategies to reduce employees on site, and physical distancing in shared/public spaces.

Examples of guidance and policies:



Onsite and field staff are required to wear masks or face coverings, except in private individual workspaces.



Many staff are required to confirm they are symptom free before work, through temperature checks or written or verbal statements.



Workstations should be spread out and access to shared spaces should be reduced.

Management established most guidance quickly. Additional guidance was added over time. For example, guidance with minimum standards for making workspaces safe was added in August 2020.

Public Health also publishes guidance for the community on the county's public-facing website. Some of this guidance applies to contracted service providers, like nonprofit homeless shelter providers.

What centralized guidance is the county providing to employees about sick leave and other supports?

Information about sick leave and supports is available on the county's intranet.

Changes that the county made to sick leave policy in response to COVID-19 include:

- Allowing employees to borrow from future leave
- Up to 80 hours of additional paid leave for COVID-19 related reasons, in accordance with new laws
- Expanding the catastrophic leave program, which allows employees to donate leave time to other employees facing catastrophes
- Allowing employees to telework when they have a dependent at home

The county also shared information about the employee assistance program (EAP) and wellness support in emails to employees and on the intranet.

How does county guidance compare with CDC, state, and other guidance?

We compared the county's guidance and policies to guidance from the Centers for Disease Control and Prevention (CDC), State of Oregon Health Authority, Oregon Occupational Safety and Health (OSHA), and Johns Hopkins University.

Overall, the county's guidance was thorough and was in alignment on nearly all of the recommended topics from these sources.

At the time of our audit, four areas of the county guidance did not align with national and state guidance. However, the county is working on most of these in response to new OSHA requirements. These areas are:

1. Risk Assessment and Planning: At the time of our audit, the county had not yet conducted a formal risk assessment or hazard assessment. This kind of assessment could provide a framework for decision-making. The CDC and Johns Hopkins recommend conducting a risk assessment. In November 2020, OSHA released new requirements for

risk assessments and the county has started that process. OSHA also requires an infection control plan. A workplace specific plan is also a CDC recommendation.

2. **Input and Feedback:** While county leadership has done a lot to solicit employee input, more could be done. The CDC recommends designating a COVID coordinator and sharing that information with employees as a point of contact. County leadership has designated a social distancing officer, but has not shared their information as a point of contact to all employees. Additionally, Johns Hopkins recommends a centralized place for employees to provide anonymous feedback, which the county has not offered.
3. **Exposure Plan:** The county is revising protocols on what to do when an onsite employee tests positive for COVID-19. Previous guidance for managers on this topic primarily involved notifying HR and holding a management meeting to discuss the situation. It left notification of close contacts to the public health contact tracing process. The guidance was not on the intranet at the time of our audit. However, the county is currently revising the protocols for potential exposures due to new OSHA requirements. The new protocols will include a process for notifying employees of a potential exposure.
4. **Training and Information:** The county has provided a lot of information on new policies and about COVID-19. In December 2020, the county also released required training on these topics. Information and training was another new OSHA requirement.

In fall 2020, we sent a survey to all county employees to provide them with an opportunity to communicate their experiences during the pandemic. Employees reported concerns in our survey related to the potential of workplace exposure. Some employees expressed concerns about not knowing what would happen if someone at their workplace tested positive. Employees were both concerned about a lack of a plan and wanted information for their own health.

Guidance in Practice

What controls does the county have in place to ensure departments are following guidance?

County leadership works with departments on approving changes in operations and providing advice.

Over the summer, the county went through a process for departments to present service plans to central leadership. The plans described changes to increase any in-person services, or keep

services remote. The Chair made final decisions about the plans, in consultation with other county leaders and experts. As new situations arise, that process can be repeated, as needed.

The Chief Operating Officer and Chief Human Resources Officer reported that they meet regularly with department heads to discuss safety steps. They also rely on traditional complaint methods to detect problems, such as OSHA complaints, HR complaints, and union grievances. County policies on COVID-19 safety measures are like any other county policy and can result in discipline. Staff with expertise, like staff from Facilities, consider themselves as consultants, and do not oversee implementation.

Are departments following guidance?

According to our survey of employees, departments could improve their implementation and enforcement of guidance, as described below.

Masks and face coverings

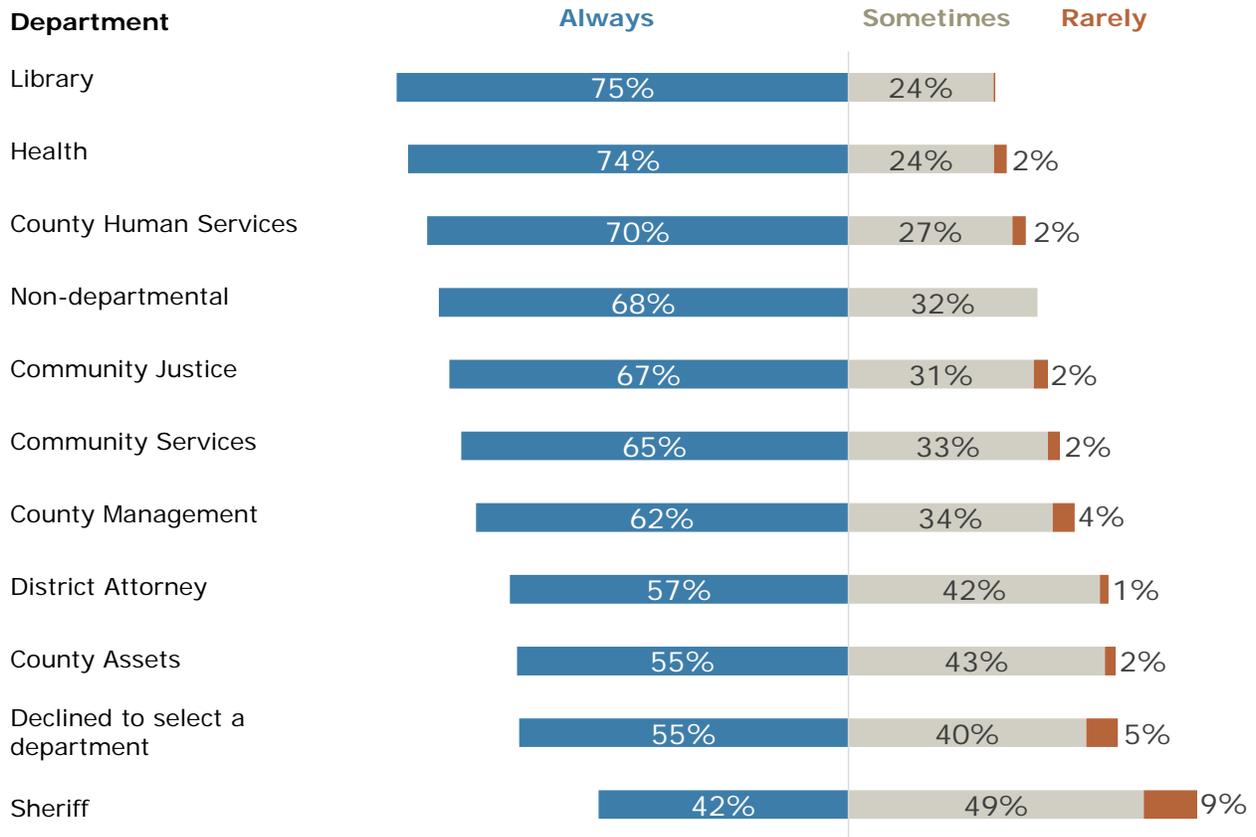
The survey showed generally good compliance with the masks and face coverings policy but there is room for improvement.

When asked if county employees wore face coverings, most respondents said county employees wore face coverings always (64%) or sometimes (33%).

The question, "In my experience, county employees wear masks or face coverings when working with the public or within 6 feet of others," matched county policy at the time of the survey. All county employees should always wear masks under those circumstances.

Employees in the Sheriff's Office and those who declined to provide the department they worked for had the least positive responses. Library and Health Department employees had the most positive responses.

Survey question: In my experience, county employees wear masks or face coverings when working with the public or within 6 feet of others.

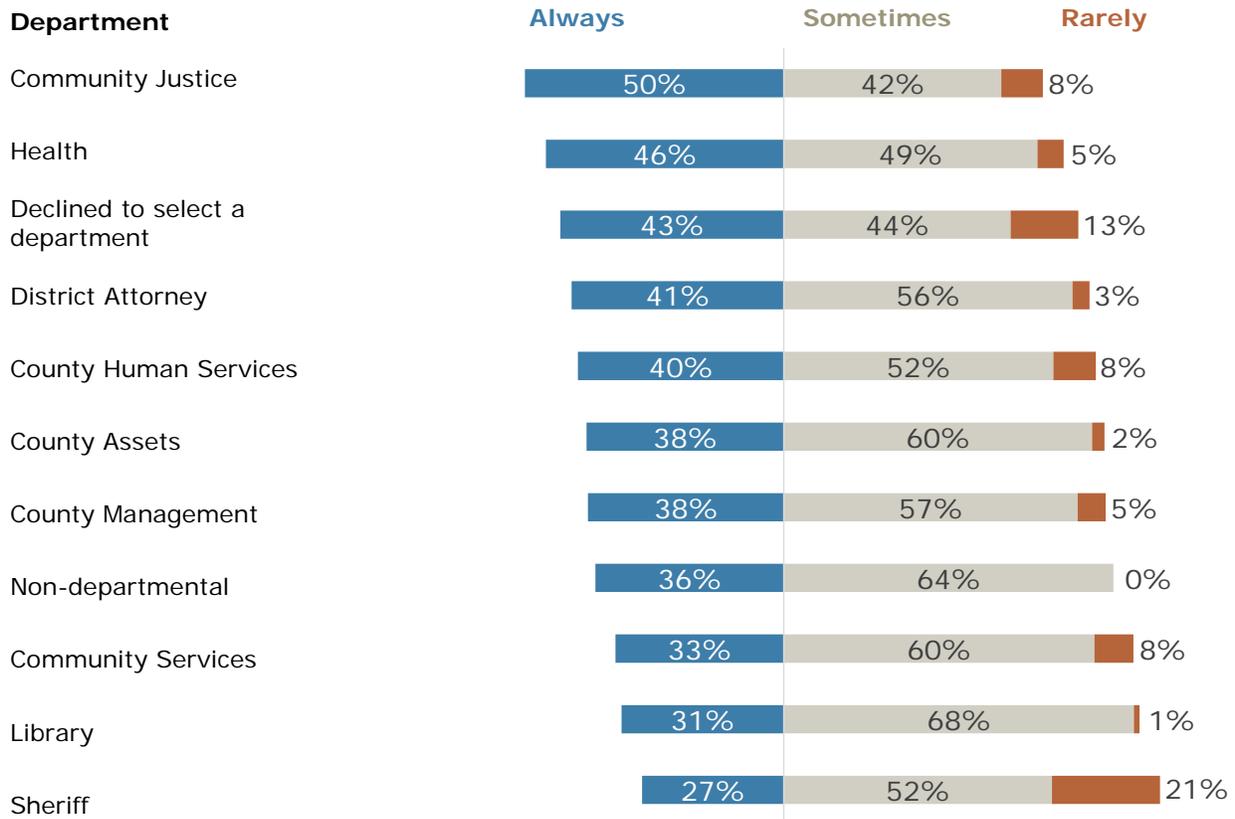


Source: Multnomah County Auditor's county employee survey issued 2020. Note: Respondents who answered N/A are not depicted in the graph. 2,094 respondents answered the question; 86 of those respondents answered N/A.

Respondents reported that the public wore face coverings less frequently than staff, with 38% saying that service users and community members always wear face coverings and 54% saying they sometimes wear face coverings when in county facilities or interacting with county employees. Again, answers varied by department.

We worded the question to match general county policy but it does not apply precisely in all settings. For example, once adults in custody have completed a quarantine period, they are not required to wear masks in their housing unit.

Survey question: In my experience, service users (e.g. clients, patients, people in custody) and community members wear masks or face coverings when in county facilities or when interacting with county employees.



Source: Multnomah County Auditor's county employee survey issued 2020. Respondents who answered N/A are not depicted in the graph. 2,085 respondents answered the question; 390 of those respondents answered N/A.

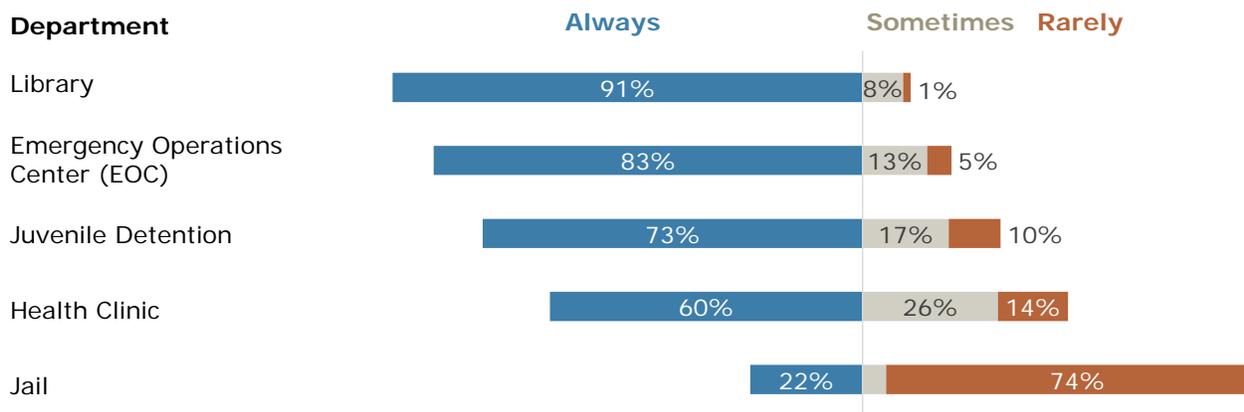
In another question, most respondents agreed or strongly agreed that management enforces the face covering policy (84%). The lowest levels of agreement were from respondents who declined to answer what department they worked for, those from the Sheriff's Office, and those from the Department of Community Services. The Department of Community Services includes Transportation, Animal Services, and Elections.

Health screenings

County policy requires symptoms checks before starting shifts in several workplace settings. At the time of the employee survey, employees at health care settings were supposed to have temperature checks prior to starting a shift. Employees at Libraries, the Emergency Operations Center, and Corrections Health were to state in writing that they do not have COVID-19 symptoms at the beginning of each shift. Employees in jails, juvenile detention settings, and homeless shelters were to verbally tell their managers that they are symptom free.

According to the employee survey, the county policy on health screenings appears to be unevenly implemented. Among those who responded to the survey, health screenings appear rare at the jail and less consistent at health clinics and juvenile detention settings. People from different departments can work in the same work setting. For instance, most of the people who work at the jail who said they always do a health screening are Corrections Health employees from the Health Department.

Survey question: My work unit requires that I confirm that I am symptom free before starting my work shift.



Source: Multnomah County Auditor's county employee survey issued 2020. Note: Respondents who answered N/A are not depicted in the graph and only those who reported working at one of these five work settings are included. 917 respondents from these settings answered this question; 43 of those respondents answered N/A.

Reducing the number of people onsite

Some county operations have to be done in person, like work in law enforcement, bridge operations, jails, homeless shelters, and the animal shelter. Many other county operations switched to remote services in March.

The Chair's directive since March has been that anyone who is not essential should telework. Eighty percent of respondents agreed or strongly agreed with the statement, "My work unit has reduced the number of people onsite at the same time. For example, through adjusted schedules or increased teleworking." Some departments have worked with the Chair's Office to expand in-person services.

While departments have reduced how many employees are in county buildings, it appears that a large portion of county staff still go to physical worksites, at least occasionally. Nearly half of survey respondents answered workplace questions to reflect that they had both teleworked and worked onsite/in the field in the month before the survey. This includes respondents who primarily telework, but went in for a minimal amount of time. The District Attorney's Office

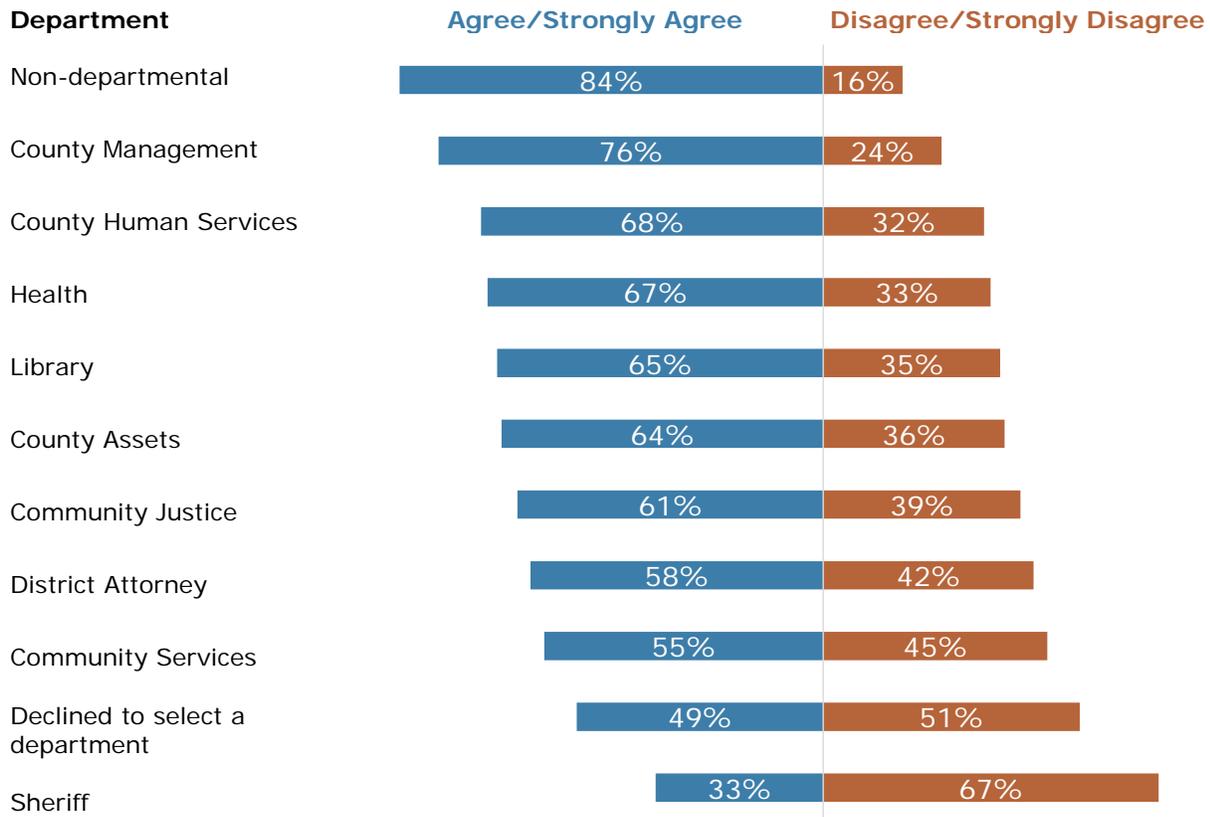
stands out with three quarters of respondents splitting their time between working onsite and remotely.

In open-ended comments, some respondents said they could not do all of their work remotely. Even though many files have moved to electronic formats, a reliance on paper in some departments is bringing people into the office. Some respondents talked about going into the office for things like printing, checking mail, getting signatures, or accessing hard copy files. For example, one respondent wrote, "Some hard copies of documents need to be maintained on file. So coming to work is necessary to complete this task...." Another wrote, "I go into our office once per month to print everything out and file." Others respondents expressed that it felt unfair that they had to come in to work while others worked at home.

Do employees feel safe?

Overall, 40% of survey respondents who work onsite, at least sometimes, are not confident that the measures in place are sufficient to prevent a workplace outbreak. Again, responses varied by department. Non-departmental respondents, which include employees in the Board of County Commissioners' offices, Emergency Management, and the Joint Office of Homeless Services, were most optimistic. Respondents from the Sheriff's Office were least optimistic.

Survey question: I am confident that the measures in place in my work environment are enough to prevent a workplace outbreak.



Source: Multnomah County Auditor's county employee survey issued 2020. Note: Respondents who answered N/A are not depicted in the graph. 2,019 respondents answered the question; 118 of those respondents answered N/A.

Many employees also expressed concern about workplace safety in open-ended questions. For example, when asked what has been the most challenging part of working during the pandemic, respondents said things like:

- “I worry all the time about getting sick and taking the virus home.”
- “[It is challenging] knowing that some colleagues do not follow recommended or required guidelines.”
- “[It is challenging] trying to stay safe and socially distance in a space which does not allow for social distancing.”
- “I don't feel like our office is taking enough social distancing steps.”

Employees also expressed concerns about safety not directly related to COVID-19 in the work environment. Employees were concerned about safety related to protests and the downtown

environment. Some respondents also reported concerns about taking public transit to work during the pandemic and having to work when there was hazardous air quality.

According to reports from the State of Oregon, during the time of our audit, the county had one workplace outbreak involving five or more people, which is the state's threshold for reporting workplace outbreaks. The county also temporarily closed a small youth shelter in the Donald E. Long Detention Facility when multiple provider staff tested positive for COVID-19. We have since learned about additional workplace outbreaks at the county.

Recommendations

- As soon as possible, the OR OSHA COVID-19 temporary rule implementation committee should complete all new OSHA requirements:
 - Risk assessment, infection control plan, protocols for potential exposure, and employee training.
 - Note: management reports that substantial work toward this recommendation has been completed. This work occurred between the time the report was written and when it was issued. We acknowledge that work has been done, but we did not audit that work. We are leaving the recommendation in the report, so we can follow up on the recommendation thoroughly.
- By March 2021, Central Human Resources should develop a method for employees to provide COVID-19 related feedback anonymously.
- By March 2021, the Chair or her designee should provide employees with a point of contact for COVID-19 safety coordination.
- Based on responses to our office's employee survey, it appears that applying policies is an ongoing challenge. Upon issuance of the report and periodically thereafter, the Chair or her designee should reiterate to managers and employees her expectations that safety policies and recommendations are followed, including the requirement that employees telework as much as possible.

Changes to county buildings: Physical changes are ongoing; attention and care are needed to ensure cleaning and disinfecting, and supply availability

One of our audit goals was to determine what the county has done to ensure the continuity of vital services without unnecessarily increasing health risks, due to possible COVID-19 transmission. To help meet this goal, we audited how the county ensured the safety of employees and clients at county buildings. The Facilities and Property Management (FPM) Division of the Department of County Assets has the primary role in managing county facilities. FPM management generally works on behalf of county departments when it comes to implementing physical changes to workspace configurations.

As we spoke with FPM management on this audit, we learned that they generally see themselves as consultants, working to implement requested workspace configurations on behalf of county departments, and often working closely with the county's social distancing officer in Risk Management to understand the proper implementations.

FPM's roles include maintaining the heating, ventilating, and air conditioning (HVAC) and plumbing systems in county buildings. The maintenance of these systems is particularly important during the pandemic, as maintenance and modifications help prevent the transmission of COVID-19 and other pathogens. FPM also makes building configuration changes, which allow for appropriate physical distancing. These roles are critical now, and will remain so throughout the pandemic.

Did the county identify where and how workers might be exposed to COVID-19 at work? Is there a written document?

After the pandemic began, the Centers for Disease Control and Prevention (CDC) issued guidance to businesses and employers about how to respond to the pandemic from a health and safety perspective. This guidance included strategies and recommendations to help employers provide a safe environment for employees and clients.

One of the principal pieces of planning recommended in the CDC guidance is to identify where and how workers might be exposed to COVID-19 at work. This identification is aimed at preventing and reducing transmission of COVID-19 among employees. The guidance recommends to "[c]onduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls or PPE are needed for specific job duties." It is important to note that such a hazard risk assessment for COVID-19 would take into consideration the likelihood and magnitude of virus spread for specific job duties in a location or building.

Based on our interviews with county leadership and management in the Department of County Assets, the county did not conduct a formal hazard assessment. A formal hazard risk assessment would identify the types of controls or personal protective equipment (PPE) necessary for each job type, and would be specific with regard to county locations. Management did, through its own process, address some of the identified needs that would be identified in a hazard risk assessment. County leadership worked with departments to ascertain the viability of in-person work, taking into consideration safety risks. And over time, the county has made changes to work environments and required masks to protect employees.

In early November 2020, Oregon Occupational Safety and Health (OSHA) adopted Oregon Administrative Order 3-2020, which takes effect on November 16, 2020, and requires that employers conduct a COVID-19 exposure risk assessment.

During the time of our audit, did the county follow CDC/OSHA guidance for inspecting/modifying heating, ventilation, and air conditioning (HVAC) systems?

The CDC's guidance points to the need to modify ventilation systems in buildings to help clean indoor air as much as possible, which is believed to help prevent the transmission of COVID-19. The CDC's guidance, as well as other studies, have indicated that three of the primary modifications building managers can make are to increase filtration, increase ventilation rates, and to increase ventilation and circulation from outside air.

However, for many county buildings, higher filtration cannot be accomplished with the higher ventilation rate. The finer filters do not allow air to flow through as easily, cutting down the ventilation rate.

In March, FPM worked with the Health Department and determined the best solution was to increase outdoor air intake, while largely leaving filtration and ventilation rates as is. This was generally effective during the summer when buildings could be maintained relatively comfortably, while bringing in more outside air.

When there is poor air quality, it is difficult to safely bring in outside air. During the summer, our area experienced significantly poor air quality as a result of fires around the state. And in certain locations, air quality was affected by other factors. Law enforcement's use of tear gas during the downtown protests necessitated closing dampers at the Multnomah County Detention Center, which is where Multnomah County's booking and maximum security jail are located. When law enforcement started to use tear gas near the Multnomah County Detention Center, the Multnomah County Sheriff's Office (MCSO) had to call a technician to close the dampers. Because this needed to be done manually and it was often during the middle of the

night, the dampers could not be closed quickly. Eventually, FPM technicians working on behalf of MCSO programmed the dampers to close at night as a preventative measure.

As the temperature cools in fall or winter weather, again the dampers need to be closed, but for a different reason: many county HVAC systems cannot efficiently warm outside air.

When there is poor air quality, or the outside air is too cold, it is difficult to safely or efficiently bring in outside air. Such situations necessitate relying on the filtration of indoor air to reduce the risk of COVID-19 transmission. A higher level of filtration reduces airflow, and requires more frequent changing of filters, which are drawbacks. But some county buildings can achieve higher filtration, and FPM is beginning the process of upgrading filters in some buildings.

In November, FPM received approval to use some CARES Act funding to install higher level, MERV-13 filters in 13 buildings and air scrubbers in up to 25 county buildings. This will improve indoor air quality during times (like winter, and during periods of poor air quality) when it is inefficient or unsafe to bring in more outside air.

In our discussions with FPM management, we learned that the volume of work that needed to be completed was straining capacity for trades workers and property managers. Prior to adding substantial in-person capacity at county locations, we recommend that FPM ensure that necessary building modifications and upgrades, including the installation of partitions, and upgrades to HVAC systems have been completed.

During the time of our audit, did the county follow CDC/OSHA guidance in terms of ensuring safe water systems?

The temporary shutdown of buildings can create hazards for returning occupants. According to the CDC, hazards include lead and copper contamination from corroded pipes, and mold and Legionnaires disease from standing or stagnant water.

According to CDC guidance, when buildings go unused or are relatively unoccupied, the building's water systems should be flushed on a regular basis, including all fixtures, and monitoring should take place to look for stagnant water or mold.

FPM followed CDC and Oregon Health Authority (OHA) guidance for flushing the water systems and monitoring for stagnant water and mold. Beginning in the middle of May, FPM began flushing the water systems in empty buildings, with a recurring schedule set up in an automatic system. The water systems were flushed every 2-3 weeks.

The guidance FPM followed included ensuring that all stagnant water was removed from humidifiers, and checking for leaks and mold. According to FPM management, all county buildings now have enough occupants that water systems do not need to be regularly flushed. Though FPM is less concerned about bacterial growth in colder weather, as additional buildings reopen, FPM plans to flush the water systems as part of the ramp up process. As of this writing, Library operations have been paused due to a COVID-19 surge, and FPM may need to flush those water systems as the buildings reopen.

During the time of our audit, was the county following CDC guidance to provide employees and visitors with supplies for cleaning hands and covering coughs?

Face coverings

The county developed a face covering policy in alignment with CDC, Oregon OSHA, and OHA. The face covering policy includes the directive that the county will provide face coverings or masks to employees and will make face coverings or masks available to all visitors. The policy does not specify who will provide the face coverings to employees or make them available to visitors. Property managers in FPM are responsible for the physical aspect of county buildings, but within each building there may be multiple programs, overseen by program managers. On the first floor of the Multnomah Building, for instance, are multiple programs, including the Division of Assessment, Recording, and Taxation (DART), Procurement, and the Office of Community Involvement.

In discussions with property managers, we found that program managers, rather than property managers, are responsible for providing masks to employees and making masks available to visitors. While we don't know the challenges each program may have had in obtaining masks, we do know from our discussions with county employees that masks were difficult to acquire early in the pandemic, and that the supply has since become stable.

As discussed in other sections of this report, we looked at mask supply in some departments. Since we were not able to verify mask supply and mask wearing compliance at all county locations due to COVID-19, we asked employees about these issues in our employee survey. In fall 2020, we sent the survey to all county employees to provide them with an opportunity to communicate their experiences during the pandemic.

It is county policy to offer all employees a supply of face masks. Of employees who responded to our question about whether they had been offered a face covering or mask, 80% replied that they had been offered a face covering or supply of masks. When considering only employees that were working primarily at a county location or in the field (not primarily teleworking), 85% reported being offered a face covering or supply of masks.

It is county policy to make masks available to service users or community members. Of employees, not working primarily from home, who responded to our question about masks made available for service users or community members, 71% agreed or strongly agreed that they had enough masks to provide. Twenty-one percent of respondents indicated they didn't have enough masks to provide to service users or community members.

Cleaning hands

FPM contracts with two different janitorial service providers that maintain free-standing sanitizer dispensers in building common areas. We heard from the janitorial service providers that although they sometimes needed to substitute products early on, they were able to keep sanitizer available in the common areas throughout the pandemic.

In our survey of county employees, 64% of respondents said that the county had added hand sanitizing stations in their work area. Eighteen percent of respondents indicated that stations had not been added, but needed to be.

We recommend for each department leader to communicate with employees about how they can acquire a supply of masks. We recommend that department leaders work with their program managers to verify that all locations have a sufficient supply of masks for visitors.

What protocols were in place (with county contractors) to follow CDC guidance regarding performing routine cleaning and disinfection?

CDC guidance calls for businesses to make a plan for cleaning and disinfecting during the COVID-19 era. The guidance for making a plan states: "Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects."

The county works with outsider contractors to clean and disinfect county buildings. There are two primary contractors: ABM and Relay Resources. Buildings where the county leases space, but does not own the building, use janitorial services not under contract with the county.

Rather than making a cleaning and disinfecting plan and adding these documents to contracts with janitorial providers, the county deferred to its janitorial contractors. FPM management told us these contractors adapted their materials and protocols to address COVID-19 in March. But it does not appear that management verified the procedures to be in accordance with CDC guidance.

We reviewed the enhanced procedures, and they indicate the providers are using COVID-19 specific cleaning products, adjusting cleaning procedures, and focusing more attention on high-touch services like light switches and door knobs. However, we heard numerous concerns about the quality and frequency of cleaning in some buildings. It is worth noting that not all locations receive the same level of cleaning and disinfecting. As mentioned above, some facilities are leased, and the county does not oversee the janitorial contractors. In county-owned facilities, some, but not all, have a day porter. Day porters clean throughout the day, which provides an extra level of cleaning over the standard, five days a week, nightly regimen.

In our survey, we asked if employees were confident that the level of cleaning in their unit was sufficient to reduce the transmission of COVID-19. About one third (34%) of respondents to this question were not confident that the level of cleaning in their work unit was sufficient to reduce the risk of transmission of COVID-19.

While the janitorial contractors clean common areas, there is other cleaning that must be maintained by county staff, including individual workspaces. The CDC recommends regular cleaning in these areas and that shared items, like staplers, pens, etc. be removed and items like coffee makers stored. The county posted cleaning and disinfecting instructions on its website, and included additional information in the Safe Spaces document that is intended as COVID-19 guidance for county employees.

We recommend that FPM work with its janitorial contractors to ensure that each location has sufficient staffing capacity to ensure the enhanced cleaning recommended by the CDC.

We are told that the county is currently in the process of adding COVID-19 specific cleaning and disinfecting requirements into its contracts with janitorial providers. We recommend that FPM complete these contractual requirements prior to programs adding substantial in-person capacity at county locations.

What protocols were in place to ensure physical distancing?

CDC guidance calls for employers to establish protocols and procedures to help workers and customers maintain social distancing and physically separate employees from each other and from clients or customers, when possible. Recommended social distancing protocols include:

- Teleworking
- Modifying workspaces to increase physical space
- Installing transparent shields or other physical barriers
- Arranging reception or other communal seating area chairs by spacing or removing chairs

- Using signs, tape, and other visual cues when physical barriers are not possible

Teleworking is covered in another section in this report, but this is an essential step in the guidance that the county implemented early in the pandemic.

Many county buildings remain unoccupied or only partially occupied, and few modifications were made during the time of our audit in those buildings. However, modifications have been made in a number of occupied or partially occupied county buildings. In the Gladys McCoy Health Department Headquarters downtown, and in the Division of Assessment, Recording and Taxation (DART) in the Multnomah Building, Plexiglas (or glass) barriers have been installed in areas where employees interact with customers, and spaces have been modified in those buildings to allow more space between employees and clients.



DART Customer Service counter
Source: Auditor's Office staff



Multnomah Building Security Desk

One-way traffic flow has been implemented at DART and in bathrooms at the McCoy building. In the jury room at the downtown courthouse, chairs were removed and those remaining were spaced apart. In areas that have cubicles, many employees are working from home as an alternative, and for those who are present, they are required to occupy cubicles that are spaced further apart. Chairs and tables in break rooms have been spaced out, where possible.



Courthouse Jury Room
Source: Auditor's Office staff



McCoy Building Break Room

The county convened a COVID-19 signage committee after the pandemic began. Initially, signage was purchased from outside vendors, as a way to accelerate getting COVID-19 signage into county buildings. Production was shifted to the county's sign shop in the Department of County Assets, with a focus on producing signage that could be read in multiple languages. The signage now produced in the sign shop is produced with English as the primary language, and translations in six other languages. Here are two examples:



Source: Multnomah County Sign Shop

COVID-19 signage can be observed extensively inside the McCoy building and county courthouse, and inside and outside of the Multnomah Building, among other county locations.



Multnomah Building
Source: Auditor's Office staff



McCoy Building Lobby

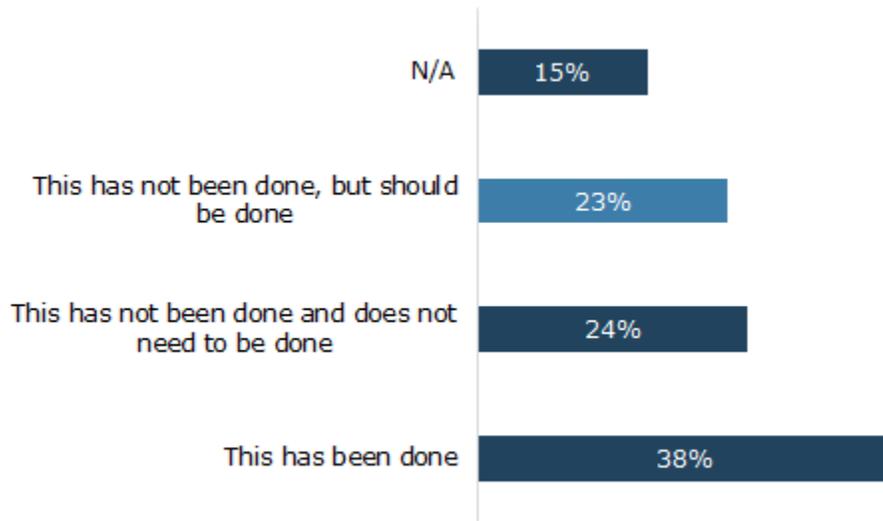
As part of the employee survey, we asked employees to report their observations on physical distancing policies at county locations, and on the physical modifications made, such as barriers installed, signage, spacing between work areas, etc.

In response to our question about signage, 79% of respondents agreed or strongly agreed that the county had installed sufficient COVID-19 related signage at their workplace.

Seventy-five percent of respondents to our question asking if the county had reduced the number of people working at their worksite agreed or strongly agreed that their work unit had reduced the number of people onsite at the same time, such as through teleworking or staggered schedules.

In response to a question about whether workstations had been spaced six feet apart, 19% of respondents indicated this work still needed to be done. And in response to a question about whether sufficient barriers or shields had been installed, nearly a quarter (23%) of employees indicated that this work had not been done at their location, but needed to be done.

Survey statement: Please tell us what physical changes have been made to your worksite: Installed shields or partitions.



Source: Multnomah County Auditor's county employee survey issued 2020.

How did the county determine which buildings to close to the public?

County leadership worked with departments to determine which programs were vital to the community, could operate safely with in-person services, and had the capacity to do so. Leadership developed a template to help guide the discussion about which programs could safely operate effectively. Ultimately, departments presented their plans to the Chair, who was the final authority.

How has the county secured buildings to prevent entry from the public or non-essential employees?

The Alarms unit in FPM secured all county buildings from public access, unless public access is needed. The need for public access is determined by county programs. Currently county buildings require key card access, and county programs determine access for employees. For many employees, building access has not changed – but an employee badge is now needed to enter.

Recommendations

- Prior to adding in-person capacity at county locations, we recommend that FPM ensure that necessary building modifications, including the installation of partitions, and filter upgrades in HVAC systems have been completed.
- Prior to adding in-person capacity at county locations, we recommend that FPM work with its janitorial contractors to ensure that each location has sufficient staffing capacity to ensure the enhanced cleaning recommended by the CDC.

- We are told that the county is currently in the process of adding COVID-19 specific cleaning and disinfecting requirements into its contracts with janitorial providers. We recommend that FPM complete these contractual requirements prior to programs adding substantial in-person capacity at county locations.

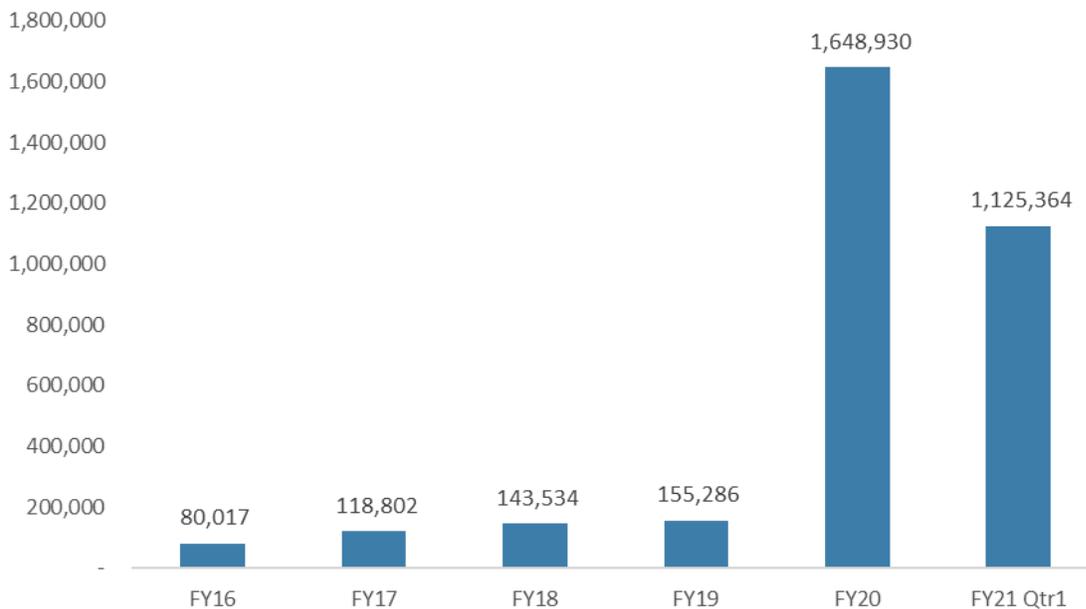
Telework: Adjust Telework Practices to Meet Increased Need

Why did we look at teleworking?

We looked at teleworking because employee telework hours increased dramatically due to the COVID-19 pandemic. This increase is a significant change to how the county accomplishes its work. When employees telework, the county faces unique challenges that include employee eligibility and supervision, training and equipment needs, secure use of county information systems, compliance with privacy regulations, and employee worksite safety.

Annual telework hours have been steadily increasing since fiscal year 2016 (FY16). The large increase in telework hours in FY20 occurred in the last three and a half months of the fiscal year (March 15 through June 30, 2020) because of the pandemic. In the chart below, FY16 through FY20 show annual telework hours. Only the first quarter of FY21 (July through September 2020) is shown and further illustrates the extraordinary increase in teleworking.

County Telework Hours Significantly Increased Due to the Pandemic



Sources: We pulled payroll data from the county's two enterprise resource systems—SAP and Workday. SAP payroll data is from FY16 through FY18 and the first half of FY19. Workday reports from the second half of FY19 through the first quarter of FY21 are based on employee reported telework hours. Because all employees did not consistently code their time in Workday, we cannot ensure the accuracy of telework hours from Workday. The chart's intention is to point out the county's teleworking trend and impact of the pandemic.

Average telework hours *per day* decreased from the last quarter of FY20 as compared to the first quarter of FY21 from 14,300 to 12,200 hours. The decrease could be partially attributable to employees working less from their telework site and more at county worksites. For example, some county offices allowed a limited number of employees on-site at any one time by rotating

schedules. Some of the decrease in telework hours may also be attributable to summer vacations.

Did the county have strong telework policy and procedures in place?

Yes. Strong policy and procedures provide the county clear guidance for day-to-day operations and help to ensure compliance with laws and regulations. The county's telework policy generally compared well to pre-pandemic best practices. We used the county's existing telework policy, telework agreement, and associated materials as our criteria based on interviews with human resources professionals at the county, and because the county pointed employees to these tools on its intranet's telework resource page. A group of employees led by Central Human Resources is updating the county's policy and making adjustments to take into account changes needed due to the pandemic and its ongoing nature.

The county made reasonable exceptions to its telework policy in March 2020 when it declared an emergency in response to the pandemic. For example, prior to the pandemic, the county required teleworking employees to have day-care or other supervision for anyone in the household requiring care through the workday. The county changed this requirement to allow teleworking parents to care for their children while still working from home. The county also had to initiate teleworking without telework agreements in place. The county has supported its telework policy well with its intranet.

How well has the county done to ensure that telework eligibility is determined fairly?

In normal circumstances, the county should allow employees to telework through a well-designed and fair eligibility process that includes elements such as the employee's desire to telework together with the nature of the position's work. Employees and their supervisors should work together to make the teleworking decision. The county's standard telework agreement and ready access to it (discussed below) would help facilitate this process.

According to teleworking literature, some supervisors are more willing to allow teleworking than others. It is also possible that supervisors could discriminate against some employees who wish to telework. To address these unwanted situations, all employees who wish to telework would be more likely to receive fair treatment if the county specifies potential telework eligibility in its job descriptions thereby attaching teleworking more to the position than the person.

Who was eligible to telework during the pandemic?

The county declared an emergency due to the pandemic. Understandably, departments did not have time to go through the county's established telework process, which typically is based on a process of mutual agreement. Under these circumstances, two general groups of employees are

relevant: non-essential and essential employees. According to the AFSCME Local 88 union contract with the county, non-essential employees are not required to report to work due to a facility or operations delayed opening, early closure, or full curtailment. Essential employees are required to report to work regardless of facility closure or curtailment of some or all county operations. Some essential employees are eligible to telework but all non-essential employees were required to telework effective March 2020.

The county worked with unions to assign non-essential workers to telework or paid administrative leave. Most departments were able to find remote work that needed to be done for non-essential employees. In some departments, there was not always work for non-essential employees that could be done remotely because of the nature of their jobs. Some non-essential employees were receiving pay on standby while awaiting work. For example, Library management did not agree to teleworking alternatives proposed by employees and they were paid administrative leave.

Essential employees' situation functioned differently. Union contract language ties the definition of essential employees to inclement weather. Given that inclement weather is significantly different from a pandemic, the county and unions allowed hardship exemptions for essential employees. Essential employees were allowed a hardship exemption if they were in a higher risk group for COVID-19 or had a family member in a higher risk group. The number of employees initially claiming hardship exemptions affected county services.

For example, many essential workers initially claimed hardship exemptions in the Health Department resulting in health clinic closures. The Health Department worked through back-to-work barriers with these employees. Most employees came back to work by combining telework with onsite work. Most clinics are open now but are operating at 60-70% capacity.

What equipment have teleworking employees used during the pandemic and how well was it tracked?

Employees' equipment needs do not change simply because they telework from a different location than their county worksite. Given the long-term nature of the pandemic, the county should provide employees with the individual-use equipment they need to do their job, such as computers and head-sets. At times, employees had to provide their own computers or other equipment to telework. Information Technology (IT) did not have a reliable count of county versus employee-owned computers used from telework sites.

Some departments reported early difficulties getting their employees all the equipment they needed. One department reported difficulties getting the proper equipment for their employees to telework as late as August 2020. Most equipment needs have largely been resolved. In fall

2020, we sent a survey to all county employees to provide them with an opportunity to communicate their experiences during the pandemic. The survey found that 81% of respondents had the equipment they needed to telework as of mid-October 2020. However, the survey also shows at that time that many employees could still not get the equipment they needed to do their work or had connectivity problems.

During the pandemic, the county provided desktops or laptops, docking stations, monitors, keyboards, mice, headsets, ergonomic wrist rests, and office chairs that employees could take home during the pandemic. This county equipment could be lost or stolen without accurate tracking. As of March 2020, IT did have a form available on the county's intranet for employees to report county-owned devices and other equipment used to telework.

Under normal conditions, teleworking employees check a box on the telework agreement indicating the general type of county equipment they use to telework. Checking these boxes and completing IT's equipment form are duplicative tasks. It would be preferable if there were one method for documenting county-owned computer identification numbers or other individual-use equipment IDs at the same time as initiating telework, rather than having duplicative steps.

Have supervisors and employees taken sufficient telework training?

Training sets teleworking up to succeed by providing supervisors and their employees with the best skills and knowledge to accomplish the same responsibilities they normally have but in a different way. Without proper training, teleworking is less likely to be an effective way to work. According to county policy, all teleworking employees and their supervisors must complete training within three months of an approved telework agreement.

We obtained telework training statistics from Central Human Resources and found a significant number of employees did not complete their required telework training. As part of the Auditor's Office pandemic survey sent to all county employees, only 64% of respondents reported completing telework training.

Online training is available to all county employees on Workday, the county's enterprise resource planning system. In addition to online training courses, the county provides telework resources internally on its intranet. Well-trained employees protect both the county and its employees by helping to ensure communication, productivity, safety, privacy, and security while teleworking.

Accordingly, county departments should require supervisors and employees to complete all required telework training per county policy and monitor their training to ensure it happens. The county should also decide when employees should update their training.

During the time of our audit, did county supervisors monitor teleworking employees by establishing and measuring performance?

In normal teleworking circumstances, supervisors work with their employees by using a telework agreement to establish work objectives, clearly define work tasks, and measure results. This helps to ensure that employees are getting the county's business done even though they are working remotely with less direct oversight. According to department human resource directors, some departments completed most of their telework agreements, several departments had some agreements complete, while others had few complete by August 2020. Six months after the pandemic began in March 2020, many employees had not completed a telework agreement.

As part of the Auditor's Office pandemic survey, about 74% of respondents indicated they had a telework agreement in place by mid-October 2020. Human resource units did report that supervisors and employees worked together to make sure staff knew what they needed to accomplish while working from home. Our survey also indicated that 92% of respondents said their supervisors monitored their performance while they were working from home.

Under normal conditions, the telework agreement is essential for determining whether telework is the best work arrangement for both the employee and the county. When initially completed, the telework agreement essentially functions as an application for the employee to telework. Whether supervisors approve or deny employee telework requests, they should retain an electronic copy of the telework agreement at a place that is readily accessible, preferably on Workday and not in a paper-based personnel file.

Under pandemic conditions, the telework agreement is not a request but is just as important as under normal conditions. The supervisor and employee must still use the telework agreement to establish:

- Clear work objectives are set and results are measurable.
- Criteria used to evaluate the success of teleworking.
- Times the employee will be accessible including their schedule and ways the employee can be reached.
- The employee's worksite is set up well and safe.
- How often the supervisor evaluates their employee's work.
- Timeframes for tasks.
- Equipment and services used by the employee at the telework site.
- Training of both the employee and the supervisor.
- An understanding that the county will generally not reimburse most expenses associated with teleworking.

- Any employee owned property and equipment used for county business may be subject to a public records request, subpoena, court or administrative order that may require the employee to provide the county with full access to such equipment.
- An understanding with the employee that they are responsible for following all security guidelines issued by the county.
- An acknowledgement with the employee the county has the right to visit their home work area during normal work hours to ensure that it meets county safety standards.

Were telework agreements easily accessible for updating and evaluation?

No. When telework agreements are not easily accessible, it is both inefficient as well as a lost opportunity to assess whether teleworking is allowed equitably throughout the county.

Telework agreements are subject to change but are not readily accessible in departments or at a countywide level. According to our interviews with departmental human resource directors, departments file telework agreements in employees' paper-based personnel files.

The county does not administer its telework agreements through its ERP system Workday. Maintaining telework agreements in Workday would make information more accessible and would be more efficient by providing electronic approvals, monitoring, and updating. For example, employees could easily update their time schedules, tasks, or equipment used for teleworking in Workday.

In the post-pandemic future, maintaining these agreements in Workday could better track equipment used to telework and could allow valuable analysis about whether the county provides telework equitably. For example, because telework agreement data is not practically available for analysis, the county cannot evaluate whether supervisors approved White employees for telework more often than they approved their Black, Indigenous, or People of Color counterparts nor can the Auditor's Office.

How well did the county track employee's telework time during the time of our audit?

Whether working from home or on county premises, employees always need to record their time consistently and accurately. Under any circumstances, the county is obligated under the Fair Labor Standards Act to accurately track the number of compensable hours performed by employees who are teleworking. Overall, employees recorded their telework time inconsistently in Workday. Teleworking employees recorded time as Telework, Administrative Leave, and as an Additional Time Type making it difficult to track. County employees likely recorded some of their telework hours as regular worked time.

The Local 88 Memorandum of Agreement stated employees could record their time as telework or administrative leave at the supervisor's discretion. We found a number of instances in which employees in various departments entered time as administrative leave but also noted in comments that they were teleworking. The county did put telework timekeeping instructions on the intranet for employees at the beginning of the pandemic. However, given conflicting instructions and different practices throughout the county, we could not ensure the accuracy of telework time. The county should reiterate directions to employees about how to record telework time versus administrative leave and other codes.

Did the county properly safeguard the security of teleworkers' IT equipment and privacy of confidential information?

The county's telework policy allows use of employees' own computers. Using employee-owned computers to telework increases county security and privacy risks because employee computers could already be compromised, may not have sufficient safety features installed, or critical updates may not have been completed. Teleworking equity could also become an issue if employees do not have access to computers at home.

According to county IT, county-owned computers are easier to maintain and service. Some of the other organizations we researched insist upon using company owned computers especially for long-term teleworking. When employees use their own computers for county business, the county has greater risks concerning security, protection of confidential county information, as well as overall compatibility. Employees may also have to provide the county full access to their personal computer for access to any public records.

To address these risks, the county should require using county-owned computers for employees who frequently telework and should emphasize using county-owned computers for employees who occasionally telework.

Were county employees' telework environments properly set up to ensure their productivity and safety?

Teleworking employees can find useful information on the county's intranet that addresses both productivity and safety. The site links to policies, important forms, training, county equipment tracking, as well as remote meeting resources. The telework resource page also offers tips for telework productivity and protection of confidential information.

In normal circumstances, employees who telework must have day-care or other supervision for any member of the household requiring care during their work hours. The county relaxed those requirements during the pandemic.

In a telework environment, productivity is negatively affected by poor or unreliable connectivity. A number of employees reported having trouble with connectivity on the Auditor's Office pandemic survey, but we could not determine the cause of this problem. To help address connectivity issues, the county telework workgroup is considering a monthly allowance to help cover internet connection costs for teleworking employees.

Employees must complete a Telework Safety Checklist prior to beginning remote work. Using the checklist, employees affirm they conducted a self-assessment of the risk hazards of the telework site and that the supervisor has worked with the employee to address any areas of concerns. The checklist asks questions about the teleworker's workspace, emergency preparedness, and ergonomics. The employee acknowledges on the telework agreement that the county has the right to visit their home work area during normal work hours to ensure that it meets county safety standards.

The county's responsibility for employees' health and safety while they are working from home is essentially the same as when employees work onsite at the county. If an employee is injured while working at from home during their teleworking hours, they must report the injury to their supervisor immediately. According to the risk manager, there were a few worker's compensation claims related to teleworking during the first months of the pandemic, but there has been no continuing upward trend since that time.

Recommendations

- By July 2021, department directors should provide county-owned computers to employees who frequently telework and should emphasize using county-owned computers for employees who occasionally telework. The county should also provide employees with any other equipment typically used by one person to telework effectively, such as computer mice, computer monitors, and headsets. These examples are meant to be descriptive, not exhaustive.
- By February 2022, Central Human Resources should ensure the maintenance of telework information, including approved or denied telework agreements, electronically, preferably in Workday to allow:
 - Accessibility to approved or denied telework agreements at the employee, supervisory, departmental and central levels.
 - Electronic approvals and updating for better efficiency.
 - Monitoring of teleworking performance and equity.
 - Documentation of specific details, such as computer ID numbers, of all county equipment used to telework.
- To help ensure fairness among employees, by February 2022, Central Human Resources should indicate potential telework eligibility in county job descriptions.

Objectives, Scope, & Methodology

The objective of this audit was to determine:

- what steps the county has taken to ensure that vital services can continue safely and equitably during the pandemic,
- whether those steps are in line with CDC and other guidance to reduce health risks, and
- what improvements can be made moving forward.

With these objectives in mind, we examined the following areas:

- Higher risk congregate settings which included homeless shelters, detention settings, and adult care homes
- Overall countywide guidance and support to departments and employees
- Physical changes to county buildings
- Teleworking

To accomplish these overall objectives we:

- Focused our work on the guidance and practices in place as of June 1, 2020, and which continued to evolve through December 18, 2020.
- Conducted over 70 interviews with elected officials, department directors, division directors, county contractors, and county employees.
- Studied COVID-19 guidelines from the Centers for Disease Control and Prevention, Oregon Health Authority, Johns Hopkins University, Oregon Occupational Safety and Health (OSHA), and Multnomah County.
- Researched relevant literature as well as other jurisdictions' audit reports.
- Conducted site visits of some county buildings, as well as of congregate and motel-based homeless shelters.
- Conducted surveys of county employees and adult care home personnel.

Internal Controls Scope of Work

We obtained an understanding of internal controls over COVID-19 safety procedures for homeless shelters, detention settings, and adult care homes. We also examined internal controls for countywide COVID-19 guidance and support as well as any physical changes to buildings needed to ensure the safety of employees and the public. Because the county necessarily performs its work differently within the safety restrictions of COVID-19 guidance, we also analyzed teleworking internal controls.

An effective control structure in a COVID-19 environment provides reasonable assurance that the county designed its protective controls to ensure the safety of clients served, the public and employees. In a best-case scenario, we would have been able to evaluate the design,

implementation and operational effectiveness of internal controls. However, in high-risk settings such as homeless shelters, detention settings, and adult care homes where being on-site or in close proximity would cause an additional risk of infection to others, we generally limited our procedures largely to the design of internal controls. We observed internal controls for homeless shelters and county facilities where possible to determine implementation and sought corroborating evidence supporting effective internal control implementation and operating effectiveness as described below for each section.

Homeless shelters

To obtain an understanding of homeless shelters' internal control design we focused on whether shelters followed the Center for Disease Control, Oregon Health Authority and the county COVID-19 safety protocols. We also examined internal controls associated with Joint Office of Homeless Services responsibilities in the homeless shelter system. We conducted interviews, studied legal requirements and guidance, reviewed documents, and visited three sites. We also used comments from the employee survey to further our understanding.

Based on our understanding of internal controls and survey results, we assessed the effectiveness of internal control design and, to some degree, implementation. Our assessment identified concerns related to clarity of communication related to guidance on the public facing website and that not all new contracts or amendments have COVID-19 related clauses.

Detention settings

To obtain an understanding of detention setting internal control design we focused on whether detention settings (both adult and juvenile) followed the Center for Disease Control, Oregon Health Authority and the county COVID-19 safety protocols. We also examined internal controls associated with county responsibilities in detention settings. We conducted interviews and read policies and procedures.

Our office conducted a survey of all county employees about the county's pandemic response. Approximately 300 Multnomah County Sheriff's Office jail employees and 30 juvenile detention employees responded to the survey, giving us insight into the conditions within the county's detention settings.

Based on our understanding of internal controls and survey results, our assessment identified concerns related to frequency of cloth mask exchange in the jails, reduced no-cost visiting options, and consistently enforcing face covering policies.

Adult care homes

To obtain an understanding of adult care homes' (ACH) internal control design we focused on whether adult care homes followed the Center for Disease Control, Oregon Health Authority and the county COVID-19 safety protocols. We also examined internal controls associated with county responsibilities in the adult care home system. We conducted interviews, reviewed legal requirements, studied authoritative health literature, monitored county adult care home management reports as well as state restricted admissions reports.

We conducted a survey of adult care home operators, resident care managers, and caregivers to provide information about internal control implementation. Based on our understanding of internal controls and survey results, we assessed the effectiveness of internal control design and, to some degree, implementation.

Based on our understanding of internal controls and survey results, our assessment identified opportunity for the ACH Program to increase communication with ACHs about compliance with guidance and regulations regarding exposure, infection control, physical distancing and reporting.

Countywide guidance and support

To obtain an understanding of internal control design for county guidance, we focused on whether the county's guidance was in alignment with guidance from the Center for Disease Control, Oregon Health Authority and Johns Hopkins University. In addition to reviewing guidance, we also conducted interviews and analyzed the results of our employee survey. The employee survey provided valuable information on the extent to which guidance is being followed.

Based on our understanding of internal controls and survey results, we assessed the effectiveness of internal control design and, to some degree, implementation. Our assessment identified concerns related to oversight, consistent implementation, and opportunities for feedback.

Physical changes to county buildings

To obtain an understanding of internal controls we focused on whether the county's practices for making physical modifications and engineering controls at county buildings was in alignment with guidance from the Centers for Disease Control, and Oregon OSHA. In addition to reviewing guidance, we conducted interviews, visited county locations, and analyzed the results of our employee survey. The employee survey provided valuable information on the extent to which guidance was implemented at county facilities.

Based on our understanding of the guidance, we assessed the design of internal controls related to physical modifications and engineering controls at county buildings, and assessed the CDC guidance for engineering and administrative controls against county practices.

Teleworking

We obtained an understanding of how the county designed telework internal controls. In addition to conducting interviews, reviewing literature and studying other jurisdiction practices and audits, we also reviewed telework policy, online resources, training, and payroll information. We analyzed specific risks of teleworking and determined whether teleworking policy addressed those risks.

Based on our understanding, we assessed the design of telework internal controls. We did not have the information we needed to evaluate telework eligibility or equity. Our assessment identified concerns related to telework agreements, equipment, security of information, timekeeping, and training.

Internal Control Components and Principles

The following are the internal control components and underlying principles that are significant to the audit objective. Management is responsible for all of these activities.

Risk Assessment

- Define objectives clearly to enable the identification of risks and define risk tolerances.
- Identify, analyze, and respond to risks related to achieving the defined objectives.
- Consider the potential for fraud when identifying, analyzing, and responding to risks.
- Identify, analyze, and respond to significant changes that could impact the internal control system.

Control Activities

- Design control activities to achieve objectives and respond to risks.
- Design the entity's information system and related control activities to achieve objectives and respond to risks.
- Implement control activities through policies.

Information and Communication

- Use quality information to achieve the entity's objectives.
- Internally communicate the necessary quality information to achieve the entity's objectives.
- Externally communicate the necessary quality information to achieve the entity's objectives.

Monitoring

- Establish and operate monitoring activities to monitor the internal control system and evaluate the results.
- Remediate identified internal control deficiencies on a timely basis.

Data Reliability

We used financial information for the time-period of January 1, 2019 to September 30, 2020 from Workday, the County's current enterprise resource planning system to accomplish our audit objectives. We also used financial information for the time-period July 1, 2014 to December 31, 2018 from the prior enterprise resource planning system SAP. Based on the annual reviews of SAP and Workday by the County's external auditor, our office has determined that the data were sufficiently reliable for the purposes of this report.

Survey of all County Employees

Our office conducted a survey among county employees about the county's pandemic response to learn about employee experiences during the pandemic and employee perceptions related to safety measures in worksite environments. We utilized SurveyMonkey, an on-line survey software that helps create surveys and collect data, as the platform for our survey. To encourage participation, our office made the survey anonymous and was not linked to email addresses, name, employee ID, IP address or any other identifying information. Participation in the survey was voluntary and respondents had the right to withdraw from participation at any time.

The survey included open-ended and closed-ended questions about employee satisfaction and wellbeing, workplace safety, and telework. We also asked demographic questions. To ensure the quality and reliability of the survey, we pretested the questionnaire with auditors not assigned to this section and some county employees. We conducted the pretests to check (1) the clarity and flow of the questions, (2) the appropriateness of the terminology used, and (3) if the survey was comprehensive and unbiased. We revised the questionnaire based on feedback from the pretests. Our office determined the data were sufficiently reliable for the purposes of this report.

Survey of Adult Care Home Providers

We conducted a survey of adult care home (ACH) operators, resident care managers, and caregivers to provide information about internal control implementation. We utilized SurveyMonkey, an on-line survey software that helps create surveys and collect data, as the platform for our survey. Although verification through direct observation of controls is best, we used a survey to help assess controls because onsite visits would pose an unacceptable infection risk to adult care home residents and staff. We issued the survey to 2,364 unique email addresses for persons that work with/for the 618 homes licensed and monitored by the County's Adult Care Home Program (ACH Program) as of August 19, 2020.

The survey was conducted between September 22nd and October 12th, 2020. The survey was anonymous and responses were not linked to email addresses, name, ACH license ID, IP address, or any other identifying information. While we did not collect any data on the responses by respondents - SurveyMonkey does track if a response was received or not but no other details were collected. We asked respondents to self-identify their role with the ACH (operator, resident manager, and/or caregiver – a respondent could select multiple types). We obtained a response rate of 33% of individual ACHs, 34% of operators, 32% of resident managers, and 8% of caregivers.

We analyzed results by provider type (e.g., caregiver only vs operator/resident manager) and by number of residents in a home (e.g., one resident vs more than one resident) and found little to no significant variation in results, in most cases. Most results are presented based on all responses provided unless specifically identified. The survey included mostly closed-ended questions about ACHs efforts made to ensure vital services could continue safely during the pandemic. We used federal, state and local requirements and guidelines as the criteria to develop a list of internal controls that we determined to be significant for ACHs to help ensure that vital services at ACHs can continue safely during the pandemic for vulnerable residents. These significant internal controls became the questions for the survey. To ensure the quality and reliability of the survey, we pretested the questionnaire with auditors not assigned to this section of the audit and ACH Program management. We conducted the pretests to check (1) the clarity and flow of the questions, (2) the appropriateness of the terminology used, and (3) if the survey was comprehensive and unbiased. We revised the questionnaire based on the pretests. Our office determined the data were sufficiently reliable for the purposes of this report.

Statement of Compliance with Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Why We Conducted an Employee Survey

We conducted this survey to provide an opportunity for employees to communicate their experiences during the pandemic. This survey provides valuable evidence for our audit, across county departments. We wanted to provide an anonymous way for employees to communicate their thoughts and concerns. We hoped that, because the County Auditor is independently elected, employees would feel free to express concerns openly without fear of retribution. In addition to using the survey to inform this audit, we will issue a separate report with more detailed survey results in early 2021.

About the Survey

The Auditor's Office sent a survey to all county employees who had a valid county email address as of the day we released the survey, September 22, 2020. The survey was open on Survey Monkey for three and a half weeks, closing on October 16, 2020. We ensured respondents' anonymity by not collecting any identifying information. When the survey went out we provided employees with an FAQ on how we would conduct the survey, including how we would maintain the confidentiality of responses.

The survey had five main sections – employee satisfaction, safety in the work environment, telework experience, comment sections to give employees the opportunity to share their opinions, and a section on department and demographics. Employees were directed to the telework and work safety sections depending on their responses to work environment questions. The majority of questions on the survey were optional. Because most questions were optional, some respondents did not answer all the questions, and employees were directed only to sections that were relevant to them, the number of employees who answered any individual question varied. In total, 3,374 employees participated in the survey.

We provided an opportunity for comments, which were wide-ranging

Throughout the survey, we included several comment boxes for respondents to share any additional concerns or comments about their experience during the pandemic. We have included some selected comments in the report to highlight findings and provide insights into respondents' perceptions. In some cases, comments helped explain why people answered the way they did. We edited responses for clarity and to remove identifying references.

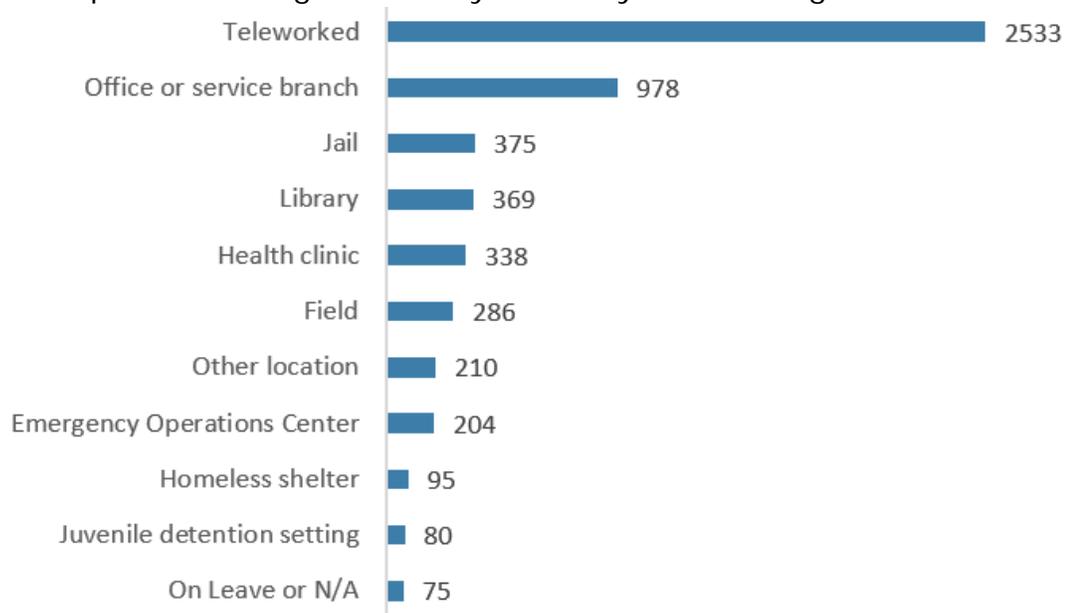
About the Responses

More than half of the county workforce completed the survey. We asked respondents to identify their assigned department. Collecting department is important because each department has different practices, messages from leadership, and approaches to following policies, and we wanted to be able to illustrate these differing approaches in the data. This question was optional and many respondents did not provide a response or dropped off before

that question. We received the highest number of responses from the Health Department, the largest county department. Response rates varied by department. Each department had at least a third of their workforce respond.

To better understand employees' work experiences during the pandemic, we also asked respondents about the work settings where they spent the most time. Work setting is important because different work settings present different risks and county policies vary by setting. Many respondents had worked in more than one setting. We asked respondents to list the workplace settings that they worked in during the previous month. Three quarters of respondents named telework as one of their workplace settings.

Respondents reported working in a variety of county work settings.



Source: Results from Auditor conducted employee survey of Multnomah County employees. Respondents could select more than one option.

Future survey report will provide additional information

Employees shared much more about their experiences than the focus of the audit on COVID-19 related safety. We are only reporting on a few select questions in this audit, and looking at responses by only department or worksite.

We believe that people will be interested in fuller survey results and publishing results are important for transparency. After this audit is complete, we will work on compiling a report of survey results with a goal of publishing that in early 2021. We will look at demographic responses with more analysis and depth in that report, in order to examine disparities experienced by groups of individuals based on their demographics. We will also look at the full range of survey questions.

Audit Staff

Fran Davison, Principal Auditor

Nicole Dewees, CIA, Principal Auditor

Craig Hunt, CPA, Principal Auditor

Annamarie McNeil, CPA, Principal Auditor

Marc Rose, CFE, Principal Auditor

Mark Ulanowicz, CIA, Principal Auditor

Caroline Zavitkovski, CIA, Principal Auditor

Appendix - Multnomah County Auditor's Adult Care Home Survey issued 2020

The Multnomah County Auditor's Office is conducting this survey to better understand efforts made to ensure vital services, such as adult care homes, can continue safely and equitably during the pandemic.

We hope you will take the time to participate, because your perspective matters and will help determine recommendations in our Pandemic Response audit. The survey should take about 15 minutes to complete. Instructions will be given at the start of each section. Survey results will be published on the Auditor's website.

Please complete the survey before Friday, October 9, 2020.

Your participation in this survey is completely voluntary.

This survey is not mandatory and you have the right to withdraw from participation at any time.

Responses to this survey are anonymous, meaning that no one will be able to identify that you participated in the survey. Your responses will be kept confidential, meaning that we will not share individual identifying information of participants. The results of this survey will be reported on a consolidated level.

Survey data will be retained by the Auditor's Office. The County Auditor is elected by county voters and audit staff report directly to the County Auditor.

If you have any questions or comments related to the survey, please email the County Auditor: mult.auditor@multco.us or contact our office at 503.988.3320.

Thank you for your participation,

Jennifer McGuirk, County Auditor

Note for Caregivers: If you work with more than one adult care home - please respond about the home that you spend the most time in.

General Information

Now we would like to ask some general questions about your involvement with your Adult Care Home (ACH) **at the time of taking this survey.**

* 1. What is your role for the adult care home (select all that apply)?

- Operator
- Resident Care Manager
- Caregiver

* 2. How many residents are in the home?

- None
- 1
- 2 to 3
- 4 to 5
- More than 5

* 3. How many homes do you work with/for?

- 1
- 2
- 3 or more

Multnomah County Support

Now we would like to ask some questions about county support provided to and/or made available to your adult care home. Your responses are anonymous. We will only report aggregated results.

4. Has Multnomah County's Adult Care Home Program contacted you **during the pandemic** to offer support?

- Yes
- No
- Not sure

Multnomah County Support (continued)

5. How helpful did you find Multnomah County's Adult Care Home Program support to be?

- Very helpful
 - Somewhat helpful
 - Neutral
 - Not very helpful
-

Multnomah County Support (continued)

6. Have you reached out to Multnomah County's Adult Care Home Program with questions or for assistance **in the last month?**

- Yes
- No

Multnomah County Support (continued)

7. Was Multnomah County's Adult Care Home Program able to address your questions or concerns?

- Yes
- Only somewhat
- No

Multnomah County Support (continued)

8. I am aware of COVID-19 supports available from Multnomah County's Adult Care Home Program (select all that apply).

*Examples of PPE supplies include N95 and procedural masks, eye protection, gowns, and/or gloves

- The Program's [website](#) related to COVID-19
- The Program's [online resources](#) related to COVID-19
- Personal Protective Equipment (PPE) supplies*, cloth or disposable masks
- COVID-19 group webinars
- I am not aware of any resources

9. Have you been able to get sufficient PPE supplies, cloth or disposable masks for residents and staff **in the last month?**

- Yes
- No
- Not sure

10. Have you requested help in procuring PPE supplies, cloth or disposable masks **in the last month** from Multnomah County?

- Yes
- No
- Not sure

Multnomah County Support (continued)

11. Were your PPE supply, cloth or disposable mask requests met that you requested **in the last month**?

- Yes and timely (within a week)
- Yes - but took more than a week
- No
- Not sure

Multnomah County Support (continued)

12. Overall, Multnomah County's Adult Care Home Program is doing a good job of communicating information about the COVID-19 pandemic.

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Not sure
- N/A

Adult Care Home Preparedness

Your responses are anonymous. We will only report aggregated results.

General

Now we'd like to ask some questions about your adult care home's general preparedness in dealing with the COVID-19 situation as it applies to your adult care home and its residents, staff, and visitors **at the time of taking this survey.**

13. Has your adult care home identified dedicated employees to care for COVID-19 patients?

- Yes
- No
- Not sure

General (continued)

14. Has infection control training been provided to the dedicated employee(s) who cares for COVID-19 patients (select all that apply)?

- Yes - directly by the adult care home
- Yes - by a resource other than the adult care home
- No
- Not sure

General (continued)

15. Does your adult care home have a pandemic response plan to prevent the spread and treatment of infectious disease?

- Yes
- No
- Not sure

16. Does your adult care home have a plan for addressing residents' individual needs during the pandemic (e.g., continued access to medical treatment, medical supplies/equipment, and food)?

- Yes
- No
- Not sure

17. Does your adult care home have strategies for coordinating with and following the direction of the following agencies (select all that apply)?

- Federal (including CDC Infection Control Protocols)
- State (including the Oregon Health Authority)
- Local health officials (including the Multnomah County Health Department)?
- Not sure

Exposure

The following questions relate to exposure control efforts done by the adult care home **at the time of taking this survey.**

18. Does your adult care home have a point of contact in place that residents can notify if COVID-19 symptoms appear?

- Yes
- No
- Not sure

19. If your adult care home suspects a resident has COVID-19, does your adult care home do the following (select all that apply)?

- Isolate the resident in their room
- Call the health department
- Prioritize them for testing
- None of these steps are taken
- N/A - No residents have shown symptoms or have been suspected of having COVID-19
- Not sure

20. When close contact with an infected person cannot be avoided, does your adult care home staff wear (select all that apply)?

- Eye protection
- An N95 or better mask
- Gloves
- Gown
- Cloth face covering
- None of these are used
- N/A – No residents have shown symptoms, been suspected of having COVID-19, or tested positive
- Not sure

21. Does your adult care home record the following information for symptomatic residents (select all that apply)?

- Date of first symptom onset
- List of current symptoms
- Date resident was placed into isolation precautions
- No - None of this information is recorded
- N/A – No residents have shown symptoms or have been suspected of having COVID-19
- Not sure

Infection Control

The following questions relate to infection control efforts done by the adult care home **at the time of taking this survey.**

22. Has your adult care home created a plan for personnel who MAY have worked while ill?

- Yes
 No
 Not sure

23. Has your adult care home assessed COVID-19 health safety risks for (select all that apply)?

- Residents
 Staff (includes persons involved with residents' daily living activities)
 Visitors
 No assessments have been performed
 Not sure

24. Does your adult care home keep a list of staff who work at multiple adult care homes (e.g., caregivers)?

- Yes
 No
 N/A – no staff work at another location
 Not sure

Infection Control (continued)

25. Does your adult care home actively screen the staff that work at multiple adult care homes?

- Yes
 No
 Not sure

26. Does your adult care home restrict staff if they are ill?

- Yes
 No
 Not sure
-

Infection Control (continued)

27. Does your adult care home require that workers who work at multiple locations disclose if they are exposed to the virus at a different location?

- Yes
- No
- N/A - no staff work at another location
- Not sure

28. Does your adult care home have policies to ensure staff remain home when sick?

- Yes
- No
- N/A
- Not sure

29. Does your adult care home provide hand sanitizer in resident care areas (select all that apply)?

- Every resident room
- Other resident care areas
- Common areas
- No hand sanitizer is made available in any of these areas
- Not sure

30. Does your adult care home require hand hygiene (e.g., hand washing and/or hand sanitizing) in the following situations (select all that apply)?

- Before contact with the resident, even when PPE is worn
- After contact with the resident
- After contact with blood, body fluids or contaminated surfaces or equipment
- Before performing sterile procedures
- After removing PPE, including gloves
- None of these steps are taken
- Not sure

31. Does your adult care home have a plan in place to assess residents for the following (select all that apply)?

- Fever
- Cough
- Shortness of breath
- Sore throat
- No plan in place
- Not sure



Infection Control (continued)

32. How frequently are the assessments performed on a resident (select all that apply)?

- Upon admission
- Throughout their stay in the adult care home
- Other
Please explain:

33. Does the assessment include a plan to monitor residents who are unable to communicate subjective symptoms?

- Yes
- No
- N/A
- Not sure



Infection Control (continued)

34. Does your adult care home have established protocols for closing rooms to new admissions if a case of COVID-19 is suspected?

- Yes
- No
- Not sure

35. Does your adult care home have established protocols for closing the entire adult care home to new admissions if a case of COVID-19 is suspected?

- Yes
- No
- Not sure

36. Does your adult care home have a plan for the relocation of residents, if/when needed?

- Yes
- No
- Not sure

Inventory

The following questions relate to inventory of Personal Protective Equipment (PPE) of the adult care home during the past month.

37. Has your adult care home assessed its current supply of PPE?

- Yes
- No
- Not sure

38. If shortages of PPE are identified or anticipated, has your adult care home attempted to obtain resources from healthcare partnerships?

- Yes
- No
- N/A - we have not experienced a shortage in the past month
- Not sure

39. Is PPE available to staff for use in resident-care areas (e.g., outside resident rooms)? Select all that are made available:

- Facemasks
- Eye protection (face shield or goggles)
- Gloves
- Gown
- N-95 or higher-level respirators
- None of these are available
- Not sure

Physical Distancing

The following questions relate to physical distancing efforts done by the adult care home during the past three months.

40. Does your adult care home manage meal times to improve physical distancing? For example: do you deliver meals to rooms, stagger meal times, or offer grab-and-go dining?

- Yes
- No
- N/A
- Not sure

41. Does your adult care home cancel nonessential meetings and use other ways to meet for essential meetings?

- Yes
- No
- Not sure

Reporting

The following questions relate to reporting efforts done by the adult care home during the past three months.

42. Does your adult care home report to the Multnomah County Adult Care Home Program any time a resident, staff, or household member has shown any symptoms, or is pending test results or has a positive test result?

- Yes
- No
- N/A – no symptoms, pending test results or positive test results have occurred
- Not sure

43. Does your adult care home report positive test results to Multnomah County Health Department?

- Yes
- No
- N/A – no positive test results have occurred
- Not sure

Source Control

The following questions relate to source control efforts done by the adult care home during the past month.

44. Do all personnel wear a mask when in the adult care home?

- Yes
- Some - but not all
- No one wears masks while in the adult care home
- N/A
- Not sure

45. Does your adult care home encourage residents to wear cloth or other type of masks (select all that apply)?

- Around others
- When leaving their room
- When leaving the adult care home
- Only sometimes
- No – residents are not encouraged to wear masks
- N/A
- Not sure

46. Do visitors confine their visit to the resident's room or other location designated by the adult care home?

- Yes
- No
- N/A – there are no visitors
- Not sure

47. Does your adult care home screen staff for COVID-19 symptoms at the beginning of every shift?

- Yes
- No
- N/A
- Not sure

48. If staff have any risk factors (e.g., fever, cough, shortness of breath, etc.) identified, are they allowed to work?

- Yes
- No
- N/A
- Not sure

Training

The following questions relate to training efforts done by the adult care home at the time of taking this survey.

49. Have you received training about the following (select all that apply)?

- COVID-19 symptoms and modes of transmission
- Hand hygiene during interactions with residents and their environment
- Selection of appropriate PPE
- How to put on and take off (don and doff) PPE
- Cleaning and disinfecting environmental surfaces
- Cleaning and disinfecting resident care equipment
- No – I have not received any training
- Not sure

50. Does your adult care home educate any of the following groups about COVID-19, emphasizing distancing, hygiene, cough etiquette, and source control (select all that apply)?

- Residents
- Family members
- Personnel (including staff and other visitors such as consultants)
- No - the adult care home does not provide any education
- Not sure

Visitors

The following questions relate to visitors of the adult care home at the time of taking this survey.

51. Has your adult care home posted signs at entrances to the adult care home restricting visitors?

- Yes
- No
- Not sure

52. Does your adult care home have a visitor restriction policy?

- Yes
- No
- N/A – there are no visitors
- Not sure

53. Has your adult care home sent communication (e.g., letter, email) to families notifying them of any visitor restriction policy, advising them to use alternative methods for visitation?

- Yes
- No
- N/A – there are no visitors
- Not sure

54. Is the screening log completed for ALL visitors?

- Yes
- No
- N/A – we have had no visitors
- Not sure

55. Does your adult care home restrict everyone with fever, cough or shortness of breath from visiting (even in end-of-life situations)?

- Yes
- No
- Not sure

56. Does your adult care home immediately screen residents with reported contact of infected visitors?

- Yes
- No
- N/A – we have had no visitors
- Not sure

57. Are visiting areas cleaned and disinfected immediately after use?

- Yes
- No
- N/A – we have had no visitors
- Not sure

58. Do healthy visitors wear a cloth or other type of mask at all times when in the adult care home?

- Yes
- No
- N/A – we have had no visitors
- Not sure



Conclusion

59. What additional concerns or comments would you like to share about your experience during the pandemic?

As a reminder, your responses are anonymous

Thank you for participating in the survey; your perspective matters.

If you have any questions or comments related to the survey, or would like to share additional information related to the topics in the survey, please call 503.988.3320 to leave a message or email the County Auditor: mult.auditor@multco.us

Response Letters



Multnomah County Sheriff's Office

501 SE HAWTHORNE BLVD., Suite 350 • Portland, OR 97214

MICHAEL REESE
SHERIFF

Exemplary service for a safe, livable community

503 988-4300 PHONE
503 988-4500 TTY
www.mcso.us

January 26, 2021

Jennifer McGuirk, MPA, CIA
Multnomah County Auditor
501 SE Hawthorne Blvd., Room 601
Portland, OR 97214

Dear Auditor McGuirk,

I would first like to thank you and your staff for the thorough examination of the Multnomah County Sheriff's Office (MCSO) response to the COVID-19 pandemic with regard to our Corrections Division. MCSO places the highest value on the compassionate and safe care of all persons in our custody. At the onset of the COVID-19 pandemic, MCSO worked diligently with our Health Department partners, primarily Dr. Michael Seale and Dr. Jennifer Vines, to create medically-validated response procedures to this ever-changing situation to ensure the health and safety of our staff, adults in custody (AIC's), and the public at large. I would also like to thank the auditors for recognizing the efforts of our management team and our Health Department partners in the creation of new processing and housing procedures specifically designed to limit the spread of COVID-19 in our jail system. This has been an unprecedented effort by MCSO and Health Department staff.

The audit report addresses an area of concern regarding the consistent wearing of face coverings in the jail facilities consistent with written policy and Oregon Health Authority guidelines. MCSO has received a number of complaints regarding face covering usage and has investigated each complaint individually. We have taken these complaints seriously and have issued command counseling or discipline when actionable information is reported. Command staff at the jail facilities have asked staff members, contractors, professional visitors and other agency personnel to immediately report suspected violations to on-duty supervisors so that individual violators may be held immediately accountable. We will continue to conduct spot-audits by Inspections Unit personnel and facility command to ensure compliance.

MCSO accepts the recommendations of the audit report with the following comments on implementation of those recommendations:

Recommendation 1

"To be consistent with CDC guidelines, MCSO should begin exchanging the cloth masks of adults in custody on a daily basis if they are used upon issuance of this report."

When MCSO developed cohort housing for new arrestees, there was also a corresponding need to provide AIC's with cloth face coverings. At the time, face coverings were not widely available. MCSO used our seamstress assigned to the Auxiliary Services Unit to produce cloth face coverings that met safety standards for use within a secure custody environment. (A standard off-the-shelf covering does not meet jail safety standards.) Cloth face coverings were produced as quickly as possible but we experienced a shortage as AIC's transferred out of custody.

MCSO is continuing to produce cloth face masks for use by AIC's. Jail facility command staff has created a sustainable plan for the issuance, laundering, and re-issuance of cloth face coverings to AIC's that will bring MCSO into alignment with this recommendation.

Recommendation 2

"With normal no-cost visiting options suspended because of COVID-19 precautions, MCSO should either expand the use of free-phone calls or modify lobby video visit operations to allow for safe use as soon as possible and no later than 90 days within the issuance of this report."

MCSO recognizes the critical need for AIC's to keep in contact with their family, friends, and others within their support system. We are committed to exploring every option to maintaining this positive connection contact with their loved ones.

When visiting was restricted due to COVID-19 precautions, MCSO entered into an agreement with Securus the company contracted to deliver phone and video visitation services. At our request, Securus provided more than 1700 vouchers for free video visitations to AIC's.¹

MCSO has also used internal funds to provide two free telephone calls per week for AIC's. The County was able to secure CARES reimbursement funding which has allowed us to continue this level of telephone call access. We will continue to seek replacement funds for these accounts and potentially expand telephone access.

With regard to the re-opening of jail lobby video visitations, there are a number of issues that make this difficult to achieve. Since the audit report was written, there has been a significant increase in community spread of COVID-19. Allowing public access to jail lobbies creates an increased risk of exposure to members of the public and staff at the jail facilities. At this time, public health officials are advising against visitations at our jail facilities. We are also experiencing a staffing shortage as the increased community spread is having a negative impact on MCSO personnel. Currently it is unlikely we would be able to fill the Facility Security Officer posts needed to open jail lobbies to visitation. This situation could improve in the future as vaccinations occur. MCSO is committed to working with public health officials and prioritizing the safe re-opening of our facilities for visitors.

Sincerely,



Michael Reese
Multnomah County Sheriff

¹ Securus quickly recognized the humanitarian need to waive its normal fees for these services and granted these vouchers outside of the contract they have with the County.



Deborah Kafoury Multnomah County Chair

February 8, 2021

Jennifer McGuirk, MPA, CIA
Multnomah County Auditor
501 SE Hawthorne Blvd., Room 601
Portland, OR 97214

Dear Auditor McGuirk,

Thank you and your staff for your work on the First Audit Report to Multnomah County's Pandemic Response. This report provides us with an opportunity to reflect on our achievements and incorporate insights that would help us continually improve our ongoing efforts to address what may be the greatest operational challenge the County has encountered in its history. We appreciate the auditor's recognition that the County pivoted quickly and provided significant, effective responses to the many facets of the COVID-19 crisis, even as the shape and scope of the pandemic evolved, and continues to evolve even today.

Throughout this epidemic, Multnomah County has been at the forefront of the response, leading in public health messaging, providing safety net services and supporting our community. The courage, dedication and tenacity of our staff, volunteers and providers who have worked on the front lines of the pandemic response are deeply appreciated. The audit review was completed in December 2020, and as such, provides a snapshot of our ongoing response to this crisis. Multnomah County continues its active COVID-19 emergency response and recovery efforts.

We have outlined specific responses for each of the recommendations from your office below.

Recommendation 1

Upon issuance of the report, County Public Health officials should revise guidance on the public facing website for nonprofit shelter providers within County boundaries to improve clarity, in line with state requirements.

The Joint Office of Homeless Services and the County's Public Health Division hold routine meetings with shelter providers and other community-based organizations to ensure that they have the latest COVID-19 guidance. The County's current COVID-19 webpage incorporates Centers for Disease Control and Prevention (CDC) and State guidance by reference and through links. The Joint Office of Homeless Services agrees that clear guidance is important and will work with the Public Health Division to review and ensure alignment between the shelter provider guidance from the CDC and State, and the language on the County's public-facing COVID-19 website.

Recommendation 2

Joint Office of Homeless Services management should include clauses to follow Public Health guidelines in new contracts with shelter providers and in new amendments to contracts with shelter providers.

The Joint Office of Homeless Services, with support from the Public Health Division, has been actively engaged with all its contracted shelter providers, as well as many non-contracted shelter providers, to assist them in understanding and implementing COVID-19 health and safety protocols. We will incorporate language in all new and amended shelter contracts that directs contractors to follow Public Health guidelines related to addressing the risk of COVID-19 infection in shelter settings.

Recommendations 3 and 4

These recommendations were for the Sheriff's Office.

Recommendation 5

Immediately upon the issuance of this report, we recommend that Department of Community Justice managers consistently enforce face covering policies with their staff.

We agree that consistent enforcement of face covering policies is important and have taken steps to respond to the recommendations in the audit. These actions include:

- Detention Community Justice Managers (CJMs) were directed by the Division Director, Deena Corso and the Senior Manager, Craig Bachman, on Dec. 31, 2020, to speak with all employees in person or by phone to reinforce mask-wearing expectations for both staff and youth.
- Additional signage has been posted throughout the facility to remind employees (and youth) of mask-wearing expectations.

- A formal progressive discipline process was implemented in December (starting with a Letter of Expectations) for staff who are not wearing their mask appropriately.
- A formal progressive discipline process has been implemented (starting with a Letter of Expectations) for staff who are not enforcing mask-wearing by youth.
- The Detention Senior Manager is following up with CJMs regarding individual conversations with staff, reinforcing expectations.

The position with primary responsibility for implementing these actions is the Senior Manager for Detention & Residential Services.

Recommendation 6

The Adult Care Home Program should perform a review of all recent communication with each ACH and ensure that each ACH has received sufficient information and is aware of requirements and guidelines pertaining to the pandemic. A particular focus is needed in the areas of exposure, infection control, physical distancing and reporting. A review should be performed as soon as possible and no later than 30 days from issuance of this report. If contact is needed the contact should be made within at least 90 days from the issuance of this report.

The Adult Care Home Program (ACHP) has reviewed all communication since September 2020 with Adult Care Home providers regarding COVID-19, with particular focus on the review of communication regarding exposure, infection control, physical distancing and reporting. While not a part of this audit, ACHP also included recent communications regarding vaccine distribution in their review.

The ACHP review found that consistent communications regarding COVID-19 protocols were delivered through [monthly newsletters](#), ongoing individual provider contacts and through their updated [ACHP website](#). Providers were also emailed information about training opportunities through Regional Webinars and Oregon Care Partners Training. In addition, all providers and ACHP staff were required to take [Oregon Care Partners' COVID-19 training](#).

Since Sept. 1, 2020, ACHP has issued Precautionary Conditions to 100 providers who had actual or suspected cases of COVID-19. Attached to each of these Conditions was additional information about exposure, infection control, physical distancing and reporting.

We believe this review complies with the recommendation of the audit.

Recommendation 7

As soon as possible, the County's OR OSHA COVID-19 temporary rule implementation committee should complete all new OSHA requirements:

- a. Risk assessment, infection control plan, protocols for potential exposure, and employee training.***

Note: management reports that substantial work toward this recommendation has been completed. This work occurred between the time the report was written and when it was issued. We acknowledge that work has been done, but we did not audit that work. We are leaving the recommendation in the report, so we can follow up on the recommendation thoroughly.

The County is in the process of completing all new OR-OSHA requirements related to risk assessment, infection control, protocols for potential exposure and employee training. The OR-OSHA COVID-19 temporary rule was not adopted until November 2020; the County could not finalize implementation plans until the final rule was adopted. Prior to and since final adoption, however, the Risk Management unit of Finance & Risk Division, Department of County Management (DCM), has led implementation efforts, which include a multidisciplinary project team.

Exposure Risk Assessments (ERA) have been completed and employee feedback has been received. Infection Control Plans are currently being completed based on the ERAs and ERA feedback. Protocols for exposure management are completed and presently managed by DCM and Central Human Resources.

General training was due for completion by employees by Jan 25, 2021, and was promoted through articles in Wednesday Wire and Multco Matters, as well as notifications within Workday. Additional specialized training will follow the initial round of general training.

Recommendation 8

By March 2021, Central Human Resources should develop a method for employees to provide COVID-19 related feedback anonymously.

Multnomah County Personnel Rule 3-32 Reporting Improper Governmental Conduct includes within its subject matter "Mismanagement" (§ 3-32-015), as well as a section labelled "Reporting" that includes the County Auditor and Good Government Hotline as avenues for reporting mismanagement (§ 3-32-030.C.4. & 5. and H.1. & 2.), among

others. The County will continue to reinforce and publicize these methods as available means for anonymously reporting concerns and feedback related to COVID-19.

The Auditor has indicated a preference that the County not use the Good Government Hotline to report COVID-19 feedback. If a separate means of reporting is necessary, we believe that Rule 3-32 should be amended to reflect this preference and will look to the Auditor's Office to let us know their preference.

Recommendation 9

By March 2021, the Chair or her designee should provide employees with a point of contact for COVID-19 safety coordination.

The County designated Michelle Cross, Risk Services Manager, as its point of contact for COVID-19 safety coordination in April 2020. That designation was communicated contemporaneously with the appointment. Ms. Cross' designation as Safety Coordinator will be communicated further, and will be added to the County's COVID-19 Employee Information and Resources page on Multco Commons.

Recommendation 10

Based on responses to our office's employee survey, it appears that applying policies is an ongoing challenge. Upon issuance of the report and periodically thereafter, the Chair or her designee should reiterate to managers and employees her expectations that safety policies and recommendations are followed, including the requirement that employees telework as much as possible.

As County Chair, I have communicated in multiple all-staff emails, and the County generally has communicated in technical COVID-19 response articles in the Wednesday Wire, Multco Matters, and Management Monthly, that County leadership expects maximum use of teleworking by supervisors and staff, and that my expectations regarding safety policies and recommendations should be followed. That messaging will continue for the duration of the pandemic.

Recommendation 11

Prior to adding in-person capacity at County locations, we recommend that Facilities and Property Management ensure that necessary building modifications, including the installation of partitions, and filter upgrades in HVAC systems have been completed.

The Facilities and Property Management Team has been a leading member of the County's Safe Spaces Team, a multidisciplinary team responsible for addressing the infrastructure requirements for County programs that need to provide services within a County building during the pandemic. This team works in partnership with the designated departmental program staff to ensure that the facility meets re-opening requirements.

A checklist is used to ensure that all aspects have been addressed, including any necessary partitions and HVAC filter upgrades. Per guidance from Risk Management, the checklist advises programs to first make any administrative program changes, then reach out to Facilities to advise on any possible engineering changes, and lastly to look at ways to modify the physical space to create physical distancing and barriers.

We believe that this multidisciplinary approach creates safer working conditions for staff who must report in person and meets the intent of the recommendation of this audit.

Recommendation 12

Prior to adding in-person capacity at County locations, we recommend that Facilities and Property Management work with its janitorial contractors to ensure that each location has sufficient staffing capacity to ensure the enhanced cleaning recommended by the CDC.

As previously discussed, the Safe Spaces team addresses a range of topics to facilitate a safe re-opening of services. Janitorial services are evaluated based on the specific requirements of the program. Janitorial contractors are responsible for adjusting their staff to meet the cleaning requirements at each facility.

Our janitorial partners ensure our buildings remain a safe and clean work environment. They increased the level of cleaning using a COVID-19, EPA-approved disinfectant to focus on increased disinfection of primary touchpoints, including door knobs, railings, drinking fountains and horizontal surfaces. This approach is based on CDC guidelines. Additionally, the Health Department's guidelines note that a one-time deep clean is not effective. Routine cleaning services are provided by the County's janitorial services contractors, Relay Resources and ABM, as described by OR-OSHA requirements (once every 24 hours and using CDC-recommended products as listed in EPA's N list).

We believe this approach is in line with the recommendation in this audit.

Recommendation 13

We are told that the County is currently in the process of adding COVID-19 specific cleaning and disinfecting requirements into its contracts with janitorial providers. We recommend that Facilities and Property Management complete these contractual requirements prior to programs adding substantial in-person capacity at County locations.

The County's Facilities and Property Management Division is ensuring janitorial services meet CDC and OR-OSHA requirements. The County's two providers are required to follow CDC guidelines and requirements per the industry standard. As previously noted, the Safe Spaces team addresses janitorial services as part of the re-opening process.

In addition, the Facilities and Property Management Division is renegotiating its contracts as part of the contract renewal process later this year. At that time, we will add language to address cleaning and disinfecting requirements for pandemics, such as COVID-19. The approach is to add broader language, rather than virus-specific language, since these will be multi-year contracts.

Recommendation 14

By July 2021, department directors should provide County-owned computers to employees who frequently telework and should emphasize using County-owned computers for employees who occasionally telework. The County should also provide employees with any other equipment typically used by one person to telework effectively, such as computer mice, computer monitors, and headsets. These examples are meant to be descriptive, not exhaustive.

We agree that it is important for employees to use County-owned computers for teleworking and have created a system to provide employees with County-owned computers and technology that they can use from home, as well as accessible technology support services. When County employees were required to telework if their job could effectively be performed outside of the office, the Information Technology Division of the Department of County Assets transitioned to full remote worker support. Since then, the IT Help Desk call and chat volume has skyrocketed.

IT staff have continued to improve the remote working experience for employees throughout the pandemic. Here is a brief summary of what has been done to date to provide employees with the tools and technology they need to telework effectively:

- Department directors and the Leadership Council were informed early in the pandemic response to have staff contact the Help Desk for telework needs.
- IT Management set up a daily triage process to address unique programs and groups within departments to solve their specific telework needs (e.g., call centers). IT Portfolio Leaders met with department leadership at a variety of levels to help identify needs and prioritize requests.
- The Commons Telework Resources site was established and updated regularly.
- Despite a national supply shortage early in the pandemic, IT Management established a process to manage laptop requests and prioritized distribution.
- IT ordered quantities of laptops as they came back into the supply chain.
- On Aug. 21, Multco Matters featured the “Bringing Home Office Equipment” article, reminding employees that they could take home any equipment they needed. Employees were asked to report any equipment they were taking home and a link was provided for tracking purposes.
- During the FY 22 Budget preparation process in summer/fall 2020, IT Management worked with many departments to convert the budgeted devices from desktops to laptops.
- IT established a “Telework Bundle,” which provides a laptop, monitor, docking station, keyboard, mouse, cables, dual earpiece headset and related technology items. This is provided in a to-go bag and can be picked up safely at the Multnomah Building. This information was included in the Nov. 12, 2020 Management Monthly, and the form to make the request is accessible on Multco Commons. This is applicable to new employees joining the County, as well as existing staff.
- Printers and other equipment required for certain roles is provided upon request.
- Hotspots and charging packs are provided on a case-by-case basis based on Departmental approval.
- Mobile phones are available with appropriate manager approval.

The County has the process and infrastructure in place to support ongoing remote telework. Each department is responsible for funding the tools and technology their employees need to effectively work remotely. Outfitting an employee with the tools can be accomplished with a request to the IT Help Desk. These requirements can be conveyed through the Telework Agreement.

Recommendation 15

By February 2022, Central Human Resources should ensure the maintenance of telework information electronically, preferably in Workday to allow:

- a. Accessibility to approved or denied telework agreements at the employee, supervisory, departmental and central levels.**
- b. Electronic approvals and updating for better efficiency.**
- c. Monitoring of teleworking performance and equity.**
- d. Documentation of specific details, such as computer ID numbers, of all County equipment used to telework.**

The County's Telework Committee first convened in June 2020 and has been meeting since to address the variety of issues raised by large numbers of teleworking County staff. The committee has reviewed the issues and is recommending changes to the County's personnel rules, including those concerning "telework agreements," which are a tool more suited to voluntary teleworking rather than mandated teleworking.

In the short term, telework agreements must be managed via Google documents, as Workday is not presently configured for documentation tracking. However, Workday rolled out new functionality regarding request control in late 2020, which the team will assess. If the functionality matches the need for telework agreement management, the committee will assess its implementation.

Performance management has been managed in Workday since Go Live on January 1, 2019; the current evaluation template contemplates assessment of employees who are working remotely. At present, eligibility of approval for teleworking is driven entirely by a supervisor's assessment of the business need for working in person. However, when the County returns to a more discretionary form of teleworking approval, the Workday Team will include in its functionality assessment whether Workday may be used to measure demographic impacts of telework request approvals.

Finally, the County does not use Workday for asset tracking, as the IT Division of the Department of County Assets already has an equipment tracking mechanism, which is being used to manage employee use of County assets in teleworking.

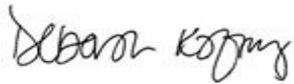
Recommendation 16

To help ensure fairness among employees, by February 2022, Central Human Resources should indicate potential telework eligibility in County job descriptions.

Suitability for telework eligibility is not based solely upon whether the position may be eligible, but also upon the supervisor's judgement whether the performance of the individual employee and the performance management needs of the organization can

accommodate a remote work assignment. During the pandemic, performance expectations and standards have reflected the externally imposed limitations dictated by circumstances; once standards return to their unaltered level, supervisors will need to assess whether individuals' performances while teleworking would prospectively meet the full performance standards of the organization. That said, the Classification & Compensation Unit of Central Human Resources, Department of County Management will assess the best method of memorializing telework eligibility by position.

Sincerely,

A handwritten signature in black ink that reads "Deborah Kafoury". The signature is written in a cursive, flowing style.

Deborah Kafoury
Multnomah County Chair