



Multnomah County Behavioral Health Division
Bi-Weekly COVID Impact Provider Meeting

Meeting Notes Summary: 1/13/20

This meeting is held twice monthly to provide providers to share and discuss COVID-19 related issues, including the pandemic's impact on agency workflow and other updates.

Lisa Ferguson, Communicable Disease Manager for the Multnomah County Health Department's Public Health Division, was present to answer questions about COVID-19 vaccines and testing, among other things related to the pandemic response and mitigation efforts. Lisa is the conduit for the vaccine team. That team has partnered with health systems and developed a plan to ensure that those in group 1A are able to be vaccinated. The team is continuing to work with partners to adapt plans and policies in response to rapidly changing guidelines from the federal and state level. If providers have questions for Lisa in the future about vaccine or testing issues, Lisa can be reached by email at lisa.ferguson@multco.us.

Leticia Sainz, Deputy Director of the Behavioral Health Division (BHD), was also present to provide insight on how BHD is engaging in the County's efforts to make vaccines available and how the division can support providers seeing vaccines and testing. Leticia noted that BHD is following guidance from Public Health in terms of vaccine prioritization and the approach will be to focus on making careful decision that focus on access for staff that work directly with the community.

Questions and Answers

Q: Is there any specific type of assistance or facilitation behavioral health workers should be doing with clients 65+ to assist them to obtain the vaccine?

A: Because the new guidelines for vaccinating people over 65 are new, there is no system in place yet to figure out where that population can get their vaccines. More information is expected in the next week. Information will be shared when it becomes available.

Q: What is the process for agency staff that work directly with clients to get vaccinated in outpatient settings?

A: Group 1 of Group 1A includes all residential staff and MAT providers, and the County is currently working to get the people in those groups vaccinated. BHD has been collecting information from this group that will allow agency staff to be categorized. Currently the county is working with health systems and using their vaccine supply and matching organizations. So the county will come back to those on the list with instructions on how to obtain vaccines. Providers are encouraged to continue to reach out to BHD and the additions team to ask questions and give feedback on the rollout.

Q: What is the timeline for patient vaccination? How do we manage patients that receive the first shot and then leave our care? What a vaccinations for new patients that arrive in detox or residential settings after the vaccination process has started?

A: Will take the question about patient vaccinations back to the vaccine group. In general, the State system for vaccinations – ALERT – tracks all doses administered. Through that system, those due to receive second doses can be tracked. It is not known whether there is a state-wide coordinated system of alerts beyond that. Lisa will look into getting providers access to that databased for their patients.

Q: Does the County has a plan on how to address vaccinating individuals in custody that would be released into congregate living?

A: There is no specific policy yet about when and how that will be done, but there are ongoing discussions of this issue.

Q: We know COVID has disproportionately affected the African American community, so it should be a priority to provide vaccines to the community. However, due to historical and generational trauma, many in the community are not willing to be vaccinated for fear of being guinea pigs. How are these issues being addressed? The community will need to have a voice.

A: There is a State-level work group comprised of community members to specifically talk about these issues. Right now the focus remains on vaccine rollout for people in health care/congregate settings, however, the issue of what other groups and communities to prioritize and how to address the hesitancy among those community members will become even more critical as we shift focus to vaccine rollout in the general population. One of the challenges is that decisions around priority populations and groups are happening at the federal and State levels, which makes it challenging locally when directives come in. Lisa noted the frustrations regarding the working group and the need for greater community voice in these decisions and will take these concerns to leadership.

Q: Is COVID-19 testing available for incarcerated individuals, specifically for those in Multnomah County jails, prior to their release to residential facilities? Providers had been under the impression that individuals scheduled for release had been quarantining within the jails prior to release, but that turned out not to be happening. As a result, there is a need for those individuals to be tested prior to entering residential facilities to reduce the likelihood of outbreaks that can spread widely and cross contaminate our system of care. This has been the source of several outbreaks that have needed to be mitigated, which creates strain for organizations, staff, and clients.

A: Both Lisa and Leticia will follow-up regarding testing in these circumstance. There is no single answer for widely available testing. Right now, however, the push is probably for vaccines over testing.

Q: When will vaccinations start for staff of community based organizations?

A: There is no specific date yet. What is known now is that those in group 1 of group 1A can start being vaccinated.

Q: We've read that the governor wants 12,000 injections/day. Still that would take 2 years for everyone to get (two) injections. Is that math correct? Should we be planning to maintain telehealth and COVID Best Practices for at least another year?

A: The reality is that yes we should plan on maintaining our COVID protections for some time. There is also still a lot that we don't know about vaccines – like does it prevent the spread of asymptomatic spread.

Q: Can Multnomah County to do a presentation on the vaccine in order to educate clients? Clients are vocalizing that they are not going to be guinea pigs and, therefore won't take the vaccine. Even a recorded 10 – 20 min education presentation from the local health authority would be meaningful as trust in the local authorities is greater than it is in the CDC.

A: There is a communication coms team working to make information available about vaccines through community outreach. REACH is heavily involved, and is working on getting the word out and providing educational materials. Information about these efforts will be shared, and Lisa and Leticia will make sure to communicate this group's interest. We would also ask providers to identify any specific individuals that they think should deliver the messages to the community.

Updates from Providers

Painted Horse Recovery - Jerrod Murray, ED: Painted Horse recovery is a new organization, working with 4D, that will offer culturally specific peer mentor services and also educating the native community on COVID safety. More information about Painted Horse will be shared with this group.

DDA - Carolyn Haats: DDA is hosting three closed in person meetings in Multnomah County – Two at Mountainview housing and one at Diane Wade house.

VOA – Zola Neal, Joe Kleinhenz and Christina Anderson: There is a need for PPE at VOA. An outbreak on 12/25 resulted in the loss of 14 clients. VOA is working with the County to get the outbreak under control. Women's center is at 27 of 28 beds. No longer offering aftercare. That is now offered through VOA patient services. Clinical services at MRC – shifted to 100% telehealth on the residential side. Right now hosing one clinical group each morning as well as individual sessions. Medical motel clients also participate, using technology on their devices to be able to participate. As part of mitigation the County is informed of every referral to the medical motel. MRC has just completed 3rd round of COVID testing for all staff and clients. Depending on results, hope to resume intake on the 25th. There are three openings in Home Base and Harry Watson house. Testing can be provided prior to entry. VOA has secured vaccinations for all staff across programs, vaccinations still needed for clients.

CODA - Andrea Quicksall: CODA staff have been getting vaccinated through Kaiser and Legacy Go Health. CODA was part of COVID 19 harm reduction clearinghouse providers and is getting NARCAN from that resource. The reporting requirements seem minimal for that. Finally, women's residential is currently at it's capacity of 22.

The addictions team will follow-up with providers who requested PPE and will follow-up with the harm reduction team to share more information on the harm reduction clearinghouse.