

Agenda Cover Memo



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TO: Board of Health

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Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

In this Board of Health report, we continue our “Life Course Focus” by moving on to the leading health indicators for persons age 65 and older in Lane County, followed by brief updates from each of the Department’s ten divisions. We emphasize the leading causes of death for this age group as well as related health conditions and behaviors. In addition we highlight suicide and opioid deaths. In 2016, an estimated 62,500 people, or roughly 17 percent of the population of Lane county, were residents aged 65 and older. Of those 65 and older, more than a quarter (an estimated 17,000) lived alone.⁶ Within the next 15 years, the 65 and older population is projected to grow to nearly 114,000.⁷

Leading Causes of Death (age 65+)

Cancer

Cancer is a leading cause of death in the United States, the state of Oregon, and Lane County. The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. According to the NCI, lung, colon and rectal, breast, pancreatic, and prostate cancers lead to the greatest number of annual deaths. Deaths from cancers have steadily declined in Lane County and nationwide, most likely due to decreasing overall tobacco use and improvements in early detection and treatment.

Heart Disease

Heart disease includes a variety of diseases, the most common of which is coronary artery disease which can cause heart attack, angina and heart failure. Rates of heart disease have been declining in recent years and in Lane County are better than rates for the state and the nation. In Lane County, declining tobacco use likely is playing a leading role; however medical advancements have also played an important role.

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia among the population over 65 years old, accounting for 50 to 80 percent of dementia cases. It is a progressive and irreversible disease in which memory and cognitive abilities are slowly eroded, making it impossible to carry out even simple, daily tasks. Deaths due to Alzheimer’s disease are on the rise in Lane County and are higher than the state and the nation.

Chronic Lower Respiratory Disease

Chronic lower respiratory is a condition that restricts airflow into the lungs, making it difficult to breathe and includes chronic bronchitis, emphysema, asthma. It usually results from tobacco use, although it can also be a result of pollutants in the air, genetic factors, and respiratory infections. Deaths in older

The Economics of Tobacco use

Lane County residents smoke at a rate about one percent higher than the national average. While one percent may seem small, this one percent difference diverts approximately \$80 million each year from the local economy to pay for healthcare costs alone. Reducing tobacco use is an effective way to both boost health and the local economy. Lane County has experienced consistently higher rates of tobacco use than the state, yet the rates are improving through supportive systems, policies and environments. As rates decline, we are seeing parallel improvements in tobacco related illnesses such as cancer, heart disease, and stroke.

adults due to CRLD has been declining. While slightly higher than the state population overall, Lane County deaths due to CRLD are better than the national average.

Stroke

A stroke occurs when a clot severely blocks the blood supply to the brain or when a blood vessel bursts, resulting in bleeding into or around the brain. When either happens, brain cells begin to die and brain damage can occur. A stroke can cause lasting brain damage, long-term disability, or even death. Like other cardiovascular diseases, deaths due to strokes have been declining among adults 65 and older, yet in Lane County rates remain slightly higher than the national average.

Health Conditions (age 65+)

Cancer

See "Leading Causes of Death," above. Like cancer deaths among adults 65 and older, the number of persons who have ever had cancer has also declined in Lane County. The county experiences less cancer among residents than the state population of older adults.

Heart Attack

See "Leading Causes of Death," above. Heart attacks have been declining in Lane County and occur less frequently among older residents of Lane County than among the Oregon older adult population.

Asthma

Asthma is a chronic inflammatory disorder of the airways, characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Asthma has been consistently higher in Lane County than in Oregon, and has been on the rise among older adults.

Stroke

See "Leading Causes of Death," above. While stroke deaths have been declining, the number of persons 65 and older who have ever had a stroke has been on the rise. Still, the percentage of the population affected remains lower than the Oregon older adult population.

Diabetes

Diabetes lowers life expectancy, increases risk of heart disease, and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. The percentage of adults 65 and older living with diabetes has remained stable for Lane County residents in recent years.

Arthritis

Arthritis includes more than 100 diseases and conditions that affect joints, the tissues that surround the joint, and other connective tissue. Arthritis is a leading cause of work disability in the United States and one of the most common chronic conditions in the nation. It is a common cause of

chronic pain. The percentage of adults 65 and older living with diabetes has remained stable for Lane County residents in recent years and is somewhat higher than the state average.

Obesity

Obesity affects quality of life and puts individuals at risk for developing many diseases including heart disease, stroke, diabetes and cancer. Obesity continues to rise both in Lane County and in Oregon and affects more than 1 in 4 adults over age 65.

Depression

Depression is a serious medical illness, characterized by persistent sadness and sometimes irritability. It is among the leading causes of disease or injury worldwide, and including Lane County. It is associated with increased risk for death from suicide, heart disease, other mental health disorders, and smoking. Depression in Lane County affects nearly 1 in 5 adults over 65. The Lane County rate is higher than that seen among Oregon older adults overall.

Health Behaviors (age 65+)

Cigarette Smoking

Tobacco use is a major health concern for Lane County. It is the single most preventable cause of death and disease. Cigarette smoking has been declining among older adults in Lane County and is comparable to both state and national rates of use.

Physical Activity

Regular physical activity can improve health and quality of life in people of all ages. Active adults reduce their risk of many serious health conditions including obesity, heart disease, diabetes, colon cancer and high blood pressure, as well as symptoms of anxiety and depression. The percentage of persons 65 and older who meet national guidelines for activity has been declining, and remains lower in Lane County. Fewer than 1 in 5 older adults currently meet the recommended amount of exercise each day.

Fruit and Vegetable Consumption

Consuming healthy foods is associated with lower risk of obesity and numerous chronic diseases. Despite the benefits, many people do not eat the recommended levels of fruits and vegetables. Like physical activity, fewer than 1 in 5 older adults eat the recommended number of servings of fruits and vegetables. Lane County older adults also are less likely to eat fruits and vegetables than their peers throughout Oregon.

Colorectal Screening

Colorectal cancer is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the U.S. Colorectal cancer screening helps prevent deaths from colorectal cancer. Colorectal screening has been improving, and roughly 6 out of every 10 adults 50-75 years of age report having been screened for colorectal cancer.

Mammogram Screening

Breast cancer is the second most common type of cancer among women in the United States. Evidence suggests that mammography screening reduces breast cancer mortality, especially among older women. The percentage of women screened for breast cancer has been on the rise both in Lane County and Oregon. Currently 3 out of every 4 women age 50-74 have had a mammogram within the past two years.

Influenza Vaccination

Influenza vaccination is suggested for all individuals six months and older, but influenza and pneumonia vaccinations are especially recommended for persons most at risk, including the elderly, the very

young, and the immunocompromised. Slightly more than half of all adults 65 and older have had a flu vaccine in the past year. Vaccination rates in Lane County are similar to those among older adults statewide.

Special Topics

Suicide

Suicide is one of Lane County's most persistent and largely preventable public health concerns. It affects survivors and entire communities, and the effects are devastating and long lasting. As with younger adults, suicide among older adults have been on the rise for more than a decade and are higher in Lane County than the state and the nation. Currently more than 20 out of every 100,000 adults over 65 dies by suicide each year.

Opioid Overdose Deaths

In Oregon more drug poisoning deaths involve prescription opioids than any other type of drug. While relatively low when compared other populations, older adults too are now experiencing deaths due to opioid overdose. Hospitalizations have also been worsening. Deaths from opioid overdose affect 4 out of every 100,000 adults 65 and older.

Sources

¹ Oregon Death Certificates, Oregon Center for Health Statistics, Oregon Health Authority.

² National Vital Statistics Report, Volume 66, Number 5. Deaths Leading Causes for 2015. November 27, 2017

³ Behavioral Risk Factor Surveillance System.

⁴ National Center for Health Statistics. *Health, United States, 2016: With Chartbook on Long-term Trends in Health.*

⁵ Prescribing and Overdose Data for Oregon, OHA Public Health Division, using Oregon Death Certificates

⁶ U.S. Census Bureau 2012-2016 American Community Survey 5-Year Estimates.

⁷ Population Research Center at Portland State University Population Forecasts.

Life Course Focus: Age 65+

Health Indicator	Trend	Lane	Oregon	U.S.	Year(s)
<u>Leading Causes of Death (age 65+)</u> ^{1,2}					
Cancer (rate per 100,000)	↓	856	880	938	2014-16
Heart Disease (rate per 100,000)	↓	816	872	1123	2014-16
Alzheimer's Disease (rate per 100,000)	↑	336	242	237	2014-16
Chronic Lower Respiratory Disease (rate per 100,000)	↓	270	264	289	2014-16
Stroke (rate per 100,000)	↓	244	251	265	2014-16
<u>Health Conditions (age 65+)</u> ³					
Cancer	↓	18.7 %	19.7 %		2012-15
Heart Attack	↓	10.6 %	11.5 %		2012-15
Asthma	↑	8.8 %	9.1 %		2012-15
Stroke	↑	7.8 %	8.4 %		2012-15
Diabetes	→	17.7 %	19.8 %		2012-15
Arthritis	→	28.3 %	26.7 %		2012-15
Obesity	↑	28.2 %	26.6 %		2012-15
Depression	↑	19.9 %	18.0 %		2012-15
<u>Health Behaviors (age 65+)</u> ³					
Cigarette smoking	↓	8.8 %	8.5 %	8.7 %	2012-15
Physical activity meets guidelines	↓	18.2 %	19.1 %		Lane 2012-15 OR 2013-15
Fruit & vegetable consumption meets guidelines	↓	17.3 %	18.5 %		Lane 2012-15 OR 2013-15
Colorectal Screening (age 50-75)	↑	64.6 %	64.8 %		2012-15
Mammogram Screening (age 50-74)	↑	75.5 %	75.5 %		2012-15
Influenza Vaccine	↓	55.3 %	56.0 %		2012-15
<u>Special topics</u>					
Suicide (rate per 100,000) ^{1,4}	↑	21.3	18.1	16.3	2014-16
Opioid Overdose Deaths age 65-74 (rate per 100,000) (Region: Douglas/Lane) ⁵	NA	3.9	2.62	7.2	OR/Lane 2012-16 U.S. 2015

Key: Green = improving Orange = worsening Black = no change NA=Not Available

Administration

Administration provides administrative support to nine other divisions within Health & Human Services. This division includes: Executive Management, Planning and Subcontracting, Fiscal Services, Recruitment & Hiring, Strategic Development, and Public Information.

Both the fiscal and contracts team are completing work in preparation for FY18/19. Staff in fiscal has worked with the division managers to create and submit the department request budget for FY18/19. Contracting staff are preparing to start the selection process for FY18/19 services. Staff are currently working to revise the sub-contractor report structure to better capture outcomes and service delivery data. This will be helpful information to make future decisions about services funded and the outcomes of providing the service. Additionally, staff are developing a framework to review internal and external compliance with funding source and/or grant conditions.

In the Public Information section, the work on internal communication to department employees focused on cross-education and awareness of available services, employee satisfaction, and staff development. Included in this work was the design and production of an updated new employee orientation video.

Department communication through the Public Information Officer to the community has included presentations to various community groups and organization, dedicated news outreach to provide education, and promote the services and work the divisions do for the community.

Behavioral Health

Lane County Behavioral Health provides comprehensive team-based care for children, adolescents, adults and families. The LCBH mission is *“Enhancing individual and family wellness through integrated care and community connections.”*

IMPROVING HEALTH OF COMMUNITY

- Integration of primary care and behavioral health is sustainable and part of the permanent infrastructure of the clinic now.
- Hired a Peer Support Supervisor and many more Peer Support Specialists.
- Continue to coordinate with local hospitals and the state hospital to facilitate appropriate transitions to care back in the county system.
- Collaborated with Lane County Public Health and recently hosted a training where Public Health taught staff about Hepatitis A risks and prevention.

EQUITY AND ACCESS

- The Adult Team continues to increase access to the community with a goal of adding 300 new clients by 2020.
- The Child and Adolescent Program (CAP) increased their screening team resources and continue to provide access to children and families who need assistance.
- CAP continues to provide excellent behavioral health treatment access at area high schools.
- The Methadone Treatment Program (MTP) is actively recruiting for a full-time clinician, which would allow access to many more new clients.

INTEGRATED SERVICES

- Hired a Nursing Supervisor to continue the positive momentum of integrated care.
- Hired an Integrated Behavioral Health clinician who bridges the two programs and ensures that clients from primary care get ready access to behavioral health treatment.
- Continue to collaborate with the pharmacy embedded in the clinic for excellent integration of pharmacy services.
- Implemented Trauma Informed Care for the whole clinic.

ENSURING SAFETY IN COUNTY

- Implemented the Columbia Suicide Severity Rating Scale (C-SSRS) which is an evidenced based suicide assessment tool which activates safety planning and supports.
- The Forensic Program continues to collaborate with the criminal justice system, including Lane County Jail, Lane County Parole and Probation, Sponsors Inc., Oregon State Hospital, Circuit Court, Municipal Court, Psychiatric Security Review Board, and the Civil Commitment Court.
- The Forensic Program streamlined their access system to ensure all clients needing care get access rapidly and efficiently to behavioral health services.
- The clinic completed a formal Risk Assessment, Risk Assessment Plan and formed a permanent Risk Assessment Team.

Clinical Financial Services

Clinical Financial Services (CFS) provides financial, revenue cycle, and other support services to the Community Health Centers (CHC), Lane County Behavioral Health (LCBH), and Public Health (PH) operating units. These services include credentialing, state and federal reporting, medical billing, and financial analysis. Key issues for this unit for the coming year include the following:

Staffing

As of this writing CFS is recruiting to fill the vacant Division Manager role. Critical duties are being covered by the Supervisor, but the department is in a position in which plans for system improvements and workflow efficiencies are on hold until new management is in place. CFS has attained full staffing on the billing team, allowing improved Accounts Receivables follow up and cross-coverage training. CFS will be adding an Accounting Analyst position in FY18/19 to develop enhanced training for front end users at the CHC and LCBH, and to assume additional reporting and financial analysis duties.

Billing Projects

The new CFS Data Mart is being validated in preparation for the development of dashboards to provide real-time performance metrics and identify areas for improvement in billing and service activities.

An integrated EDI solution is being researched to determine if a cost-effective product providing improved eligibility, claims tracking, and payment receivables functionality can be implemented in the next Fiscal Year. The objective is to identify a solution that will be reliable and easy to use for front end users, improving accuracy of claims upon initial billing, and accelerating reimbursement.

Supplemental Grants

The FQHC continues to manage funds from two supplemental grants from the Health Resources and Services Administration (HRSA) this year. The \$150,000 grant to expand access to mental health and substance abuse services is designated for expansion of the Methadone Treatment Program. \$75,000 of this grant is restricted to fund one-time technology costs in support of the grant purpose, and includes EHR expansion, dashboard development, and related staff training in the Behavioral Health division.

The CHC is continuing to invest in Quality Improvement efforts through the available funds in the second grant of \$86,666. Remaining funds will be allocated to enhance reporting technology, train and develop users of the reporting tool to create data deliveries to drive decision-making, and identify solutions to improve the performance and quality of patient care.

Fiscal Accountability

CFS has provided financial analysis services to the CHC in preparation for the transition to the Alternative Payment and Advanced Care Model. This effort will allow the CHC to receive Medicaid reimbursement in a timely and consistent matter and will help drive focus on additional patient care efforts while maintaining financial predictability.

CFS continues to work closely with the CHC, LCBH, and PH division managers to develop and provide operational financial reports and related statistical productivity analytics to provide accurate and timely information on program performance to assist in decision-making.

Community Health Centers of Lane County

Community Health Centers (CHC) of Lane County provides primary care at six locations in the Eugene/Springfield area. In addition to primary care, the CHC offers prenatal care, dental prevention services, and integrated behavioral health services. The CHC provides care to the uninsured and underinsured members of the community. Part of the CHC core mission is to serve homeless members of the community.

Key issues for the CHC in the coming year include:

Moving to Alternative Payment Care Model for Medicaid Services

Starting July 2018 CHC changes the method by which the CHC is reimbursed by the Oregon Health Authority for Medicaid services. The CHC will be paid a capitated (per member per month) payment rather than receiving payment for each patient visit. This change will enable the CHC to provide a greater breadth of services addressing the social determinants of health for our patients. Most of these important services are not reimbursable under the traditional payment methodologies. This payment change will further support team-based care structure, improving patient outreach and engagement and more effectively managing care for a larger population of patients.

Renovation of the Charnelton Clinic to Improve Efficiency

The renovation of the Charnelton Clinic is nearly complete. The renovation will significantly improve the efficiency of services at that site, including creating team offices for care teams, consolidating and improving the in-house lab, and creating additional offices for integrated behavioral health, nurse visits, and pharmacy consultation.

Increasing Access to Care and the Range of Services Available

Continue to concentrate on expanding access to care for current and new patients. To this end, the CHC:

- Has increased enabling services to assist patients in addressing food insecurity, housing needs, and other social service needs.
- Began offering alternative medical services including acupuncture and mindfulness to provide non-pharmacological alternatives for patients with chronic pain. This program has been a great success.
- Began providing suboxone treatment, which provides a safer alternative for patients who use opiates.

Continued Focus on Clinical Improvement

Use robust quality improvement processes, in which continuous improvements on key clinical indicators of individual and community health are made. These factors are also important to fiscal security since a portion of Medicaid payments are tied to achieving clinical metrics.

Developmental Disabilities Services

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for over 2,100 children and adults with intellectual and developmental disabilities living in Lane County. Lane County is the second largest county community developmental disabilities program in the state.

Within the division case management services are separated into three distinct teams, older adult, high school transition and children's services. Services Coordinators on the older adult team (ages 25 and over) are charged with the ongoing responsibility of monitoring clients' services in residential sites (foster care, group homes and supported living) and those who live in their family homes with in-home support plans. Services Coordinators monitor the health and safety of these vulnerable individuals and ensure their individual support plans are being followed.

The high school transition team provides case management services for children and young adults ages 16-24. This team focuses on case management of transition from high school to post-secondary opportunities and employment services. They are responsible for monitoring health and safety and ensuring that individuals are supported to meet their individualized support needs in order to be productive citizens of Lane County.

The children's unit (ages Birth - 15) is responsible for monitoring the health and safety of children with an intellectual and/or developmental disability who live in their family homes, foster care homes, and other group home settings. Services for children who live in their family home focus on providing appropriate resources that support the child in their family home. The children's team is now specializing in early childhood and school-age age groups.

Lane County DDS is responsible for many other duties including intake and eligibility determinations for every applicant interested in accessing services. DDS also includes a specialized team that acts as the designee of the State of Oregon in conducting investigations into allegations of abuse/neglect of adult individuals who are eligible for services. Lane County DDS is also the designee of the state for licensure of both adult and children foster care homes.

Current highlights:

- DDS continues implementation of the electronic health record, CaseWorthy. Currently working on phase 2 and 3, this focuses on the foster care system, provider portal, and abuse investigations.
- DDS has brought in new leadership with the hiring of a new program manager, Carla Tazumal who began on 4/2/18.
- Lane County DDS has added 10 new FTE positions since October, which helps to disperse the current workload over more employees and provides a better service delivery to the people receiving services.
- Lane County DDS is serving over 2,100 individuals in Lane County with intellectual and developmental disabilities. Approximately 626 children and 305 adults receive some type of in-home support through K plan services.
- Lane County DDS will be expanding its office to accommodate new employees, and in anticipation of hiring additional future employees. The expansion will also create more conference space, and create a more welcoming presence to the community that utilize Lane County DDS services.

Human Services Division

Dovetail Services: Project 250 is H&HS's strategic initiative to improve collaboration across seven outward-facing Divisions, especially around the people H&HS serves with the most complex and intensive needs. Over the past two quarters H&HS has officially "launched" this program and re-branded as the Dovetail Program - helping people connect to the most fitting services. The two person program has met with 20 people to date, providing in person service navigation. In addition, HSD administered a survey to H&HS staff assessing the current level of perceived collaboration across Divisions and ability of staff to connect the people served to social services. This data has been used to support initiatives aimed at improving collaboration, facilitating connections to social services, and reducing the burden of high Emergency Department use.

Energy Services: The Energy Assistance PY18 program year is underway. Thus far, Lane County has received \$1,977,848 in federal LIHEAP energy assistance funding. Of this amount, OHCS allocated \$25,552 to Lane County specifically to address air quality problems in Oakridge due to wood burning stoves. The HSD's sub-recipient agency, Homes For Good, will install ductless heat pumps in homes that heat with wood stove in order to reduce air pollution due to wood-burning stoves. Per federal sources, more LIHEAP funding is on the way. Homes For Good continues to deliver Lane County's federal, state, and local weatherization programs and grants. EWEB continues to be a generous funder of energy assistance and energy conservation programs for its low-income customers.

Housing and Human Services: In alignment with the Poverty and Homelessness Board's (PHB) Strategic Plan, staff is currently seeking financing for the MLK Housing First 50 unit project. A Fairgrounds family housing project is in the beginning planning stages. A committee has been convened to plan a summit around the PHB Strategic Plan goal to create 600 new units of permanent supportive housing. New State Homeless Assistance Program (SHAP) funds were utilized to create 120 units of seasonal emergency shelter through Dusk to Dawn shelters. Currently negotiating a contract for the Public Shelter and Homeless Service System needs assessment to collect input and strategize about the community impact and necessary services for a new low-barrier public shelter.

Veteran Services: Over the last two complete quarters, Lane County Veteran Services has assisted 486 veterans and surviving spouses (out of 680 total decisions for a 71% success rate) obtain over \$2 million in retroactive benefits and nearly \$500,000 in continuing monthly benefits. Since the last Board of Health Report, the program has received the increased state funding based on the M96 Lottery Funds and has hired a new part-time Office Assistant and Community Service Worker to act as a case manager for the Lane County Veterans Treatment Court and assist program clients generally with a focus on addressing access to VA health care issues.

Workforce Services: For Program Year 2017/2018, Workforce Services plans to enroll 166 individuals in On-the-Job Training with local businesses. This is an increase of 31 individuals over the prior report. 53 individuals will enroll in Workforce Innovation and Opportunity Act (WIOA) funded scholarships for occupational skills training. The JOBS program has a goal of serving 2,005 individuals this year, of which 160 will be placed in work experience or JOBS Plus opportunities. The STEP (formerly SNAP 50/50) program plans to serve 200 individuals who are eligible for SNAP benefits. Many of those current served in workforce programs are either homeless or unstably housed. To improve services to this population, the program has aligned workforce services with the county's housing services programs. In addition, the team has created a series of life skills workshops that have an emphasis on coaching executive functioning skills.

Public Health

Lane County Public Health ensures protections critical to the health of all people in Lane County and to future generations, including protection from communicable disease and environmental risks, health promotion, prevention of diseases and injury, emergency preparedness, and responding to new and emerging health threats.

Key issues for Public Health (PH) in the coming year:

Accreditation

The goal of the voluntary national public health accreditation program is to improve and protect the health of the nation by advancing the quality and performance of Tribal, state, and local public health departments. The accreditation standards developed by the Public Health Accreditation Board (PHAB) define the expectations for all public health departments that seek to become accredited. The deadline for submitting all accreditation materials to PHAB is May 16th. After initial review of the documentation, PHAB will schedule a site review, likely in the fall. During the review, the site visitors will conduct interviews with the Health Administrator, members of the governing entity, community partners, and key departmental staff and then will submit a full report to PHAB. The accreditation decision is expected in early 2019.

Opiates

PH is working collaboratively with community partners to increase the availability of naloxone, reduce avoidable prescribing of opiates, and encourage opiate alternatives for pain patients. Naloxone (known by the brand name Narcan, among others) is a medication to rapidly reverse opioid overdose. Currently, the major law enforcement departments in the county and a few of the smaller ones either have access to naloxone in the field or are in the process of obtaining it. PH has hosted six opioid prescriber trainings since the fall. Attendance has been very good (ranging from 80—104) and the feedback has been positive. Public Health is currently planning the Statewide Opiate conference for May 17th—19th here in Eugene, including a community education session at the Downtown Library on May 17th from 5:30 to 7:30 pm. At this session, naloxone and naloxone training will be made available to interested community members.

Health Hub

With support from the Kresge Foundation and state modernization funding, PH is developing an innovative approach to collaboration with clinical partners that combines model public health approaches with new data tools and analytics to address shared population health priorities. As a beginning, PH is partnering with the Community Health Centers of Lane County and Trillium to improve vaccination rates and reduce vaccine-preventable illnesses. The next priority is to reduce tobacco use among CHC clients through a multidisciplinary approach that combine medication and behavioral interventions.

Equity

The first Health Equity report produced by PH for this region was presented to the Board of Health in October and to the larger community at the Lane Equity Coalition event at Lane Community College, attended by over 250 people. The March event was geared toward understanding the historical roots of racial oppression in Oregon and how discrimination has created disparities in a wide range of health outcomes. Since that time, the Public Health Advisory Committee and the Lane County Equity and Access Advisory Board have met to discuss feedback from the community meeting and further develop policy recommendations. A report from the combined committees is expected in June.

Quality & Compliance

Since its inception in November of 2018, the Quality & Compliance Division has continued to build a strong foundation, working to support the H&HS Department in a number of key areas including data/analytics, quality improvement, electronic health record (EHR) support and compliance/risk management. A highlight of current focus areas are as follows:

Data/Analytics

- Coordinating with the Homeless Management Information System (HMIS) Committee, a sub-committee of the Poverty and Homelessness Board, to create data dashboards and visualizations for a community audience.
- Collaborating with the Lane County Sheriff's office to produce outcomes data related to individuals in the Jail with behavioral health needs.
- Working with the Community Health Centers and Lane County Behavioral Health to utilize data tools to provide real time information sharing with local emergency departments and other area service providers.
- Coordinating with the Dovetail program (formerly known as Project 250) to create patient summary reports to assist staff with providing case management services to the most vulnerable individuals served by H&HS.

Quality Assurance/Quality Improvement

- Coordinating with Public Health and the Community Health Centers to secure shared quality improvement training with goal of creating a common model and language for such activities in the Department and instituting a culture of continuous quality improvement across H&HS.
- Managing the Alternative Care Payment Model project with the Community Health Center; data and outcomes determined from this project will feed quality improvement initiatives across the health clinics.

Electronic Health Record Support

- Re-design of user specific training modules serving to enhance the on-boarding of new staff and on-going support of all EHR users.
- In coordination with the Community Health Centers, implementing the EHR Patient Portal, serving to enhance communications between patients and care teams.
- Collaborating with Technology Services Project Management Office to implement a new EHR system in the Methadone Treatment Program.

Compliance/Risk Management

- Completion of risk management assessments for Lane County Behavioral Health and the Community Health Centers; on-going support in mitigation activities for found risk areas.
- Participation in Federal Tort Claims Act (FTCA) training and achievement of follow up activities ensuring compliance with associated rules.
- Institution of Health Insurance Portability and Accountability Act (HIPAA) privacy audits in EHR systems, ensuring appropriate record access and compliance with required regulations and internal policies.

Trillium Behavioral Health

Collaboration with Trillium remains critical to PH's efforts to improve community health.

Primary Prevention programs. School-based interventions to improve nutrition, increase physical activity, and reduce tobacco and substance use will be expanded to include additional schools and technical assistance for implementation. In addition TBH's Older Adult Program has contributed educational information to the preventionlane.org website and is currently working in collaboration around older adult suicide prevention.

Lane County Pain Guidance and Safety Alliance. The LC-PGSA is a community collaborative to address chronic pain and treatment methods including therapies and appropriate medications. The initiative engages providers and community members in issues concerning opiate overdoses, safe storage and disposal of opiate medications, alternative treatments, and patient and provider education regarding chronic pain and the use of opiates via online access at www.oregonpainguidance.org for local county resources and information as well as conducting on-going workshops to address new treatments, recommendations and insights into this specialized population.

CHIP implementation. PH, Trillium, PeaceHealth, and United Way comprise the Core Team and oversee implementation by action and project teams. Focus continues to be on housing opportunities and programs to address homelessness and health disparities as well as access to health foods through various programs that target food insecurity.

Youth Services

Lane County Youth Services' mission is to reduce juvenile crime through coordinated prevention and intervention programs that hold justice-involved youth appropriately accountable; provide restorative, rehabilitative, and treatment services for youth and their families using evidence based best practices and data driven decision making; promote healthy family interactions; prevent, reduce, and resolve family conflict; protect victims' rights during all phases of Court proceedings; and safeguard our communities.

- Detention Services: Continues to serve youth who display increasing levels of mental health needs. Youth Services has a Mental Health Specialist on staff within the division to help meet the needs of these youth. Detention also continues to use a trauma-informed lens to update areas of practices. Additionally, YS increased the opportunity for youth to make daily phone calls and have doubled the opportunity for family and friends to visit youth who are in Detention. These strategies are focused on decreasing stress and trauma that youth exhibit by increasing the availability to community supports systems while in Detention.
- Education & Vocation Services: Continues to provide year-round academic and vocational programming for youth in the Detention classroom and Phoenix program as well as community youth. Students earn high school credit, community service hours, provide restitution towards victims, and also have the opportunity to earn an academic stipend for a high degree of attendance and participation in the program. Vocational programming, as part of MLK, includes both a horticulture program that works across the county doing things such as rebuilding trails, and a culinary arts program that teaches youth food service skills.
- Program Services: Continues providing medical unit and mental health services to youth in care. The staff Mental Health Specialist enhances services by being trained to administer the Estimate of Risk of Adolescent Sexual Offense Recidivism; one of the most widely-used risk assessment tools for adolescents who have problematic sexual behaviors. YS is updating the division's suicide risk assessment to the evidence based Columbia-Suicide Severity Rating Scale to increase the ability to identify and serve youth within this vulnerable population.
- Restorative Services: Continues to provide domestic relations mediation, supervised parenting time, custody and parenting time evaluations, and Family Check-Up to families in Lane County. Coordinates referrals to six community diversion programs across Lane County, runs Springfield Restorative Justice, facilitates the newly restructured Minor in Possession class, and provides Victims Services to those directly impacted by youth crime. Currently in the process of implementing Victim Offender Dialogues.
- Supervision Services: Developed a Program Services Matrix (PSM) that guides decisions in how a youth will move through the system. The PSM considers the juvenile risk level, the number of criminal referrals, and the type of crime. This assures an equitable response and accountability for all youth. The PSM is also applied at a case closure audit to ensure guidelines were followed throughout the case.
- Treatment Services (Phoenix): Continues to evolve since moving into the unlocked facility in August 2017. A space has been set up so family therapy sessions can occur inside the building. Approved visitors, including younger siblings, are able to visit at the same time with the child and bring food and games to make for a more social visit. Families and friends are able to attend the child's program graduation ceremony, which makes it a more meaningful experience for all. Youth are participating in a broader range of community activities up to four times a week. Now implementing a "Girls' Circle" that is a 12-week, curriculum-based program to help girls with trauma issues feel more empowered.