

Agenda Cover Memo



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TO: Board of Health
FROM: Karen Gaffney, Director and Public Health Administrator
Department of Health & Human Services
DEPARTMENT: Health & Human Services
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2019 County Health Rankings & Roadmaps

Each year, to coincide with National Public Health Week, the University of Wisconsin Population Health Institute releases the *County Health Rankings & Roadmaps*. The project is funded by the Robert Wood Johnson Foundation. The *County Health Rankings & Roadmaps* has two overarching goals:

1. Improve health outcomes for all – including how long people live and how healthy they are.
2. Increase health equity – closing the health gaps between those with the most and least opportunities for good health.

The model on which the rankings are based include two broad areas: health outcomes and health factors (see *Figure 1*). The outcomes represent health as it is today, in terms of length of life and quality of life. The health factors are predictors of health in the future and include health behaviors, clinical care, social and economic factors, and the physical environment.

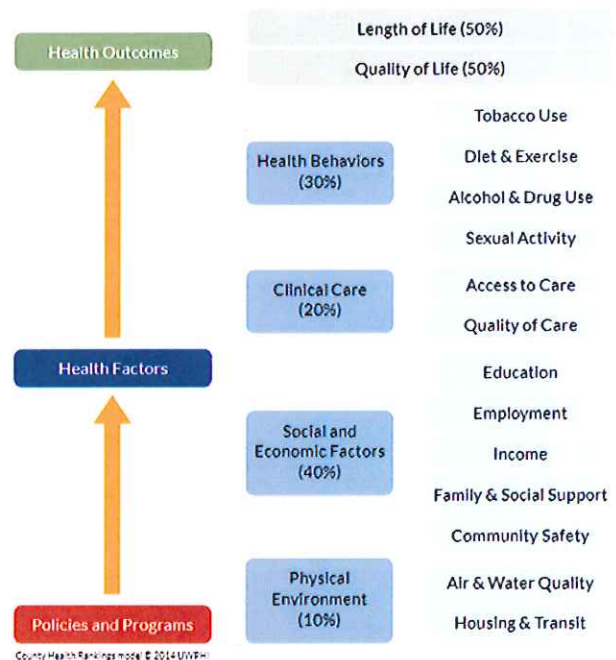


Figure 1: County Health Rankings Model

The County Health Rankings model illustrates that many factors influence how long and how well we live. Across the country and across our county, there are significant differences in health outcomes between groups of people. Previously we have discussed health disparities in Lane County among racial/ethnic groups (*Lane County Health Equity Report*, September 2017) and between neighborhoods within the county (*Place Matters* Board of Health Presentation, December 2018). Disparities in health develop when some people have consistently more access to opportunities and resources of the course of their lives and through generations than others. Increasing opportunities and access for everyone through policies and programs can reduce differences in health outcomes. Locally, our 2016-2019 Community Health Improvement Plan (CHIP)

is focused on increasing economic and social opportunities as well as health behaviors, the two areas which have the greatest impact on overall health outcomes.

The County Health Rankings began in 2011 and have been issued annually since. Counties are ranked within each state. In 2011, Lane County ranked 18th among counties in Oregon in health outcomes, by 2016 Lane had moved to #12 and, this year, [Lane County ranks #11](#). The County Health Rankings have become one of the most widely recognized public health surveillance systems in the nation. Although there are some limitations associated with the data and results may not accurately reflect conditions in sparsely populated counties, the Rankings have built awareness of the multiple factors that influence health and have been a resource to support community health improvement efforts across the country.

TABLE: LANE COUNTY, OREGON COUNTY HEALTH RANKINGS 2019

	Lane County	Trend	Oregon	Rank (of 35)
<u>Health Outcomes</u>				11
Length of Life				13
Premature death (<i>years of potential life lost rate</i>)	6,400	↓	6,000	
Quality of Life				17
Poor or fair health (age-adjusted self-report)	14%		16%	
Poor physical health days (# in past 30 days)	3.9		3.8	
Poor mental health days (# in past 30 days)	4.2		4.5	
Low birthweight (live births <2,500 grams)	7%		6%	
<u>Health Factors</u>				13
Health Behaviors				8
Adult smoking	15 %		16%	
Adult obesity	28 %	↑	28 %	
Food environment index (0-10, worst-best)	7.4		7.8	
Physical Inactivity (adults age 20+)	15%	↓	15%	
Access to exercise opportunities	89 %		88%	
Excessive drinking (adult binge and heavy drinking)	19%		19%	
Alcohol impaired driving deaths	30%	↓	31 %	
Sexually transmitted infections (chlamydia rate per 100,000)	446.7	↑	432.5	
Teen births (per 1,000 women ages 15-19)	16		20	
Clinical Care				11
Uninsured	8%	↓	7%	
Primary care physicians (ratio to population)	1:1,190	↓	1:1,080	
Dentists (ratio to population)	1:1,390	↑	1:1,260	
Mental health providers (ratio to population)	1:120		1:210	
Preventable hospital stays (rate per 100,000 Medicare)	3,298		2,903	
Mammography screening (% women 65-74 Medicare)	41%		40 %	
Flu vaccinations (% FFS Medicare enrollees)	46 %		40 %	
Social & Economic Factors				20

High school graduation	73%		77%
Some college	70%		69%
Unemployment	4.5%		4.1%
Children in poverty	18%	↑	17%
Income inequality (household income at 80 th :20 th percentile)	4.8		4.6
Children in single-parent households	33%		30%
Social associations (per 10,000 population)	10.1		10.3
Violent crime (per 100,000 population)	330		249
Injury deaths (intentional and unintentional)	91		72
Physical Environment			32
Air pollution (particulate matter 2.5mg per cubic meter)	9.9	↓	7.9
Drinking water violations	Yes		
Severe housing problems	22%		20%
Driving alone to work	71%		71%

Key Findings

The County Health Rankings & Roadmaps model highlights important trends in Lane County in health outcomes and health factors, and the program also provides a data base of policies and programs that have worked in other communities to reverse negative trends in specific health outcomes and health factors. Among the trends that are adversely influencing health in our community are increasing rates of sexually transmitted infections, high rates of violent crime and injury deaths compared to the state, and an air pollution problem that is improving but is still a major contributor to Lane County's poor overall ranking on physical environment.

Sexually transmitted infections (STIs) can affect both immediate and long-term health as well as the economic and social well-being of individuals and families. The County Health Rankings use the chlamydia rate as one measure of sexual health (the other is teen pregnancy). Lane County Public Health has been working to address high rates of STIs for several years. The measure used in the Rankings is from 2016. In 2018, the chlamydia rate, although still high, leveled off and did not increase as much as it had between 2016 and 2017. Gonorrhea, however, reached a new high of over 500 cases (as compared with 164 cases in 2015). Lane County is unusual insofar as gonorrhea cases are split almost evenly between males and females. In neighboring states (California and Washington), rates among women are much lower than among men. On the positive side, syphilis cases dropped by 32% in 2018 (although the rate is still higher than it was just 5 years ago) and the number of new HIV cases remained stable.

Violent crime is high in Lane County compared to other counties. It is included in the indicators of social and economic health because high levels compromise physical safety and psychological well-being. High crime rates can also increase stress and discourage people from being active outdoors or participating in civic activities. Among the programs recommended by County Health Rankings & Roadmaps to address violent crime are early childhood home visiting programs. Home visiting programs may be thought of as diversion programs because they reduce child maltreatment and injury and improve a range of child and parent outcomes, including social emotional and cognitive skills of children and maternal health and economic security. Public Health prioritizes high risk families for our home visiting programs, that is, pregnant women and mothers who are teenagers, homeless or at risk of homelessness, who have experienced partner violence or other trauma, and who have substance and addiction problems. The Oregon legislature is considering support for universal home visiting in Oregon and home visits by nurses may be offered more broadly in Lane County in the future.

Injury deaths is the number of deaths from planned (e.g., homicide or suicide) and unplanned (e.g., traffic deaths, poisoning/overdose) injuries, both types of which are higher in Lane County than the state average. Locally, community trainings and new initiatives in schools are expanding our

community's capacity to prevent and respond to suicide. Prevention staff are also collaborating with clinical and community partners to prevent opiate addiction and overdose. Reducing traffic fatalities through environmental changes, enforcement, and education is the focus of the multidisciplinary Fatal Crash Investigation Team led by Public Works.

Finally, air pollution, as measured by the presence of fine particulate matter, continues to be higher in Lane County than the state average. Adverse consequences of ambient air pollution include impaired lung function, chronic bronchitis, asthma, and other negative pulmonary effects. Long-term exposure increases premature death risk among those aged 65 and older. Fine particulate matter particles can be directly emitted from sources such as forest fires and wood-burning stoves, or they can form when gases emitted from power plants, industries and automobiles react in the air. Locally, our outdoor air quality is impacted by wildfire smoke in the summer and air inversions that trap chimney smoke in the valley in the winter. During days of unhealthy air quality, Public Health and Lane Regional Air Pollution Authority (LRAPA) collaborate to communicate with the public about health effects and strategies for limiting exposure. Public Health is also collaborating with the University of Oregon Policy Lab to identify policy interventions to protect vulnerable populations when wildfire smoke affects our area.

Administration

Administration is the division that provides administrative support to the nine other divisions within Health & Human Services. This division includes: Fiscal Services, Contracts and Planning, Public Information, and Recruitment and Hiring.

Both the fiscal and contracts team are completing work in preparation for FY19/20. Fiscal staff have worked with the division managers to create and submit the department request budget for FY19/20. Contracting staff are preparing to start the selection process for FY19/20 services, including selection based on the completion of the Biennial Mental Health & Addictions Implementation Plan (BIP). Staff are continuing to work to revise the sub-contractor report structure to capture performance outcomes and service delivery data.

Administration is currently in process of transition to new leadership. Last fall a new supervisor position was added to the Administrative section. Ann Becker was selected for the position and is supervising the Fiscal work unit. In February the Administrative Manager, Lynise Kjolberg, retired after serving in this role in the department for the past 18 years. The position has been filled by Shawn Waite. She comes to us with over 15 years of state government experience, which includes the Oregon Youth Authority as their CFO and Department of Human Services as the budget manager and statewide finance reporting manager.

In the Public Information section, work continues for improving internal communication to department employees with a focus on cross-education and awareness of available services.

Behavioral Health

Lane County Behavioral Health (LCBH) 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.”*

Admission and Discharge Data

In 2018, LCBH admitted 1,105 and discharged 802 clients.

Adult Outpatient Services - Access to Care

The clinic continued to focus on increasing access to behavioral health services in our community. As of 3/28/19- there are 1,225 adults and 425 Children & Adolescents receiving care at LCBH. For comparison on 3/28/17, there were 932 adults and 488 Children & Adolescents receiving care at LCBH.

Hiring

The clinic recently hired a new Division Manager and three Clinical Supervisors to get the leadership team fully staffed. Overall in 2018, LCBH hired 48 staff - 37 of which are direct care staff. The supervisor's top priority is hiring new clinical staff, with a current focus on Mental Health Specialists and Psychiatry.

Transformation Project

The project will meet the targeted completion date of December 2020. The clinic implemented a long-form version of the Columbia Suicide Severity Rating Scale (CSSRS), which enables staff to have a more extensive screening tool for suicide risk. LCBH implemented the Care Management Level (CML) on 1/2/19 which identifies the client's level of care needs in our system. The final goals of the Transformation Project are all on track. That is: increase the use of team-based care, expand the Medication Assisted Treatment Program (Methadone Program), implementing suicide prevention tools, increase net admission of adult clients, fully staff the clinic, and implement CML. The final two goals: balancing caseloads and developing substance use treatment at BH are still in process. The new leadership team is developing a strategy for these goals.

Forensic Mental Health

LCBH continues to grow the Forensic Mental Health program to meet the needs of the community. The team has re-organized and allocated 2.0 FTE Qualified Mental Health Professionals (QMHP) to increase the Aid & Assist (A&A) program. This program will continue to focus on serving clients in the A&A systems throughout the county. This includes developing a clear pathway for an additional 16 A&A beds in the community to divert clients away from jails and the State Hospital whenever possible.

Data, Analytics, Project Management

The Behavioral Health Analytics team has created many dashboards to assist staff in monitoring data, client care, and systems at the clinic. The team continues to provide project management support to both administrative and clinical projects.

Quality Improvement, Quality Assurance & Risk Management

LCBH continues its focus on quality improvement and quality assurance with an active committee that focuses on key goals and objectives through pro-active projects, meetings, and sub-committees. The annual Continuous Strategic Plan has been updated and the team is actively working on the goals.

The Risk Management Team continues to review and improve systems to ensure risks are mitigated, and safety is maintained in all aspects of administrative and clinical programming at the clinic.

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:

Billing Projects

The new CFS Data Mart has been implemented and financial reports converted to the Tableau platform to provide faster reporting and more sophisticated visualization of financial performance. Additional dashboards are in development to increase visibility and tracking as more transactional data becomes available and with the assistance of Quality and Compliance analysts.

A review of the Practice Management system has been completed with the software vendor to identify configuration and functionality improvements to increase automation, accuracy and efficiency. Incremental changes are being implemented in accordance with billing requirements for the Federally Qualified Health Center.

Supplemental Grants

The FQHC continues to manage funds from three supplemental grants from the Health Resources and Services Administration (HRSA) this year.

The \$150,000 grant designated for expansion of the Methadone Treatment Program has a remaining \$1,400 in carry-over funds to be applied this year. \$75,000 of this grant was restricted to technology costs in support of the grant purpose, and includes EHR expansion, dashboard development, and related staff training in the Behavioral Health division. The Methadone Treatment Program successfully implemented a new Electronic Health Record in February 2019.

The \$346,500 SUD-MH grant to expand services related to substance abuse services and mental health will be shared between Lane County Behavioral Health and the Community Health Centers. Funding will be primarily applied to personnel costs for staff focusing on Opiate Dependence treatment and alternative medicine options. A portion of these funds are allocated to the renovation of the Methadone Treatment program space to provide increased access to services.

The CHC is continuing to invest in Quality Improvement efforts through the available funds with the QI grant in the amount of \$99,456. Funds will be allocated to attend quality improvement training for support staff and providers, 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 continues to provide financial analysis services to the CHC in accordance with the Alternative Payment and Advanced Care Model. New reconciliation and monitoring reports are being developed to assist in managing patient costs within the Medicaid health system as the CHC enters into a Total Cost of Care model with Trillium.

Monthly, quarterly, and annual financial reconciliation duties are maintained by CFS. 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:

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 will be expanded services to include an after-hours clinic. The after-hours clinic will operate from 5 pm to 9 pm, Monday through Thursday. CHC patients will be able to receive services for urgent needs on a walk-in basis.
- The CHC has expanded alternative medicine services to meet the needs of patients with chronic pain. The CHC has added additional hours for acupuncture services, and has added mindfulness classes.
- The CHC has expanded capacity to provide suboxone treatment which provides a safer alternative for patients who use opiates. The CHC has additional primary care physicians who are certified to provide this service. The CHC has also received a federal grant to develop a "hub and spoke" referral model to add capacity in coordination with the methadone treatment program.
- The CHC is working with a community coalition in Cottage Grove to explore options for the development of a new CHC clinic in Cottage Grove.

Integration of Dental Services into Primary Care

The CHC will be implementing a pilot project to integrate preventative dental services into primary care services. The pilot project will focus on providing screening and referral services for two high risk populations, patient with diabetes and children. CHC dental hygienists will provide oral health screenings, provide patient education, and make referrals as needed to area dentists. An important project objective is to improve coordination of care across primary care and dental providers, with improved health outcomes for the patients

Continued Focus on Clinical and Operational Improvement

The CHC has robust quality improvement processes through which we strive to make continuous improvements on key clinical indicators of individual and community health. These factors are also important to fiscal security since a portion of Medicaid payments are tied to achieving clinical metrics. The CHC is continuing to develop "dashboard" performance reporting on key clinical and operational metrics. The CHC is also working on developing and supporting quality improvement expertise throughout the division, with the goal of having all staff actively engaged in performance improvement.

Developmental Disabilities Services

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for 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 DDS case management services are currently 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 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 specializes 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. DDS is also the designee of the state for licensure of both adult and children foster care homes.

Current highlights:

- DDS continues to serve a growing population of children and adults with I/DD. As of April 1, 2019 DDS was serving approximately 2,464 people. This was an increase of 270 people from the same day in 2018, and is consistent with the trend experienced by DDS over the past several years of adding approximately 12% more individuals to DDS services each year.
- DDS will be adding a supervisor position to oversee a new team in late spring of 2019. The team will include ONA Assessors and Services Coordinators focused on providing services to young children. This addition is in response to the growth of the number of individuals being served, many of who are young children, and the requirement that went into effect in 2018 to complete Oregon Needs Assessments (ONA) for all individuals. DDS has already added Developmental Disability Specialist positions to conduct this work.
- DDS recently gained access to the Tableau reporting platform. Using this technology, DDS is implementing a quality assurance system that highlights and supports the significant work being done to serve individuals with intellectual and developmental disabilities (I/DD).
- Reports and structures are being designed to help strengthen the services provided to individuals. This will allow improved monitoring and reporting of program performance, and enhance the ability to make data informed decisions. Specific focus areas include timeliness of contacts and site monitoring as these were identified as areas for improvement in a 2018 audit of DDS by the state Office of Developmental Disabilities.

Human Services Division

Dovetail Program: The goal of the Dovetail Program is to help individuals served by H&HS with complex and intensive needs to connect to available resources that address the social determinants of health, and improve coordination across the different professions and agencies that they are working with. The primary focus of these referrals (70%) has been for support accessing/navigating available social services, primarily referred for support finding housing. About 15% have been for support navigating behavioral health services, 12% navigating physical health services, and 3% specifically focused on developmental disability, though most individuals have issues in multiple domains.

Energy Program: In Program Year '19, Lane County will distribute over \$2 million in federal Low Income Home Energy Assistance Program funding (LIHEAP). HSD has begun implementing a more efficient energy assistance program for EWEB through establishing an on-line application process that also allows for a deemed eligibility if the client is currently on the SNAP or TANF program; thereby not requiring an intake appointment for those customers.

Housing and Human Services: Lane County Human Services staff is partnering with the City of Eugene staff in developing an implementation plan for implementation of the Technical Assistance Collaborative (TAC) Homeless Systems Improvements and supportive housing and shelter recommendations. In the meantime, Lane County has partnered with the City of Eugene in supporting the expansion of the D2D Shelter Program serving on average 240 homeless people with shelter and services this winter.

Veteran Services: Between 7/1/18 and 12/31/18, 538 clients of the Veteran Services programs have received a positive decision regarding their claim for VA benefits. This was out of a total of 777 decisions, for a 69% success rate. These new awards resulted in \$1.34 million in one-time retroactive benefits and over \$373,000 in on-going monthly benefit. Additionally, Veteran Services is in the process of adding a new part-time Veteran Service Officer position to increase our outreach efforts to Florence and Lane County coastal communities.

Workforce Services: During Program Year 18/19, Workforce Services enrolled 96 individuals in On-the-Job Training with local businesses. This exceeded the goal of 88. 27 individuals were enrolled in Workforce Innovation and Opportunity Act (WIOA) funded scholarships, which exceeded goals of 25. The JOBS program goal for the Program Year 19/20 has been set to serve 1,840 individuals representing a 15% decrease. Of those served in the JOBS program, 89 will be placed in work experience and 47 in JOBS Plus opportunities. The Oregon Department of Human Services has allocated \$100,000 to the County's JOBS program to support TANF recipients in enrolling in and completing vocational training programs. The SNAP Training and Employment Program (STEP) expects to serve 200 individuals.

Public Health

Public Health monitors community health status to identify health problems; diagnoses and investigates health problems and hazards; informs and educates about health issues; convenes community partners to work collaboratively; develops policies and plans that support individual and community health; enforces laws and regulations that protect health; links individuals to needed health services; provides safety net services in specific public health areas; evaluates equity, effectiveness, accessibility, and quality of health services; and identifies new and innovative solutions to improve health.

Key focus areas for the Public Health Division include:

Communicable Disease: Expanding testing and treatment for sexually transmitted infections (STI) and developing a strategic plan for HIV/STI prevention and control; ensuring the capacity to continue successful community-wide vaccination improvement efforts that began in 2017 with legislative support for implementation of public health modernization.

Maternal Child Health: Increasing referrals and caseloads for nurse home visitors; celebrating 20 years of Nurse Family Partnership (NFP) in Oregon at the State Capitol on May 8th. NFP was implemented in Lane County in 2012 and has served 605 families.

WIC: Increasing prenatal access to WIC services through strengthening existing partnerships and by building new ones; expanding outreach to Mam-speaking population, especially in Cottage Grove area; improving services for women and children with health conditions requiring a higher level of care; and expanding Baby Check In to support successful breastfeeding in the community.

Prevention: Developing and implementing policy strategies for organizations and government entities. Two examples include:

Opioid Prevention: Collaborated with Adult Corrections/Jail medical staff to establish a protocol for providing inmates/clients being released from the jail with support, including Narcan, when appropriate (provided to the Jail through grant funding).

Tobacco Prevention: Provided support to:

- City of Eugene with the smoke-free downtown and public rights of way opt-in policy
- Creswell City Council on tobacco retail license policy
- County's Live Well Committee on tobacco-free county properties policy
- FOOD for Lane County on a tobacco-free property policy

Environmental Health: Continuing to meet all standards for inspections for food, pool, and lodging facilities and the small drinking water systems for which Public Health is responsible; partnering with other organizations and supporting community coalitions in emergency preparedness that have played critical roles during recent emergencies (e.g., snow storm, flooding) and will be assets in future emergencies (e.g., wildfire smoke, large events such as the 2021 IAFF World Championships).

Administration: Implementing public health modernization; advancing health equity; and improving efficiency and accuracy of birth certificate issuance. A new organizational strategy to expand capacity in the foundational capabilities will support implementation of public health modernization across all sections. Public Health is seeking resources for a new health equity plan that encompasses the rural areas. Public Health has increased staffing in Vital Records, and is partnering with PeaceHealth to improve the experience of applying for birth certificates for new parents.

Quality & Compliance

The Quality & Compliance division has continued to build a strong foundation 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

- Continuing expansion of Tableau and creating operational and key performance indicator dashboards for H&HS divisions.
- Expanding availability of data sources for the H&HS data warehouse to support goals for actionable analytics and data storytelling.
- Coordinating with Public Health on data needs related to the Community Health Needs Assessment and the Community Health Improvement Plan.
- Leading data work in support of the Community Health Center's Alternate Payment Care Model (APCM) that assists care and service transformation to promote optimal health and health equity.
- Coordinating with the Human Services division to implement a new data platform to better capture and report on the variety of services and supports provided through this division.

Quality Improvement

- Continuing to support H&HS divisions in quality improvement projects aimed at increasing efficiencies and improving service quality and delivery.
- Institution of a Quality Improvement Steering Committee providing direction to H&HS Department-wide Quality Improvement needs and projects.
- Planning for a Quality Improvement assessment to establish measurement for an H&HS culture of continuous and sustained Quality Improvement.

Electronic Health Record Support

- Implementation of a new EHR system in the Methadone Treatment Program serving to enhance documentation and data collection and support integration across H&HS.
- Planning for implementation of mobile solution services to streamline clinical documentation requirements.
- Preparing to implement a new EHR with the Public Health Communicable Disease program.

Compliance/Risk Management

- Enhancement of division risk assessments expanding this work to Youth Services and Administration; provision of on-going support in mitigation activities for found risk areas.
- Completion of an equity and access compliance evaluation to assess and enhance standards related to provision of services.
- Continuation 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.
- Provision of trainings and on-going support related to HIPAA, 42 CFR Part 2 and other regulatory requirements.

Trillium Behavioral Health

Collaboration with Trillium remains essential to Public Health's focus on improved community health.

Primary Prevention programs: School-based interventions to improve nutrition, increase physical activity, and reduce tobacco and substance use have been expanded to include additional schools along with a coordinator and support staff focused on school-based prevention.

Community tobacco cessation support in the form of the Quit Tobacco in Pregnancy (QTIP) program which provides incentives to pregnant women to help them quit smoking including enrolling and participating in cessation activities (i.e. meeting with a Tobacco Treatment Specialist) and provider trainings with a local trainer aid in assisting a healthier community.

The Family Check-up program that helps families address the challenges of parenting before they lead to problem behaviors along with the Triple P Parenting program are key to effective interventions for community-based parenting education.

TBH's Older Adult Program has contributed educational information to the www.preventionlane.org website and continues to work in collaboration with the Public Health Suicide Prevention Coordinator to address older adult suicide prevention and postvention.

Epidemiologist: This new position will work to identify condition, behaviors and interventions that promote health and prevent illness, injury and death. Additionally, this position contributes findings to the Community Health Assessment and Health Improvement Plan and supports the development of studies and metrics to measure the impact and evaluate the quality and effectiveness of prevention programs.

Lane County Pain Guidance and Safety Alliance: The LC-PGSA continues to be a highly productive community collaborative addressing 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, complementary treatments for chronic pain, and patient and provider education regarding chronic pain and the use of opiates via online access at: <https://www.oregonpainguidance.org/regions/lane-douglas> for local county resources. The LC-PGSA also conducts on-going workshops to address new treatments, recommendations and insights into this specialized population.

CHIP implementation: Public Health, Trillium, PeaceHealth, and United Way comprise the CHIP Core Team and oversee implementation by action and project teams. Focus continues to be on the Social Determinants of Health, including programs to address homelessness and health disparities as well as access to healthy foods through various programs that target food insecurity. The Core Team supports the Lane Equity Coalition (LEC) which sponsors quarterly community education events on various health disparity topics. These events draw several hundred participants including providers, advocates, Trillium members, educators, and other community members interested in creating a more equitable health system.

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; and safeguard our communities.

Detention Services: Detention has continued its shift towards Trauma Informed Care resulting in updating daily expectations to allow youth more time in open rooms and out in the milieu. Staff have also begun training for Collaborative Problem Solving and going through updated training to ensure that staff have the best tools possible to work with youth on self-regulation and more effective crisis interventions.

Education & Vocation Services: Continues to provide year-round academic and vocational programming for youth in Detention, Phoenix, and for community youth. Students earn high school credit, community service hours, restitution towards victims, and have the opportunity to earn an academic stipend for a high degree of attendance and participation in the program.

Nutrition Services: Continues to provide healthy meals to all programs on campus. Nutrition Services offers vocational training that teaches youth food service and catering skills. Youth Services had two interns work with Nutrition Serves to help with the curriculum to provide school credits and to better structure what youth can gain through this program.

Program Services: Oversees medical, mental health, victim advocacy, finances, reception, processing police reports, assisting in public records requests, and processing expunctions. This unit updated the Prison Rape Elimination Act policy, and assisted in training and implementation of this policy and the Columbia-Suicide Severity Rating Scale tool being used at Intake.

Restorative Services: Coordinates referrals to community diversion programs across Lane County; facilitates the Minor in Possession class and the Impacts of Crime class, brings victims and youth together to engage in Victim Offender Dialogues, provides domestic relations services, provides a strength-based parent intervention service called Family Check-Up.

Supervision Services: Probation services focuses on incentivizing youth for goal achievement and positive behavior; taking appropriate steps to keep youth from collateral consequences of system involvement; and a commitment to commitment to limited and constructive use of rules and sanctions and minimized use of confinement.

Treatment Services (Phoenix): Phoenix has begun implementation Collaborative Problem Solving as well as engaging partners and youth in updated treatment programs. The changes Phoenix is currently undergoing will ensure best care and practices for youth in program.