

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 next age group in line: namely, adults aged 25 – 44 years, 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 substance use, sexual health, and reproductive health. A public health approach emphasizes the need for promoting healthy preventive behaviors through supportive systems, policies and environments. By supporting and maintaining healthy behaviors in this working age population we can ensure productivity while lessening the impact of chronic conditions and diseases in later years.

Life course focus: adults aged 25-44 years

Unintentional injury: Unintentional injuries are the leading cause of death among adults age 25 to 44. Unintentional poisonings and motor vehicle crashes are the most common causes of injury in this age group. Deaths caused by crashes have been on the rise in recent years and appear to be related to rising vehicle speeds and increasing numbers of drivers on the roads. It is common to consider injuries as accidents or random events. However, most injuries are preventable.

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. Suicides have slowly increased over the last decade in Lane County and are the second leading cause of death among working age adults. More people in this age group die from suicide than motor vehicle crashes. Rates of suicide have consistently been higher in Lane County than in Oregon overall.

Cancer: Among adults 25 to 44 in Lane County, cancer is the third leading cause of death. Approximately 17 out of every 100,000 adults in this age group die from cancer each year in both Lane County and in Oregon. Deaths from cancers have steadily declined, most likely due to decreasing overall tobacco use and improvements in early detection and treatment.

Alcohol induced deaths: Excessive alcohol use is a leading cause of preventable death. Alcohol induced deaths can occur from drinking too much over time (e.g., cirrhosis), consuming large amounts in a short period of time (alcohol poisoning), and from related violence, injuries and crashes. Alcohol induced deaths have increased in Lane County over the past decade. Rates of alcohol-induced mortality in Lane County are about 40% higher than the state overall, with rates highest among men.

Heart Disease: Heart disease includes a variety of distinct diseases, the most common of which is coronary artery disease, which can cause heart attack, angina and heart failure. There are many modifiable risk factors for heart disease, including tobacco smoking, obesity, and sedentary lifestyle. Heart disease has been declining in Lane County, yet still remains the fifth leading cause of death among adults 25 to 44. Declining use of tobacco may be one important reason why heart disease rates are decreasing.

High Blood Pressure: Hypertension, also known as high blood pressure, is the leading cause of stroke and a major cause of heart attacks. Lane County has a lower prevalence of adults with high blood pressure when compared to the state of Oregon as a whole, which is a recent improvement. Locally, 1 in 4 adults have high blood pressure.

Obesity: Obesity affects quality of life and puts individuals at risk for developing many diseases including heart disease, stroke, diabetes, and cancer. The prevalence of adults with obesity in Lane County increased markedly over time, but may have stabilized in recent years. Rates of obesity in Lane County are roughly comparable to the state overall. Currently, slightly more than 1 in 4 adults live with obesity in Lane County. The state rate in 2016 is 28.7%, which has increased from only 11.2% in 1990.

Depression: Depression is a serious medical illness, characterized by persistent sadness and sometimes irritability. It is among the leading causes of disability worldwide, including in Lane County. It is associated with increased risk for death from suicide, heart disease, other mental health disorders and smoking. More than 1 in 4 persons in Lane County suffer from depression and it has been on the rise in recent years.

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 prevalence of diabetes in Lane County has increased over time, but has stabilized recently and remains slightly lower than the state overall. About 8 percent of Lane County residents have diabetes.

Cigarette Smoking: Tobacco use is a major health concern for Lane County. It is the single most preventable cause of death and disease. A recent decline in tobacco use has been observed among Lane County adults. Approximately 80% of our residents choose not to smoke.

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. Physical activity also reduces the symptoms of anxiety and depression. Slightly fewer than 1 in 4 persons in Lane County meet the physical activity guidelines for aerobic and muscle strengthening activities; this is quite similar to Oregon overall.

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. Currently about 17% of Lane County residents consume the recommended amount of produce. This reflects a recent decline, and is lower than the state average of 20%, or about 1 in 5 people.

Binge drinking: Binge drinking alcohol is a significant risk factor for injury, violence, substance abuse and alcoholism. Binge drinking is defined as 5 or more drinks for men and 4 or more drinks for women on one occasion. Binge drinking among adults in Lane County is higher than the state average and has remained relatively stable in recent years. About 1 in 5 adults binge drink in the county.

Heavy drinking: Heavy drinking is defined as consuming an average of more than two drinks a day for men or more than one drink a day for women. Like binge drinking, heavy drinking is a significant risk factor for injury, violence, alcoholism and other chronic conditions such as hepatitis and cancer. In Lane County approximately 1 in 10 persons drinks heavily. This rate is higher than the state average and has been increasing.

Marijuana use (Oregon only): Although there may be some benefits for certain medical conditions, marijuana is not a risk-free drug. Persons who frequently use marijuana or use marijuana in high doses are at greater risk of becoming addicted, and they may experience cognitive, neurological and mental health effects, cardiovascular effects, greater risk of motor vehicle crashes, and other health effects. From 2014-2015, the latest available data, reported usage of marijuana among adults 25-34 rose, while similarly declining among adults age 35-44. Roughly 1 in 3 adults age 25-34 reported using marijuana in the past 30 days, while 1 in 5 persons age 35-44 reported use.

Opioid overdose deaths: In Oregon more drug poisoning deaths involve prescription opioids than any other type of drug. While overdose deaths have been on the rise, deaths have stabilized recently among adults age 25-44 in Lane County, yet the rate remains higher than the state average.

Chlamydia: Chlamydia is the most frequently sexually transmitted disease in the United States. Although symptoms are often mild or absent, serious complications can result, including infertility. Rates have been rising in Lane County for more than a decade, and are substantially higher in Lane County than in Oregon overall. Currently six out of every 1,000, or approximately 525 adults age 25-34, contracted Chlamydia in Lane County in 2015.

Adequate prenatal care: Prenatal visits are important for the health of both infant and mother. Pregnancy is a critical time to evaluate important health issues such as diet, nutrition, exercise, immunizations, and abstention from drugs and alcohol. In Lane County, approximately 8 out of every 10 mothers receive early and adequate prenatal care. This rate is better than the state of Oregon on average, and has remained stable in recent years; however, differences do vary by race and ethnicity, with persons of color being likely to receive care later than Whites.

Pregnant women served by WIC: WIC is a public health nutrition program that is vital to the health of women, infants and children in Lane County. WIC provides healthy food, nutrition support, and guidance on ways to incorporate healthy meals into participants' lives. In Lane County, 4 out of every 10 pregnant women are served by WIC.

Life Course Focus: Age 25 to 44

Health Indicator	Trend	Lane	Oregon	Year(s)
<u>Leading Causes of Death (age 25 to 44)</u>¹				
Unintentional injury (rate per 100,000)	↑	43.9	32.3	2006-2015
Suicide (rate per 100,000)	↓	24.6	20.0	2006-2015
Cancer (rate per 100,000)	↓	16.9	16.9	2006-2015
Alcohol induced deaths (rate per 100,000)	↑	10.2	7.3	2006-2015
Heart Disease (rate per 100,000)	↓	9.7	9.6	2006-2015
<u>Health Conditions (age 18+)</u>²				
High blood pressure	↓	25.0%	27.6%	2012-2015
Obesity	→	26.9%	28.7%*	2012-2016
Depression	↑	27.6%	25.2%	2012-2015
Diabetes	→	7.6%	8.6%	2012-2015
<u>Health Behaviors (age 18+)</u>²				
Cigarette smoking	↓	19.0%	17.9%	2012-2015
Physical activity meets guidelines	↓	24.1%	24.4%	2012-2015
Fruit & vegetable consumption meets guidelines	↓	16.9%	20.3%	2012-2015
Binge drinking	→	19.0%	17.7%	2012-2015
Heavy drinking	↑	9.3%	7.8%	2012-2015
<u>Special topics</u>				
Substance Use				
Marijuana Use age 25-34 (Oregon only) ²	↑	NA	31%	2015
Marijuana use age 35-44 (Oregon only) ²	↓	NA	21.3%	2015
Opioid overdose deaths age 25-44 (rate per 100,000) ³	→	13.4	10.0	2012-2016
Sexual/Reproductive Health				
Chlamydia age 25-44 (rate per 100,000) ⁴	↑	599	454	2015
Adequate prenatal Care age 18+ ⁵	→	79.3%	74.8%	2016
Percent of pregnant women served by WIC ⁵	↓	41%	37%	2016

Key: Green = improving Orange = worsening Black = no change Obesity* = BRFSS data 2016

Sources

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

² Behavioral Risk Factor Surveillance System.

³ Prescribing and Overdose Data for Oregon, OHA Public Health Division, using Oregon Death Certificates

⁴ HIV/STD/TB Prevention Program, Public Health Division, Oregon Health Authority

⁵ Oregon Birth Certificates, Oregon Center for Health Statistics, Oregon Health Authority

Administration

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

Fiscal has completed the year end grant reporting and will shift into audit season starting with internal auditors followed by one external grantor auditor. In December, fiscal will begin preliminary budget work to include review of H&HS PC inventory, phone lines, and fleet expenses. Adjustments will be made to eliminate unnecessary expenses and help managers gather the information needed to create an accurate FY 18/19 budget.

The contracts team will soon begin work on the new requirements resulting from the performance plan between the United States Department of Justice (USDOJ) and the State of Oregon. The plan has been established in order to resolve the USDOJ's investigation into Oregon's compliance with the integration mandates of Title II of the ADA and *Olmstead v L.C.*, 527 U.S. 581 (1999) as they apply to adults with serious and persistent mental illness. Included as part of the performance plan is the requirement for the State of Oregon to enter into performance-based contracts with Community Mental Health Programs (CMHP). Once the reporting template has been released, Lane County will begin the process of amending contracts with subcontractors who serve individuals with serious and persistent mental illness in order to pass down required performance expectations and performance metrics.

Recruitment and Hiring continue to be an area of focused attention in filling vacant positions. In addition to providing much needed services to our community, many of these positions generate revenue or are grant funded.

Behavioral Health

Lane County Behavioral Health (LCBH) provides comprehensive care to children, youth, and adults. The LCBH mission is “Enhancing individual and family wellness through integrated care and community connections.”

The Three Year Plan

- Developed, proposed, and received approval for a three-year quality improvement project to complete the transformation of clinical, administrative and teams at the clinic.
- *The three year plan includes:*
 - Increase of 300 new adult clients.
 - Increase of 150 new child and adolescence clients.
 - Hire the staff required for team-based care for the adult team.
 - Develop and implement a substance use treatment program.
 - Develop a clinical care algorithm to assist complex care coordination.

Columbia Suicide Severity Rating Scale (C-SSRS)

- In collaboration with the Clinical Solutions Team and Community Health Centers of Lane County, designed an electronic version of this vital suicide prevention screening tool in the health record.
- Developed a Safety Plan to accompany the C-SSRS screening tool.
- Developing the training plan for the C-SSRS for all staff.

Lane County Methadone Treatment Program

- Increase capacity to serve 50 more individuals.
- Implementing a new electronic health record.
- Adding mental health services.

Trauma Informed Care

- Trained the entire workforce on Trauma Informed Care. The training was facilitated by Oregon expert Mandy Davis, PhD LCSW.
- Implementing system and policy changes to enhance Trauma Informed Care at the clinic.

Quality Improvement/Assurance

- Completed an internal audit of the electronic health record alert system.
- Actively addressed key quality items identified by a Quality Assurance sub-committee.
- Collaborated with Lane County Sheriff’s Office for the implementation of the Law Enforcement Database System (LEDS) program.
- Increased clinical supervision resources to staff, which included contracting Group Supervision to those pursuing clinical licensure.
- Continued to stabilize budget and build modest financial reserves.

Data and Analytics

- Utilized the Business Intelligence software “Tableau” to gain critical insights into clinic data.
- Implemented dashboard views of data, which enables supervisor’s quick access to important information.
- Gained access to the Emergency Department Information Exchange (EDIE), which gives the clinic access to critical information about LCBH clients admitted/discharged from hospitals.

Clinical Financial Services

Clinical Financial Services (CFS) provides financial, clinical solutions 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, electronic health record support, data management and reporting, medical billing, and financial analysis.

Key issues for this unit for the coming year include the following:

- **Key Vacancies**

CFS has several positions open right now that are key to operations. The first is an accounting analyst in the billing group which supports LCBH billing function, including the money management program. Money Management is a program overseen by the Social Security Administration where the County co-manages a client's money when the client is unable to. The second is an administrative analyst in the clinical solutions group which provides end-user support to medical staff in the use of the electronic health record. Operational projects have been delayed due to these vacancies.

- **Billing Projects**

The new billing supervisor is currently busy making system improvements to NextGen in order to facilitate more accurate billing and more timely collections. In particular the Reason Code Library in the Practice Management system is being developed to improve automated electronic payment posting, increasing efficiency and reporting abilities around denial management. Key billing processes are currently being mapped to facilitate the design and development of Charge, Claim and Payment related dashboards.

- **Supplemental Grants**

The FQHC has received two supplemental grants from the Health Resources and Services Administration (HRSA) this year. The first is a \$150,000 grant to expand access to mental health and substance abuse services. \$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 second grant is \$86,666 to strengthen quality improvement at the CHC. Revenue from this grant will be used to fund a clinical pharmacist position.

- **Fiscal Accountability**

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

The Community Health Centers (CHC) of Lane County provide 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's core mission is to serve homeless members of the community.

Key issues for the CHC in the coming year include:

Monitoring Potential Changes to Medicaid Funding

The division has closely monitored potential changes to Medicaid funding at the federal and state levels. The majority of program revenue is for services to patients with Medicaid coverage. As such, significant reductions in funding would have an adverse impact on program revenues. The CHC is pleased that efforts to repeal the ACA have not been successful, and will continue to employ strategies to mitigate risk, including limiting expansion plans for new sites, closely monitoring the need for new hires, and continuing to improve program efficiency.

Renovation of the Charnelton Clinic to Improve Efficiency

The CHC is moving forward with plans to renovate the Charnelton Clinic. 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

The CHC continues to concentrate on expanding access to care for current and new patients. To this end:

- Recruiting additional primary care and behavioral health providers to fully meet the operational capacity of the current sites.
- Begin offering alternative medical services including acupuncture and mindfulness in October to provide non-pharmacological alternatives for patients with chronic pain.
- Providing suboxone treatment which provides a safer alternative for patients who use opiates.
- Increasing enabling services to assist patients in addressing food insecurity, housing needs and other social service needs.

Continued Focus on Clinical Improvement

There are robust quality improvement processes in place in order 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.

Developmental Disabilities Services

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for over 2,099 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 went live with the new electronic health record (EHR), CaseWorthy in May 2017. CaseWorthy is a more robust and efficient tool for accessing information for the individuals served, and for billing purposes. This new EHR will allow for better data tracking and quality assurance reporting. CaseWorthy also allows DDS to move forward on the goal of moving towards a paperless office.
- DDS's current budget for the new biennium allowed the program to create four additional DD specialist positions, which will decrease caseload sizes.
- DDS has collaborated with community partners Pearl Buck, Vocational Rehabilitation, and PeaceHealth on Project Search, which is a 9-month internship program at Riverbend Hospital. The program completed its first internship at the end of May. Of the 10 participants, 9 individuals found minimum wage or better jobs in the community. The success of the program has now opened a second site at the university district PeaceHealth hospital and increased the number of participants to 24.
- DDS is serving 2,099 people at DDS; of this total 869 individuals receive in-home K-plan services. 245 are adult and 624 are under 18. This equates to about 20% of all adults, and 70% of all children in Lane County that are in funded services that provide supports in the family home.

Human Services Division

Energy Services: The Energy Assistance PY17 program year closed on September 30. In PY17, Lane County distributed \$2,300,458 in federal Low Income Home Energy Assistance Program (LIHEAP) funding to 6,542 households. There was tremendous demand for all energy assistance programs last year due to extreme weather conditions. LIHEAP 18 funding is scheduled to be released soon at last year's funding level. EWEB continues to be a generous funder of energy assistance. The HSD's Low Income Weatherization Services program operated by Housing & Community Services Agency (HACSA) completed 118 weatherization jobs this year.

Housing and Human Services: In alignment with the Poverty and Homelessness Board's (PHB) Strategic Plan, the Human Services Commission has allocated funding for a Public Emergency Shelter feasibility study and staff has completed the initial planning for the 50 unit Housing First building on Martin Luther King Blvd. in Eugene. New State Emergency Housing Account (EHA) and State Homeless Assistance Program (SHAP) funds have been allocated to services designed to divert families from homelessness, rehouse homeless people, provide alternative shelter during winter months and continue to fund the Frequent Users Systems Engagement project. The HSD is entering the planning stage for the Community Needs Assessment in collaboration with the Community Health Improvement Plan.

Project 250: Project 250 is a new H&HS initiative and part of the FY2017-FY2019 Strategic Plan, designed to link all four pillars and improve integration across Divisions. This effort will help H&HS learn (and show) what works and what doesn't work in difficult cases. The Human Services Division successfully hired a program supervisor to lead Project 250 in July. The Project 250 Steering Committee, with representation from all H&HS client-facing Divisions, has identified criteria for identifying Project 250 participants, developed a screening tool, and drafted a process for referring people. Planning is underway to engage the initial group of seven participants in November 2017.

Veterans Services: Over the last two quarters, Lane County Veteran Services has assisted 558 veterans and surviving spouses obtain over \$3 million in retroactive benefits and over \$440,000 in continuing monthly benefits. On a programmatic level, Veteran's Services was recently informed that state funding will increase due to the availability of lottery funds from the passage of Measure 96. With these new funds, the program will be hiring additional office support staff, as well as partnering with the Lane County Veterans Treatment Court to assist participants, and clients generally, in accessing VA health care resources.

Workforce Services: For Program Year 2017/2018, Workforce Services plans to enroll 135 individuals in On-the-Job Training with local business. Workforce Services will enroll 53 individuals 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 and the STEP (formerly SNAP 50/50) program plans to serve 200 individuals who are eligible for SNAP benefits. Many of those currently being served in Workforce programs are some of the hardest to serve populations. A large percent of those served do not have stable housing and many are homeless. To improve services to this population, the program is aligning workforce services with the county's housing services programs. In addition, the team is creating a series of life skills workshops that have an emphasis on coaching executive functioning skills. The new workshop series, titled "Bridges to Success," will be open to all customers served by the Lane Workforce System.

Public Health

Lane County Public Health (PH) ensures protections critical to the health of all people in Lane County and 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 in the coming year include:

Accreditation

In May, PH began the accreditation process and has one year to identify and upload the hundreds of documents needed to demonstrate conformity with the Public Health Accreditation Board standards. Significant progress has been made in the last six months with the development and initial implementation of all major plans.

Modernization

Public health modernization will be accomplished through community partnership, integration with health systems and implementation of the foundational programs and capabilities. Five million dollars was allocated by the state legislature for the 2017-2019 biennium to support regional approaches to modernization. PH is proposing to partner with Lincoln, Benton, and Linn Counties to improve vaccination rates and reduce disparities in vaccine-preventable illnesses in the region. Although significant and sustained state funding will be needed to support full implementation of modernization, PH also is taking advantage of other funding opportunities and initiatives to advance the goals of modernization where possible, including:

- **Soy Sano/I'm Healthy.** PH is conducting outreach across Lane County to enroll into primary care those children who do not otherwise qualify for federal insurance programs. Together with the CHC, PH is closing gaps in services for children. Staff work closely with many families who have never used government programs and who experience a range of barriers to care.
- **HIV Outreach and Education.** Public Health submitted a new proposal to the Oregon Health Authority to better connect HIV positive individuals to care and to prevent new HIV cases. There are parallels with the Soy Sano program – for both groups, discrimination and stigma can be barriers to receiving appropriate and timely care. With additional funding, increased surveillance and investigation capacity, and strengthened STD response efforts will be possible.

Trillium CCO Partnership

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.
- **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.
- **CHIP implementation.** PH, Trillium, PeaceHealth, and United Way comprise the Core Team and oversee implementation by action and project teams. For example, the Lane Equity Coalition's events engage the community in CHIP priority issues, including a Health and Housing event in June and an Early Childhood and Health event in October. A food insecurity work group expanded distribution sites for Food for Lane County. Finally, PH is seeking external funding to support the data dashboard and other CHIP-related projects.

Quality & Compliance

The Quality & Compliance Division was added to H&HS in November of 2017 to enhance and develop Department work in the below listed areas. Over the coming year, the Division will focus on efforts to strategize and implement plans related to these items.

- **Compliance** – Provides oversight in compliance with Federal, State, and local laws, regulations, codes and/or standards across H&HS Divisions; identifies potential areas of risk or non-compliance, investigates and coordinates with appropriate parties for corrective action in terms of policy or practice changes.
- **HIPAA** – Monitors compliance with HIPAA privacy laws and rules; develops policies and practices to meet requirements; provides technical assistance to Divisions; reviews potential violations and investigates as necessary to determine appropriate response.
- **Data & Analytics** – Provides Department-wide support to enhance data driven decision making through creation and use of streamlined reports, repositories for data warehousing and end-user dashboards as well as other related tools and activities.
- **EMR Application Support** – Support all elements of EMR applications including NextGen, NetSmart and other similar software systems. Provides daily support, end-user training, development upgrades and related activities.
- **Quality Assurance & Quality Improvement** – Works with Division Managers and quality assurance staff to develop and implement strong quality assurance efforts; provides technical assistance and promotes collaboration. Acts as champion for quality assurance efforts across H&HS and promotes strategic development in this area.
- **Risk Management** – Monitors risk management issues for H&HS; works closely with internal contract staff and other divisions to identify and address potential risks; researches and communicates the impact of potential legal or regulatory changes on the Department and recommends changes in policy or practice.
- **Performance Management** – Leads Department performance management efforts including working with Division Managers to identify appropriate measures and design systems to collecting, monitoring and reporting results.
- **Project Management** – Provide project management and business analysis functions to Divisions as needed.

Trillium Behavioral Health

Division Purpose & Overview

Trillium Behavioral Health (TBH) is a partner with Trillium Community Health Plan (TCHP) to provide a Coordinated Care Organization (CCO) in Lane County. The purpose of the CCO is to provide better care to patients and improve health outcomes while containing or reducing costs of care. TBH participates in health care improvement initiatives and assures that the behavioral health needs of members continue to be a focus of health care improvements. TBH is responsible for developing policies and procedures that meet Centers for Medicare and Medicaid Services (CMS), National Committee for Quality Assurance (NCQA), Oregon Administrative Rule (OAR), Oregon Health Authority (OHA), and Utilization Review Accreditation Commission (URAC) criteria; addressing complaints; assuring quality; authorizing and managing care; coordinating care for members; supporting contract development and completion with providers; managing the provider system; addressing health disparities; participating on Trillium Community Health Plan (TCHP) committees; participating in TCHP management teams; participating on TCHP Board of Directors; and participating on critical community and state committees.

Major Accomplishments & Achievements in FY 16-17

1. TBH has provided leadership in implementation of System of Care for children and families and the Older Adults with Behavioral Health conditions. TBH expanded the older adult initiative into Curry and Coos Counties. The program added an additional rural community ACT team, and developed a “Fast Pass” process to improve access to psychiatric prescribers.
2. TBH has led the community efforts to integrate primary care and behavioral health and continues to lead the integration enhancement effort to focus on members with complex care conditions.
3. TBH reorganized staff and updated policies and procedures to improve workflow assignments to align with CCO organizational changes to meet member care needs.
4. Program manager represented County and CCO at the State Behavioral Health Collaborative.

Anticipated Service & Budget Changes for FY 17-18 and Forward

1. County and CCO will implement the recommendations of the Behavioral Health collaborative.
2. Current program manager retires in December and onboarding of the new manager will occur by 11/1/2017. Program will be stable with effective continuity plans in place.
3. Anticipated CCO budget reductions and pool allocations will impact funding for behavioral health services. Membership has decreased by about 10% resulting in decreased capitation.
4. Unknown changes expected to Affordable Care Act. This could affect membership, funding, covered services and contracting.

Goals & Strategic Planning

1. Collaborate with the Frequent Users Systems Engagement (FUSE) project to address needs of high utilizers.
2. Support Trillium in submitting an application to continue to contract as a CCO in 2019. If another CCO or additional CCO is selected to cover OHP members in Lane County, be prepared to partner with them.
3. Support the planning and implementation of Complex Care Teams in the integrated clinics.
4. Employ a Project Coordinator to work with TBH, CCO and County behavioral health initiatives and projects and to coordinate community behavioral health trainings.
5. Continue active participation on Trillium management team, sustain County/CCO partnership and advocate for stable behavioral health service system.
6. Provide leadership for County and CCO in implementing the requirements and recommendations of the Behavioral Health Collaborative.

Youth Services

As committed to in 2016, Youth Services (YS) embarked on a division-wide development and reorganization of policies and procedures. Youth Services has nearly completed this goal with only Detention policies and procedures remaining to review. With a reallocation of priorities and funding, YS added a Bilingual Mental Health Specialist to strengthen the work with youth. In addition, YS is looking in 2017 to enhance trauma-informed services, equity, Prison Rape Elimination Act, and addressing disproportionate minority contact (DMC).

Detention continues to see increased numbers of youth enter with high levels of mental health needs including high levels of suicide ideation, and is working hard with support from Admin and the Mental Health Specialist staff to meet the needs of these youth. Detention continues to use a trauma-informed lens to update areas of practices. Detention policies and procedures are being updated to include a review of unit programming allowing for trauma-informed practices whenever possible. The 24-hour Intake facility continues to allow continuity of secure program services.

The Phoenix Program now resides in a community-based, unlocked building on the Serbu campus. This move happened in August of 2017. The new space will allow the youth to have more access to the community and participate more frequently in a broad range of community events. It will provide youth more access to their families and will create separate living spaces for the males and females so that youth can be provided more gender-specific services.

The MLK Education Center continues to provide year round academic and vocational programming for YS clients. 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. MLK partners with a variety of local agencies to provide mentorships, tutoring and internships for youth at YS. 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.

Supervision continues to provide formal and informal services to low, medium, and high-risk youth offenders that reside in Lane County. Services to low- and medium-risk youth include diversion options and Formal Accountability Agreements that provide services and interventions without involving them in the court system. Formal interventions for higher-risk youth includes probation ordered by court, and intervention and services provided in the community where the youth and family reside. The Recovery and Progress Court (RAP Court), is a juvenile drug court program that is a collaborative effort between the court, Supervision Unit staff, and private treatment providers. This program has been supported by national-level technical assistance and a grant from the Office of Juvenile Justice and Delinquency Prevention. Supervision has also been updating the Program Services Matrix that outlines appropriate level of service and interventions for youth that have engaged in criminal behavior in the community. There will now be an audit process for this matrix.

Mediation & Restorative Services (M&R) continues to provide mediation, supervised parenting time, and Family Check-Up to families in Lane County. In addition, M&R supervises Peer Court diversions, runs the Springfield Restorative Justice program, and has begun a new class for youth with MIPs and their families, supervises alcohol and drug diversion, and supports the work of the full-time Victim Advocate.