

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

“Place Matters” in Lane County, Oregon

This Board of Health report is part of an ongoing series exploring the many things that keep us healthy and thriving. In previous reports we explored health across the lifespan, from early childhood and into retirement. We have also taken a close look at health equity and the preventable differences in health that we see by race and ethnicity. In this report we explore the influence of “place.” While our communities have many things in common, there are also unique qualities of each community that play out differently across the county – sometimes in ways that promote health and sometimes in ways that undermine it.

Recently, Lane County Public Health conducted a study of life expectancy for each census tract in the county over the last 10 years¹. Not long after, the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation released a similar study for the nation². They created a point-in-time estimate of life-expectancy for all census tracts for the most current year data was available. Both studies draw the same conclusion: how long we live can vary widely depending on the neighborhood we call home. Like nearly every community in the United States, health inequity and health disparities exist in Lane County and dramatic differences in life expectancy – as much as 10 years or more – can be seen between neighborhoods only a few miles apart. Similar differences can be seen across a number of indicators of health. The differences we see have a great deal to do with “place.”

How long we live can vary widely depending on the neighborhood we call home.

According to Place Matters Oregon, an initiative of the Oregon Health Authority, place is more than where you live. “Place” also includes the life circumstances that can either support good health and prevent many chronic conditions, or increase the chances that people will develop them. When we talk about place, we are talking about the opportunities that communities have – or don’t have – to be healthy. The way our communities are built and the services and opportunities available greatly influence our choices and options. When the readily-available options make healthy choices the easy choices, it is more likely that all communities can achieve their best health. For some communities, seemingly simple things such as locating a nearby park, taking a walk, or getting to a store that sells fresh fruit and vegetables aren’t so simple for everyone³.

A Snapshot of Health and Place

To highlight the relationship between health and place, this report examines 8 neighborhoods throughout the county in communities small and large. The neighborhoods are Cal Young and Train Song in Eugene, Old Town in Florence, East of Ivy in Junction City, West of Highway 99/East of the Coast Fork Willamette in Cottage Grove, East of Crestview and North of Highway 58 in Oakridge, and the Marcola/Hayden Bridge and Main Street/28th Street areas of Springfield. Briefly, we summarize several key health outcomes and opportunities in the community that support health. Clear differences in outcomes and opportunities can be seen between neighborhoods across the region and within a few miles of each other (see Table 1).

Life Expectancy and Place

Life expectancy is a good measure of a population's longevity and general health. Although life expectancy at birth rose steadily in the U.S. for several decades, 2016 marked the second year in a row that life expectancy declined. Life expectancy varies across communities. In Lane County the average life expectancy is about 81 years, and can vary from 74 years to as high as 84 years. Separated by only a few miles, the Cal Young and Train Song neighborhoods of Eugene have a 10-year difference in life expectancy. And in Springfield a similar pattern plays out, though slightly less dramatically. The Marcola Road/Hayden Bridge neighborhood and Main Street/28th Street neighborhoods are abutting zones separated by Highway 126. Life expectancy varies between the two areas by approximately 6 years. And variations exist in other regions of the county, with the highlighted rural communities experiencing life expectancy from 1 to 4 years below the county average.

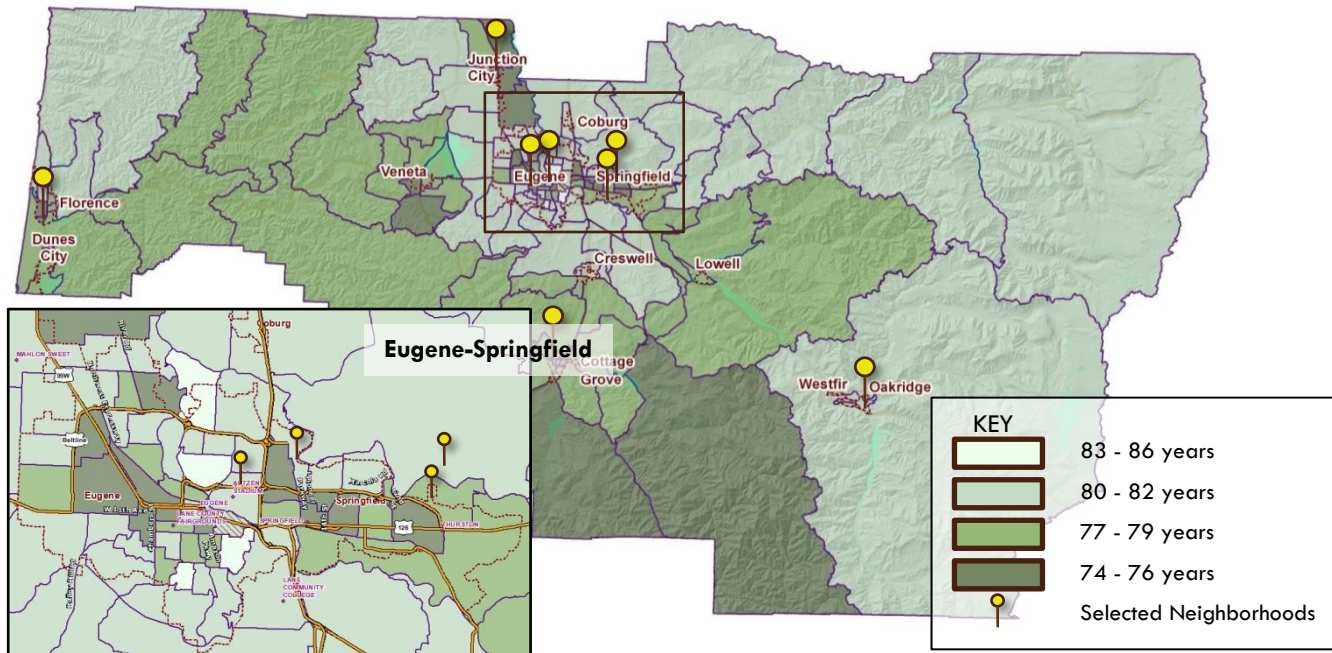


Figure 1:
Life Expectancy at Birth in Lane County, Oregon 2006-2015¹

Heart Disease Deaths and Availability of Tobacco

Heart disease includes a variety of diseases that affect the heart, including artery disease which can cause heart attack, angina, heart failure and arrhythmias. Risk of heart disease is influenced by many factors, including physical activity, diet, and use of tobacco. The availability of opportunities to be active, eat healthy food, and live tobacco-free increase the chances of more people living free of heart disease.

Over time heart disease has decreased in Lane County, but still remains the second leading cause of death. The pattern of deaths from heart disease mirrors the pattern we see in life expectancy. Again, rates of death by heart disease are as much as five times higher in the Train Song neighborhood than in Cal Young. Rates are highest in the neighborhoods of Train Song, Main Street/28th Street, and East Junction City, while Old Town Florence, Cottage Grove and Oakridge align more closely with the county average of 163 deaths per 100,000 persons.

Tobacco use is the leading cause of preventable death in the United States, Lane County, and Oregon. Smoking greatly influences the risk for death by cardiovascular disease. While tobacco-linked mortality has been declining in Lane County, some communities are still experiencing a greater burden from tobacco than others. And as we might expect, patterns of tobacco use align well, though not perfectly, with patterns of life expectancy and heart disease mortality. We see some of the lowest rates of tobacco use in the Cal Young neighborhood of Eugene. Among the highest rates of use are the Train Song neighborhood of Eugene, Cottage Grove, and Oakridge.

Broad availability of tobacco products increases the likelihood of both youth and adult use of tobacco. One measure of access is the number of retailers relative to the local population. In Lane County on average there is one retailer for every 1000 persons. As we might expect, communities with less tobacco use generally have fewer retailers. We see this pattern play out in the highlighted neighborhoods. Availability varies from as low as 2 retailers per 1000 population to as high as 50 retailers per 1000 persons.

Body Weight and Access to Healthy Foods and Active Spaces

Obesity affects quality of life and puts individuals at risk for developing many diseases such as heart disease, stroke, diabetes, and cancer. The number of adults who live with obesity in Lane County has grown over the last two decades and is currently higher in the county than Oregon overall. There are many factors that influence whether more people in a community experience obesity, including access to fresh, nutrient-rich foods and places to be active. Like other indicators of health, average body mass index (BMI), an indicator of obesity, varies widely across the county. A BMI of 25 to 30 is considered overweight. The average BMI scores for all areas of Lane County fall within the overweight range; however some areas fare better than others. The highest average BMI in the selected set occurs in Junction City and the Main Street/28th Street neighborhoods of Springfield. The lowest average BMI scores in the selected set are in Eugene and Cottage Grove.

The availability and affordability of healthy and varied food options in a community increases the likelihood that residents will have a balanced and nutritious diet. Residents of Lane County have slightly better access to supermarkets or full

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service grocers when compared to the state as a whole, but access is not the same everywhere. The Train Song neighborhood and Old Town area of Florence have the highest percentage of residents within close proximity to a grocery store. In contrast, persons living in Cal Young* and Cottage Grove and Junction City must travel further to access fresh produce, with fewer than 1 in 10 people within a short walk of a store and most people likely to rely on driving to get to a store.

* The availability of reliable transportation and financial resources can sometimes have a mitigating effect by improving the ability of people to access services. These factors may be at play in neighborhoods with relatively higher average household incomes and relatively fewer households without a car, such as Cal Young and Marcola Road/Hayden Bridge.

Similarly, access to safe places to be active such as parks and open space tends to increase the number of people who are physically active in a community. Regular exercise has many positive health benefits, in part by helping people to maintain a healthy weight. Overall Lane County offers excellent access to parks, open spaces and outdoor recreational opportunities. On average 2 out of 3 residents live close to a park or open space. Among the places highlighted, areas with the greatest access include the Train Song neighborhood, Junction City, Cottage Grove and Oakridge. In these areas more than 7 out of every 10 residents are within close proximity to parks and open space. In contrast, fewer than 10% of residents in the Springfield neighborhood of Main Street/28th Street lives within an easy walking distance of a park.

Summary

According to Place Matters Oregon, where we live, work, and play has an important influence on health. Our communities have varying access to opportunities that support good health, which in turn leads to different health outcomes. These differences in health can continue across generations, and they are preventable. When we make better places, we build better lives. When we support people in making healthy choices, we help individuals thrive and support the vitality of our communities. We can make healthier communities by creating environments, policies and systems that support health and wellness for everyone, such as ensuring access to healthy food, spaces to be active, safe water and clean air.

Table 1: Health and Environmental Indicators for Selected Neighborhoods in Lane County, Oregon

Health Indicator	Eugene	Eugene	Florence	Junction City	Cottage Grove	Oakridge	Springfield	Springfield
	Cal Young	Train Song	Old Town	E. of Ivy	f Hwy 99/E. of Coast Fork	E. of Crestview/N of Hwy 58	Marcola Rd./ Hayden Bridge	Main St. / 28 th St.
Life Expectancy at birth (age in years) ¹	84	74	76	77	78	80	80	74
Heart Disease Deaths (rate per 100,000) ⁴	107	511	222	286	196	160	173	361
Adults Who Smoke (percent of population) ⁵	13	27	21	16	23	27	19	19
Easy Access to Tobacco Retail (% of population) ⁶	2	52	53	20	28	12	6	30
Body Mass Index (average BMI in adults) ⁷	25.7	26.6	27.0	28.9	26.5	27.8	27.2	28.5
Easy Access to Supermarkets (% of population) ⁸	15	61	75	10	8	19	17	36
Easy Access to Parks (% of population) ⁹	32	73	29	79	78	81	34	7

Sources

- ¹ Oregon Death Certificates, Oregon Center for Health Statistics, Oregon Health Authority. 2006-2015.
- ² U.S. Small-area Life Expectancy Estimates Project (USA LEEP). 2010-2015. National Center for Health Statistics.
- ³ Oregon Health Authority Public Health Division. <https://www.PlaceMattersOregon.com>. 2018-10-17.
- ⁴ Oregon Death Certificates, Oregon Center for Health Statistics, Oregon Health Authority. 2010-2014.
- ⁵ Oregon Behavioral Risk Factor Surveillance System. 2012-2015. Oregon Health Authority Public Health Division Health Promotion and Chronic Disease Prevention.
- ⁶ Tobacco Retail Inventory. Lane County Public Health Prevention Section. 2017.
- ⁷ Oregon Department of Motor Vehicle drivers' license data. 2008-2016. Oregon Health Authority Public Health Division Environmental Public Health Tracking.
- ⁸ ReferenceUSA. 2017. Lane County Public Health.
- ⁹ Oregon, Lane County, Eugene, Willamalane Parks. 2013. Lane County Public Health.

Update: Suicide Prevention

At the end of July, Roger Brubaker (Mental Health Promotion and Suicide Prevention Coordinator in the Prevention Section of Public Health) provided a report on suicide in Lane County. The Board requested regular updates on suicide prevention efforts. Below is our first update, a summary of activities and ongoing efforts since the July Board of Health meeting.

Events

- September is Suicide Awareness Month and in mid-September the report, *Suicide in Lane County 2000-2016: Trends, Risk Factors and Recommendations*, was released to the public. Media interest was high. We estimate a total audience exposure of more than 280,000 individuals through TV, radio, and newspaper coverage and nearly 17,000 through social media posts and shares.
- Every year, roughly 20 veterans die by suicide in Lane County. The Veterans Suicide Awareness Summit, a free event to share information and resources for veterans and their families, was held in Springfield at the end of September.
- A community forum on suicide prevention is being held on October 30th in downtown Eugene, to increase awareness of suicide in Lane County and encourage greater community involvement.

Recurring trainings and reviews

- About one hundred community members and professionals are trained in suicide prevention monthly; so far, about fifty-five community leaders have been trained in suicide postvention. Trainings in both prevention and postvention are ongoing.
- The Lane County Suicide Prevention Steering Committee meets monthly to provide community feedback on county suicide prevention efforts.
- The Lane County Child Fatality Review Committee has committed to taking a prevention-oriented approach to the review process, including making recommendations when appropriate.
- A proposal for the Suicide Fatality Review Team is under development; we expect to convene stakeholders in December.

Surveillance and analysis

- Research in collaboration with University of Oregon Suicide Prevention Lab is providing a greater understanding of suicide deaths, attempts and ideation among Lane County residents. Findings are informing prevention activities and will be provided to the public.
 - As part of this effort, advanced analysis of local survey data was used to develop risk profiles of youth who report that they have seriously considered suicide and/or have attempted suicide. Risk profiles were shared with school staff to provide a clearer picture of the ways that risk factors are influencing suicide in their student population and what groups may be at greatest risk in Lane County.
 - Risk profiles using hospital data are being developed and will be shared with local clinicians. In addition, we are establishing baseline rates of attempts and self-harm rates for Lane County to be used to track periods of high risk and monitor possible clustering and contagion.
- In an ongoing effort, we are improving data collection on deaths by suicide using innovative technologies developed in Washington County and currently being implemented throughout the U.S.

Administration

Administration is the division that provides administrative support to the nine other divisions within Health & Human Services. This division includes: Fiscal Services, Contracts & Planning, Public Information, and Recruitment & Hiring. In the last supplemental, a new supervisor position was added to support the continued growth of Health & Human Services in other divisions. The division is in process of recruiting for this new position who will be responsible to supervise the fiscal work unit.

Fiscal has completed the year-end grant reporting and is currently working with internal auditors on the specific grants selected. In December, fiscal will begin preliminary budget work to include review of PC inventory, phone lines, and fleet expenses. Adjustments will be made to eliminate unnecessary expenses and help managers gather the information they need to create an accurate FY 19/20 budget.

The contracts team is finishing up contracts and amendments for FY18/19. Last year Administration dedicated .50 FTE to track sub-contractor financial and program reports. The timely submission of reports greatly improved from prior years. In the next year, this team will be refining the process and putting in place changes to provide a quick overview of contractor report status. Additionally, the contracts team will be working with the Quality & Compliance division to review and complete a Contracting Risk Assessment for compliance.

Recruitment and Hiring continue to be an area of focused attention and continued growth as H&HS works to fill vacant positions. In addition to providing much needed services to the community, many of the positions generate revenue or are grant-funded. The priority is to fill these positions as quickly as possible to generate revenue and collect available grant funds. As of mid-October, Health & Human Services has hired more than 229 new employees and very likely will break through the 300 mark by the end of the calendar year. This count includes regular, temp, and extra help employees.

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.”*

Adult Outpatient Services - Access to Care

The clinic initiated a “Plan Do Study Act (PDSA)” project with the goal to increase adult access by a net positive +75 admissions in 90 days (May-July 2018). The team analyzed the access workflows, screening tools, clinical decision processes, technology improvements, and communication. The result was positive with 92% of adults screened in for services (*220 screened in, 20 screened out*). This work continues to inform the outpatient access system to ensure Lane County adults have equitable access to behavioral health care.

Rural Communities – Access to Care

LCBH is collaborating with community stakeholders to add crisis services in rural parts of the county. The goal is to develop a crisis services program in Florence as the initial phase of this effort.

Transformation Project

The project continues to progress and is on track for the targeted completion date of December 2020. In August 2018, the second milestone was achieved which included hiring seven staff, training on the Columbia Suicide Severity Rating Scale (CSSRS), increasing access for adults, and technical development work on the Care Management Level (CML) which will identify care levels for clients when implemented in the health record system.

Data, Analytics, Project Management

The clinic hired a Senior Management Analyst and created a BH Analytics Team, which includes a Management Analyst, Administrative Assistant, and Senior Office Assistant. This team is responsible for managing projects and collaborating on Quality Improvement, Quality Assurance, Risk Management, Policies and Procedures, Data Analysis, and Outcomes. This team collaborates with the Quality & Compliance Division and LCBH Leadership Team.

Quality Improvement and Quality Assurance

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 is updated quarterly and focuses on:

- Building infrastructure for team-based care.
- Increasing access for Adults, Children and Families.
- Implementing effective strategies to reduce risk.
- Enhancing coordination among mental health providers.
- Implementing evidenced based practices.
- Recruiting and retaining staff 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:

• **Staffing**

CFS is currently experiencing several vacancies within the division due to internal promotion and employee relocations. Critical duties are being covered by the Supervisor and existing team members. CFS has automated several reporting functions in an effort to redirect resources to tasks that require manual intervention.

• **Billing Projects**

The new CFS Data Mart has been implemented and financial reports are being converted to the Tableau platform to provide faster reporting and more sophisticated visualization of financial performance. Data validation continues as more transactional data becomes available.

A review of the Practice Management system is being explored with the software vendor to identify configuration and functionality improvements to increase automation, accuracy and efficiency.

• **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 carry-over funds to be applied this year. \$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 \$346,500 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 applied to personnel costs for staff focusing on Opiate Dependence treatment and alternative medicine options.

The CHC is continuing to invest in Quality Improvement efforts through the available funds in the third grant of \$99,456. 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 during the implementation of the Alternative Payment and Advanced Care Model. This payment model allows the CHC to receive Medicaid reimbursement in a timely and consistent matter and captures the efforts around patient care performed outside the traditional office visit while maintaining financial predictability. 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 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 this July the CHC has changed the method by which it is reimbursed by the Oregon Health Authority for Medicaid services. Currently payments are capitated (per member per month) 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 patients. Most of these important services are not reimbursable under traditional payment methodologies. This payment change will further support team-based care structure, enabling the CHC to improve patient outreach and engagement in more effectively managing care for a larger population of patients.

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 the CHC is:

- Expanding alternative medicine services to meet the needs of patients with chronic pain. Expanding acupuncture services to five days a week as the first anniversary of the program launch approaches. Will begin offering weekly mindfulness classes in January.
- Expanding capacity to provide suboxone treatment, which provides a safer alternative for patients who use opiates. Added primary care physicians who are certified to provide this service. Develop a “hub and spoke” referral model with federal grant funds to add capacity in coordination with the methadone treatment program.
- Exploring options with a community coalition to develop a new CHC clinic in Cottage Grove.

Continued Focus on Clinical and Operational Improvement –

The CHC uses robust quality improvement processes, 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 program is developing “dashboard” performance reporting on key clinical and operational metrics, and 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 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. This team is 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 the family home. The children's team specializes in early childhood and school-age groups.

Lane County DDS is responsible for many other duties. These include: intake and eligibility determinations for every applicant interested in accessing services; 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 our services; and DDS is 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. A provider portal is under development to allow an electronic exchange and storage of information. This will result in more efficient processing time and is consistent with the goal of creating a paperless office.
- DDS implemented the One Needs Assessment (ONA) on July 1, 2018 and added four positions to serve as ONA Assessors. The state requires all individuals in funded services to be assessed by July 1, 2019 by a trained assessor. From the period of July 1 through September 30, 2018, 408 assessments were completed.
- DDS collaborated with the Quality and Compliance Unit to move data in a "data mart". This will allow improved monitoring and reporting of program performance, and enhance our ability to make data informed decisions.
- DDS was audited in August by the state Office of Developmental Disabilities. Eligibility and Level of Care determinations were identified as areas of strength for the program. Identified opportunities for improvement were related to timeliness of contacts and required site monitoring. A series of training for Service Coordinators has been scheduled to begin in late October in response to the identified needs.
- Approximately 2,336 people served by DDS. 57% are adults and 43% are children under 18. More than 68% of the children are receiving some type of in-home support through the K Plan services.

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. As of November 2018 there have been 122 referrals to the program. The majority of referrals are from the Community Health Centers and Behavioral Health.

Energy Program: In Program Year '18, Lane County distributed \$1,991,378 in federal Low Income Home Energy Assistance Program funding (LIHEAP). Lane County anticipates a slightly higher LIHEAP allocation this fall, based on a higher federal funding level. HSD is in negotiations with EWEB to continue operating the EWEB Custer Care Plus energy assistance program. EWEB is discontinuing its EWEB Customer Care Plus Education program at the end of this calendar year, as a result HSD staff assigned to HSD's energy education programs will be transferring into other H&HS positions.

Housing and Human Services: Lane County Human Services hired Technical Assistance Collaborative (TAC) consultants to conduct a Public Shelter Feasibility Study and Systems Analysis. Their preliminary findings, reported to elected officials and the community October 10, 2018, indicate that 130 single adults become newly homeless in Lane County every month. The recommended strategies to address the large number of unsheltered individuals experiencing homelessness include a 50-75 bed emergency shelter that is Housing First-oriented and low barrier, Diversion & Prevention strategies, enhancing the Coordinated Entry system, and adding 350 new opportunities for Permanent Supportive Housing. The final report is scheduled to be delivered in December 2018.

Veteran Services: In the last six months (1/1/2018 – 6/30/2018), 503 clients of the Veteran Services programs have received a positive decision regarding their claim for VA benefits. This was out of a total of 695 decisions, for a 72.3% success rate. These new awards resulted in \$165 million in one-time retroactive benefits and over \$370,000 in on-going monthly benefit. Additionally, with receipt of additional state funding made available by Measure 96, the program has added a new Veteran Service Officer and Office Assistant position.

Workforce Services: For Program Year 18/19, Workforce Services plans to enroll 88 individuals in On-the-Job Training with local businesses. This is a decrease of 78 individuals over the prior year. 25 individuals will enroll in Workforce Innovation and Opportunity Act (WIOA) funded scholarships, which is a decrease of 28 individuals. These decreases are a result of a funding cut from the State. The JOBS program has a goal of serving 2,165 individuals this year, of which 160 will be placed in work experience or 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 ensures protections critical to the health of all people in Lane County through surveillance and response to communicable disease and environmental health risks. Public Health prevents chronic disease and injury through evidence-based policies and interventions. Public Health promotes optimal health for all people in Lane County through multi-generational, population health programs that serve children and families. Key issues for Public Health in the coming year:

Accreditation: In May, Public Health submitted documentation to the Public Health Accreditation Board (PHAB), to demonstrate conformity with national standards. The goal of the voluntary 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. PHAB has scheduled the site review for February 6-7, 2019. During the review, the site visitors will conduct interviews with the Health Administrator, members of the Board of Health, community partners, and key departmental staff, and then will submit a full report to PHAB. The accreditation decision is expected in spring 2019.

Modernization: In 2015, the Oregon Legislature passed HB 3100, which adopted recommendations developed by the Task Force on the Future of Public Health Services to transform the public health system. In 2017, the Legislature passed HB 2310, which clarified how the new foundational model of public health is to be implemented and also allocated \$5 million to begin implementation with the Communicable Disease (CD) program. Lane County is using this funding to partner with three other counties (Lincoln, Benton, and Linn) to increase childhood vaccination rates and to conduct a pilot project with PeaceHealth hospitals to improve the rates of pneumonia vaccination at discharge among at-risk adults. We have collaborated with the Community Health Centers of Lane County (CHC) to implement evidence-based strategies to increase vaccination rates and, after five months, improvements have been seen in every clinic. The collaboration with the CHC aligns with the new role we are developing for Public Health as part of the Kresge Foundation's *Emerging Leaders in Public Health* initiative. Public Health is creating data systems, infrastructure, and expertise to support population health collaborations with health care providers that use evidence-based strategies and connect patients with supports outside of the clinic. The goal is to work across the health system to address the top health challenges in Lane County.

Sexually Transmitted Infections

Rates of most sexually transmitted infections continue to climb to alarming highs in Lane County. With new funding from the state Public Health has hired additional staff in the CD program. For the first time, a Community Health Analyst is monitoring and analyzing data, engaging community partners, and developing a strategic plan for a comprehensive response to HIV and other STIs. In addition, a Community Service Worker is conducting disease investigations and connecting clients with care.

New Leadership

In August, the Public Health leadership team welcomed a new WIC supervisor, Tammy Johnson. Tammy has worked for Lane County since 1997 and has held a variety of positions in WIC. Knowing both the team and the program very well, she has transitioned smoothly into her new role. Jeff Lang, the Environmental Health supervisor, has announced his retirement in November. Jeff brought business savvy (and good humor) to his role. Understanding the needs of local businesses is important to this position. In addition, with modernization, the Environmental Health program will be undergoing a significant expansion in scope. The challenge will be to hire a supervisor who also has expertise in reducing hazardous exposures from air, land, and water and has a vision for Environmental Health that embraces new roles in transportation and land use planning.

Quality & Compliance

The Quality & Compliance division has continued to build a strong foundation, filling vacant positions and 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

- Completing model-storming with H&HS divisions, creating division data marts and expanding the availability of data sources for the H&HS data warehouse.
- Coordinating with Public Health to create a community health hub that provides data and associated 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.
- Leading data work in support of the Community Health Center's Alternate Payment Care Model (APCM) that supports care and service transformation to promote optimal health and health equity.
- Supporting data needs for the Frequent User System Engagement (FUSE) project through combining data sources, and building Tableau dashboards and reports.

Quality Assurance/Quality Improvement

- Implementation of a department-wide quality improvement training serving to create a common model and language for such activities and instituting a culture of continuous quality improvement across H&HS.
- Hiring of a quality improvement Management Analyst who will serve as support for division level work and lead department QI initiatives.
- Institution of division Data Steward Teams focusing on data curation and establishment of division quality assurance key performance indicators.

Electronic Health Record Support

- Collaboration with the Community Health Centers and Lane County Behavioral health on the implementation of the EHR Patient Portal, serving to enhance communications between patients and care teams.
- Planning implementation of a new EHR system in the Methadone Treatment Program including establishment of a second practice to ensure adherence to confidentiality requirements.
- Operationalizing an interface between the EHR and Oregon Alert to ease and enhance information gathering and entry of immunization data.

Compliance/Risk Management

- Hiring of a compliance focused Management Analyst who will serve to enhance division and department compliance and risk management activities.
- Enhancement of division risk management assessments and on-going support in mitigation activities for found risk areas.
- 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.

Trillium Behavioral Health

Collaboration with Trillium remains critical to Public Health'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 with the Public Health Suicide Prevention Coordinator to address 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, 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:* Continues to provide services to youth who are detained by the court. In addition to providing a full time school program, detention staff provide competency groups four days a week that introduce problem solving, refusal and communication skills. Detention has also increased the opportunities for youth to have visits from their families, friend and others who support them in the community. The additional visiting opportunities allow youth to better cope with the stress and trauma that they may experience while in detention.
- *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. Vocational programming 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.
- *Nutrition Services:* Provides healthy meals to all 3 programs on campus. Offers vocational Culinary Arts program that teaches youth food service and catering skills. In partnership with Lane ESD, Youth Services is implementing a curriculum to provide school credits and to better structure what youth can gain through our program and apply for future employment. The garden was up and running once again providing fresh produce that was utilized across many meals over the summer and early Fall.
- *Program Services:* Oversees medical, mental health, trauma informed care, equity and areas that overarch Youth Services. Youth Services is updating suicide prevention training this year for annual training. One of the Mental Health Specialists was trained in postvention support in 2018 and is a point person for community training and support in this sensitive area. The Trauma Informed Care Committee is working with Trauma Healing Project advancing progress. The Equity Committee is providing six diversity trainings in 2018 for the division.
- *Restorative Services:* Coordinate referrals to community diversion programs across Lane County, runs Springfield Restorative Justice, facilitates the Minor in Possession class, and provides Victim Services to those directly impacted by youth crime. Coordinated a restorative process for nine youth, their parents, and community members from a respective community following a riot incident last year. Provides domestic relations services (mediation, parent education, and supervised parenting time). Began offering Family Check-Up services that are accessible for Spanish monolingual families.
- *Supervision Services:* Implemented the Program Services Matrix (PSM) with all cases moving through Supervision and improved quality of service by tracking skill development contacts, community service/restitution completed, and the reduction of risk scores throughout the life of a case. The PSM Audit at the closure of a case has shown a high level compliance with following the guidelines of the PSM.
- *Treatment Services (Phoenix):* Phoenix has reached its one year mark in a non-secure setting and continues to evolve in expectations of staff and youth in order to best meet needs and reduce trauma. Phoenix continues to see youth with both behavioral and mental health needs in program resulting in exploring curriculum and therapy interventions which address these needs. Staff is training to offer a boys circle group in program which will expand group opportunities for youth during their stay in program.