

## Agenda Cover Memo



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AGENDA DATE: November 5, 2019

TO: Board of Health

FROM: Karen Gaffney, Director  
Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

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In 1995, over twenty years ago, sexually transmitted infections (STIs)<sup>1</sup>, not including HIV, were five of the top ten most frequently reported diseases in the U.S. and the direct and indirect costs to treat them exceeded \$100 billion annually. In 1997, the Institute of Medicine first described the high incidence of STIs as the “hidden epidemic.”

They are hidden from public view because many Americans are reluctant to address sexual health issues in an open way and because of the biological and social factors associated with these diseases. In addition, the scope, incidence, and consequences of STDs are under-recognized by the public and health care professionals.<sup>2</sup>

Unfortunately, little has changed since 1997.

STIs continue to be a severe public health problem affecting people of all racial, cultural, socioeconomic, and religious groups in the United States. Severe complications of STIs can include cancer, reproductive health problems (e.g., pelvic inflammatory disease and infertility), neurologic diseases, and sometimes death. Furthermore, inflammatory STIs, such as chlamydia, gonorrhea, and syphilis, can increase an individual’s susceptibility to HIV infection. In most recent years, we have seen the national rates of chlamydia, gonorrhea, and syphilis reach all-time highs.

- Sexually transmitted infections are severe and preventable public health problems
- In Lane County, the number of syphilis cases has doubled from 2018 and will set a record high in 2019
- Sexual health promotion requires reducing stigma and improving access to services for high risk populations

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<sup>1</sup> Note: STD (sexually transmitted disease) and STI (sexually transmitted infection) are often used interchangeably. STD is used by the Centers for Disease Control and Prevention (CDC). STI is being used more commonly, including in this report, because infections do not always result in symptoms and recent research suggests the term STI is less stigmatized than STD.

<sup>2</sup>Eng, T. R., & Butler, W. T. (Eds.). (1997). *The hidden epidemic: confronting sexually transmitted diseases*. National Academies Press.

If anything has changed in twenty years, it is the recrudescence of syphilis and the alarming increase in the number of congenital syphilis cases (including in Lane County). On these dramatic increases, the Director of the Centers for Disease Control and Prevention's (CDC) Division of STD Prevention, Dr. Gail Bolan, wrote:

The resurgence of syphilis, and particularly congenital syphilis, is not an arbitrary event, but rather a symptom of a deteriorating public health infrastructure and lack of access to health care. It is exposing hidden, fragile populations in need that are not getting the health care and preventive services they deserve. This points to our need for public health and health care action for each of the cases in this report, as they represent real people, not just numbers.<sup>3</sup>

In the following pages, we report data about three bacterial STIs (chlamydia, gonorrhea, syphilis) in Lane County. Although the larger trends are, in many ways, similar to those in the national data, there are some differences between Lane County and the national estimates, which we highlight. First, we present Lane County data for the year 2018 and then make comparisons to national estimates from the CDC's *2018 Sexually Transmitted Disease Surveillance Report*. We then preview 2019, with preliminary data for the first 9 months. Finally, we describe the efforts we are taking locally to address high rates of STIs and HIV.

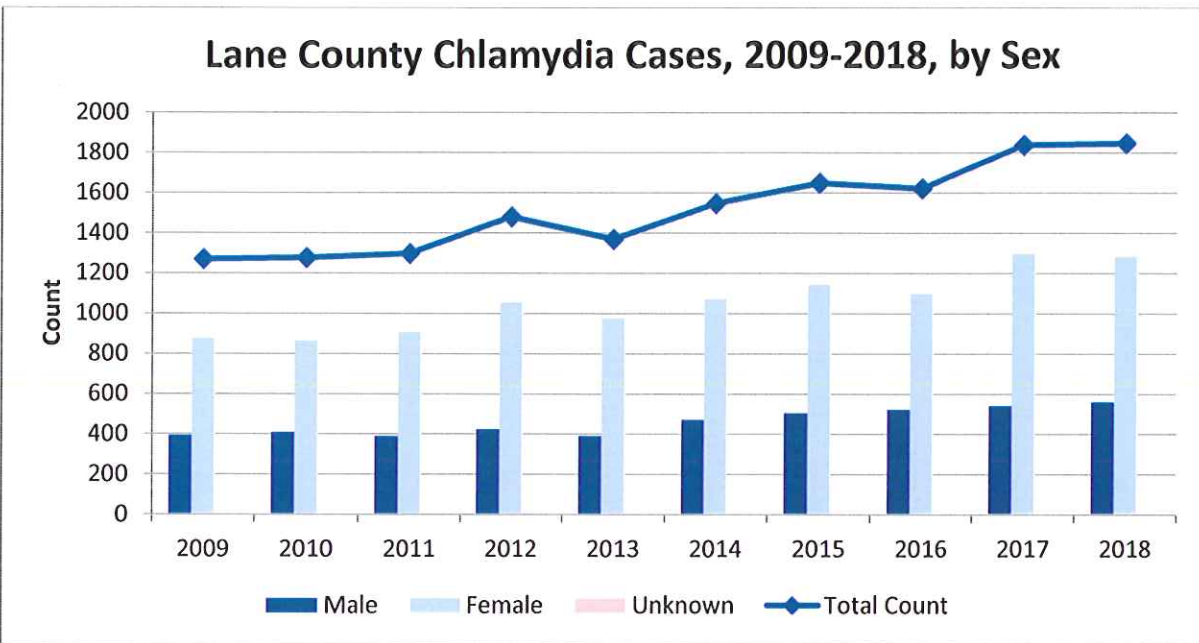
### ***Chlamydia***

Chlamydia, caused by infection with *Chlamydia trachomatis*, is the most common reportable disease in the United States. Chlamydia infection is most common among girls and young women and, among females, is typically asymptomatic. Untreated, chlamydia infection can result in pelvic inflammatory disease, a major cause of infertility, as well as ectopic pregnancy and chronic pelvic pain. Chlamydia is so common and widespread that the state [investigative guidelines](#), which describe the local public health response to reportable diseases, do not require local public health to conduct case investigation (which is required of other reportable STIs). In 2018, a total of 1,758,668 cases of *Chlamydia trachomatis* infection were reported to the CDC and 1,845 of those cases were reported in Lane County. The national case counts correspond to a rate of 539.9 cases per 100,000 population, an increase of 2.9% compared with the rate in 2017. Lane County cases correspond to a rate of 491.8 cases per 100,000 population, a slight decrease from the 2017 rate of 496.5 per 100,000 population.

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<sup>3</sup> Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019. DOI: 10.15620/cdc.79370

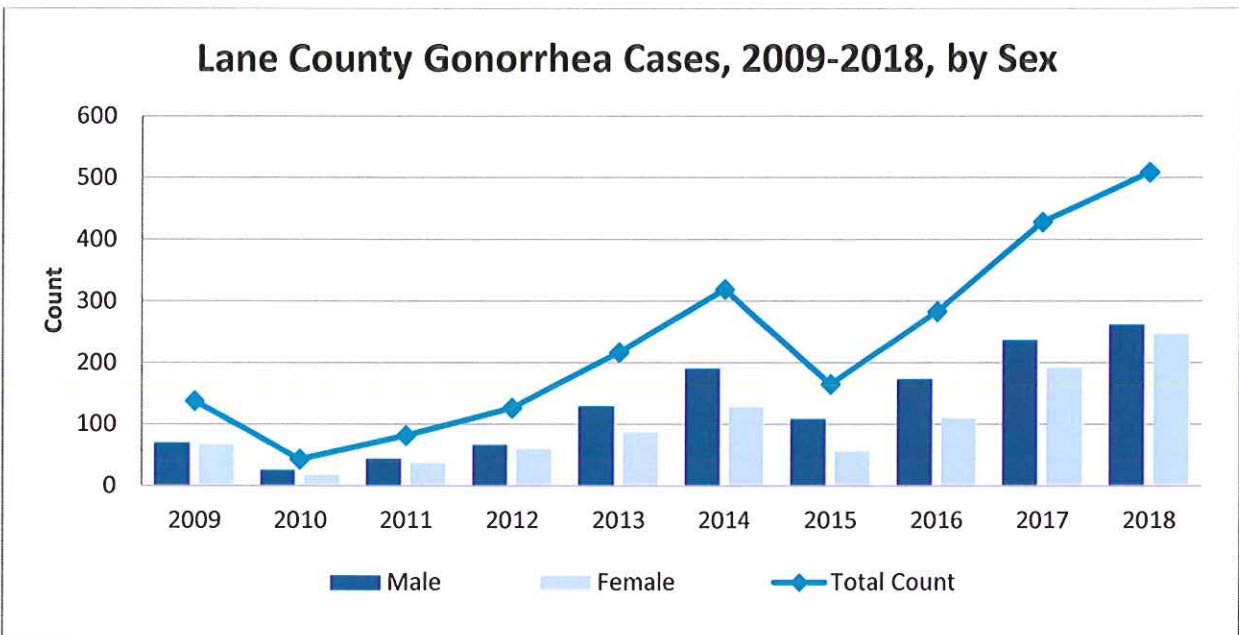




### Gonorrhea

Gonorrhea, caused by infection with *Neisseria gonorrhoeae*, is the second most common reportable disease in the United States. Since 2013, rates of reported gonorrhea infection have been higher among men compared to women. Both males and females may be asymptomatic. Serious complications of gonorrhea infections include pelvic inflammatory disease in women and epidymitis (inflamed sperm ducts around the testicles) and urethral stricture in men. Clinically, as noted in the [investigative guidelines](#), gonorrhea can be difficult to distinguish from chlamydia. Combined gonorrhea and chlamydial infections are not uncommon. *Neisseria gonorrhoeae* can quickly develop resistance to antibiotics used to treat infection, and in 2018, more than half of all infections were estimated to be resistant to at least one antibiotic. Assuring appropriate treatment of infected individuals helps to reduce the risk of drug resistance.

In 2018, a total of 583,405 cases of gonorrhea nationwide were reported to the CDC and 506 of those cases were reported in Lane County. The national case counts correspond to a rate of 179.1 cases per 100,000 population, an increase of 5% compared with the rate in 2017. Lane County cases correspond to a rate of 134.9 cases per 100,000 population, an increase of 14% from the 2017 rate of 115.5 per 100,000 population.

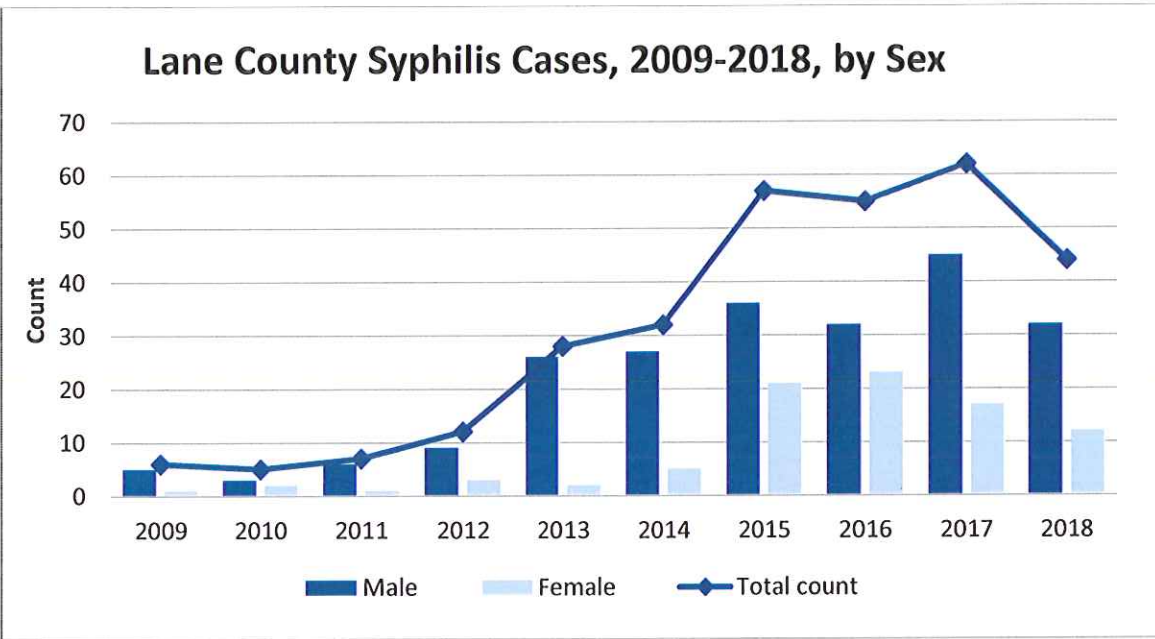


## Syphilis

Syphilis, caused by infection with *Treponema pallidum*, is a complex and systemic disease that has a highly variable course. Untreated, syphilis progresses through stages, from primary to late stage, which can be separated by long periods of latency, as noted in the state [investigative guidelines](#). The most infectious stages of the disease are the primary and secondary stages. Untreated syphilis is associated with significant complications and can facilitate the transmission and acquisition of HIV infection. Since reaching an historical low nationally in 2000 and 2001 of 2.1 cases per 100,000 population, the rate of syphilis has increased almost every year, among both males and females, in all regions of the United States, and among all racial/ethnic groups. Since 2001, men, specifically, gay, bisexual, and other men who have sex with men (MSM), have seen the largest increases in syphilis rates nationwide. However, in the last five years, cases among men who have sex with women (MSW) and women have increased substantially as well. The increase among women is concurrent with an increase in congenital syphilis. Congenital syphilis occurs when a fetus acquires syphilis in the womb or during delivery. It may cause miscarriage, stillbirth, or neonatal death. Congenital syphilis can also cause a child to be chronically disabled. Although historically rare, rates of congenital syphilis have been increasing nationwide since 2013 and increased almost 40% from 2017 to 2018. During 2017-2018, the number of syphilitic stillbirths and congenital syphilis-related infant deaths also increased.

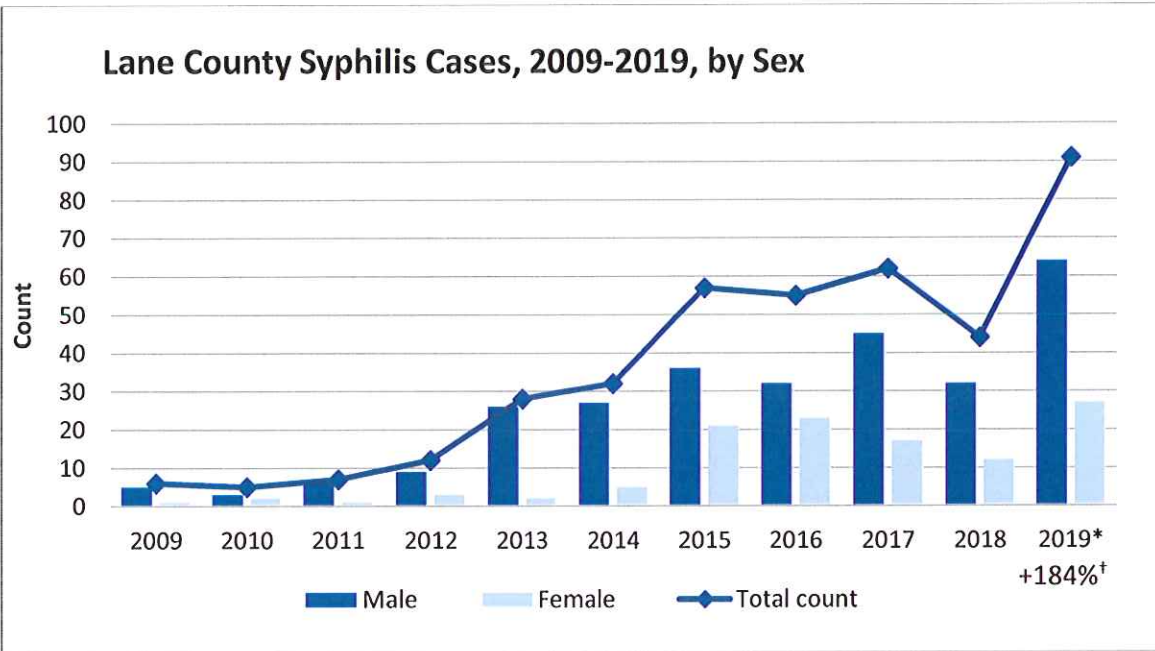
In 2018, a total of 115,045 cases of syphilis (all stages) nationwide were reported to the CDC and 44 of those cases were reported in Lane County. The national case counts correspond to a rate of 35.3 cases per 100,000 population, an increase of 13% compared with the rate in 2017. Lane County cases correspond to a rate of 11.7 cases per 100,000 population, a decrease of 33% from the 2017 rate of 17.5 per 100,000 population.



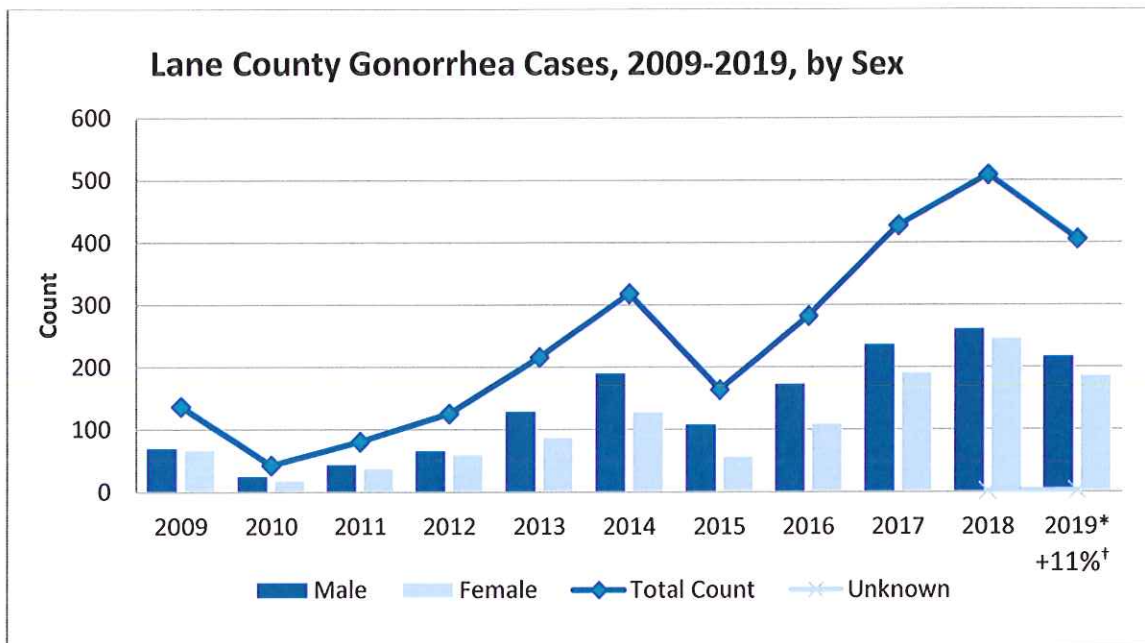


### An Early Look at 2019

The United States continued to see increases in chlamydia, gonorrhea, and syphilis in 2018. In Lane County, there was an increase in gonorrhea but decreases in chlamydia and syphilis rates for the same year (although the change in chlamydia was slight). These trends have not continued in 2019 – far from it, according to preliminary data, syphilis cases in Lane County have more than doubled in the first 9 months of the year, from 44 in 2018 to 91 at the end of September 2019, with rates jumping from 11.7 to 32.3, respectively. (For comparison, in 2018, the Portland metro area had a case rate of 32.4 per 100,000 population.) The gonorrhea rate has also increased from 134.9 per 100,000 population to 143.8 per 100,000 population.



\*2019 represents 9 months of preliminary data



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### Current Efforts in Lane County

STIs represent a growing threat to our county's health and local action is urgently needed. Along with the human suffering associated with STIs, there are significant costs associated with complications of STIs. Recent research suggests that, nationwide, more people are seeking treatment for STIs in emergency departments.<sup>4</sup> Furthermore, the relationship between economic and social factors and STI risk has long been acknowledged in public health; however, new epidemiologic methods may be used to better illustrate the relationship between economic deprivation and STI disparities.<sup>5</sup> Among many at risk of STI, sexual risk behavior occurs in the contexts of structural factors such as sexual stigma, discrimination, substance use, violence, and homelessness.<sup>6</sup>

Public Health's efforts locally involve clinical and patient-level measures, leveraging relationships with clinical providers and community organizations, and expanded surveillance.

In 2016, in response to the increasing rates of STIs, CD added a drop-in, low-cost testing clinic on Tuesdays. Testing was recently expanded at the clinic to include HIV testing as

<sup>4</sup> Pearson, W. S., Peterman, T. A., & Gift, T. L. (2017). An increase in sexually transmitted infections seen in US emergency departments. *Preventive medicine, 100*, 143-144.

<sup>5</sup> Krieger, N., Waterman, P. D., Chen, J. T., Soobader, M. J., & Subramanian, S. V. (2016). Monitoring socioeconomic inequalities in sexually transmitted infections, tuberculosis, and violence: geocoding and choice of area-based socioeconomic measures—the public health disparities geocoding project (US). *Public health reports*.

<sup>6</sup> Ott, M. A., & Santelli, J. (2019). Sexually Transmitted Infections, Public Health, and Ethics. *The Oxford Handbook of Public Health Ethics*, 378.

one of four STD tests provided to all patients (the other three being chlamydia, gonorrhea, and syphilis).

Patient-level measures were also expanded in recent years with additional funding provided by the state through a five-year HIV/STI Early Intervention and Outreach Services (EISO) grant. In 2017, two new staff were added to expand outreach, education, and prevention efforts. Among the key components of STI prevention is Partner Services, which consists of notifying partners of exposure to STIs and ensuring partners receive testing and treatment. We have applied to the state this year to add an additional position for Partner Services.

Public Health collaborates with a wide range of community partners to address STI rates, including the Sexually Transmitted Infection (STI) Prevention Coalition focused on the reduction of STIs in Lane County as a whole and the Harm Reduction Coalition with HIV Alliance. Prevention efforts now extend beyond the Eugene metropolitan area into rural areas in the Willamette Valley and to the city of Florence on the Oregon Coast. At the system level, we are working with the hospitals, urgent care centers, provider practices, colleges and universities, and labs to increase understanding of barriers to access and appropriate testing and treatment of patients and partners, with special attention to high risk populations. In addition, with funding from the state for public health modernization, staff are working directly with individual provider practices to improve the quality and frequency of STI testing and treatment in the region.

To reduce STIs in Lane County, we need a better understanding of the local contexts that contribute to sexual risk behavior and barriers to care and how those risks and barriers are related to social contexts.<sup>7</sup> We have added a new infectious disease epidemiologist position in CD to improve surveillance and work with affected communities. We also recognize that we will need to engage schools and other youth-serving organizations in primary prevention efforts if reductions in STIs are to be realized and sustained over the long term. With deeper understanding and the input of people and communities most impacted by STIs, Public Health will be better able to target community education and outreach efforts in the future. In addition, as a community we will need to acknowledge that STIs are the consequences of more than individual behavior and that we all have a stake in bringing this “hidden epidemic” to light.

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<sup>7</sup> Fortenberry, J. D. (2002). Unveiling the hidden epidemic of sexually transmitted diseases. *JAMA*, 287(6), 768-769.

## **Administration**

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

The fiscal and contracts team are beginning the budget development process to create the department request budget and Capital Improvement Plan for FY20/21. They will be meeting with managers throughout the department to review the 971 revenue and sub-contractor contracts to ensure revenue estimates are accurate and the proper provider/service contracts are in place for FY20/21. Staff continue to work on revising the sub-contractor report and monitoring structure to capture performance outcomes and service delivery data.

Administration has added a new Program Service Coordinator 2 position to work primarily on the 340B prescription program. This position will perform analysis, write policies and procedures, write and review contracts, and work closely with the pharmacist on prescription drug discount eligibility. This position will interpret and apply federal and state rules on prescription drug reimbursement programs to ensure compliance.

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 2019, LCBH has admitted 884 and discharged 704 clients.

### ***Adult Outpatient Services - Access to Care***

The clinic continued to focus on increasing access to behavioral health services in our community. As of 10/7/19- there are 1,353 adults and 359 Children & Adolescents receiving care at LCBH. The Access teams are focused on reducing the length of time from screening-to-admission, *for example*: During Q1 to Q3 2019, the Adult Team has reduced this time from 36 to 20 days and CAP team from 18 to 8 days.

### ***LCBH Operations and Hiring***

LCBH hired a full-time BH Operations Supervisor. This is a newly created position which will integrate operations at the clinic and provide comprehensive support to administrative systems. The clinic is focused on filling all open clinical positions, with a focus on Clinical Supervisors, Qualified Mental Health Professionals, Qualified Mental Health Associates, Psychiatrists, and Peer Supports.

### ***Transformation Project***

The project is on track to meet the December 2020 completion deadline. The final goals of the Transformation Project are: 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 care level algorithm. The final two goals: balancing caseloads and developing substance use treatment at BH are still in process due to their complexity.

### ***Forensic Mental Health***

LCBH continues to grow the Forensic Mental Health program to meet the needs of the community. The team is moving to a new clinic location on Coburg Road. The Aid & Assist (A&A) system improvements are showing positive outcomes, with the new Secure Residential Facility (SRTF) and community beds fully occupied (total of 14 beds). This helps serve clients at a lower level of care than the State Hospital, with a goal on community integration.

### ***Crisis Center, Western Lane Crisis Response***

LCBH continues to support the development of a crisis response in rural communities of Lane County. The pilot project for the city of Florence's crisis response system is moving forward and the final contract negotiation and start-up funding is being processed. This will bring a comprehensive crisis response through collaboration with Florence area mental health and Siuslaw Valley Fire & Rescue.

### ***Risk Management***

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. This includes an audit of the Forensic Mental Health system from the Quality & Compliance division.

## **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 CFS Data Mart is being further developed to capture additional financial transactional data to facilitate the development of new dashboards to increase visibility and tracking of financial performance, with the assistance of Quality and Compliance analysts.

The Coding and Billing Certification program offered in Clinical Financial Services is being utilized by billing staff to increase expertise in coding and payer requirements to improve accuracy of initial claims and mitigate risk in an increasingly value-based reimbursement environment.

Front Desk eligibility functionality has been enhanced in response to the increased complexity of insurance verification with CCO 2.0 and is being implemented across all programs using the NextGen software system. Customized automated routines in the Practice Management system are in development that are designed to decrease manual functions performed by the billing staff in an effort to allocate more time to resolution of service encounters that require additional research to obtain reimbursement.

### **Supplemental Grants**

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

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 was awarded for Year 2. 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 with the QI grant in the amount of \$65,000. 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 participates in a Total Cost of Care model with Trillium. CFS is involved in the analysis and negotiation of contracts with the 2020 Coordinated Care Organizations.

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. We provide care to the uninsured and underinsured members of our community. Service to homeless members of our community is a critical component of our mission.

Key issues for the CHC in the coming year include:

### **Increasing Access to Care**

We continue to concentrate on expanding access to care for current and for new patients. To this end:

- We are moving forward with the community coalition in Cottage Grove to open a new service site in Cottage Grove in the 2<sup>nd</sup> quarter of 2021. In September, the BCC granted delegated authority to the County Administrator to apply for grant funding in support of this project.
- We have hit a number of obstacles in expanding to provide an after-hours clinic. Most notably has been an inability to recruit staff who are willing to work evening hours. We are re-evaluating the recruitment and staffing options to get this back on track.

### **Integration of Dental Services into Primary Care**

We implemented a pilot project in July to integrate preventative dental services into our primary care services. The pilot project focuses on providing screening and referral services for two high risk populations; patient with diabetes, and children. In the first two months, the program has already provided service to approximately 300 patients.

### **Addition of a Second Coordinated Care Organization (CCO) in Lane County**

The addition of a second CCO in the county will increase the complexity of internal operations and patient care. We are confident that we will be ready for this change when implemented on January 1<sup>st</sup>. More importantly, we will be active in supporting planning and inter-agency coordination at the community level which will certainly be more complex with two CCOs.

### **Evolution of Care Model to Be Responsive to Patients and to Payors**

CCOs and other payors are moving toward contract provisions that incent and/or require providers to address issues such as social deterrents of health. We are evaluating our care model, staffing, and services to ensure that we are proactive in anticipating and making changes to best meet patient needs, and to take advantage of contracting opportunities.

### **Continued Focus on Clinical and Operational Improvement**

We are continuing to develop "dashboard" performance reporting on key clinical and operational metrics. We are 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 case management teams including the adult, high school transition, and children's teams. Services Coordinators on the 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 team (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 and conducting Oregon Needs Assessments (ONA) for individuals receiving 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 our services. We are 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 September 1, 2019, DDS was serving 2,597 people. This was an increase of 262 people from the same day in 2018, and an increase of 11% more individuals added to services.
- DDS was fortunate to receive notice of the availability to access up to 33% more in funds from DHS for 2019-2020. The increased funding cap resulted from a workload model which took into account both the steady increase in the number of individuals served over the recent years, as well as the additional workload requirements specific to the implementation of the ONA.
- DDS continues to add positions to keep pace with the increased demand for services from the community. A supervisor position was added this summer to oversee a team of Oregon Needs (ONA) Assessors. In addition, DDS is in the process of recruiting for an additional 7.0 FTE Developmental Disabilities Specialists. The addition of staff is critical in providing the necessary services and maximizing program revenue available from DHS.
- DDS continues to explore options for expanding space in order to improve access to services and to accommodate additional staff. A presentation was made to the Board of County Commissioners on July 30, 2019 regarding the need for expansion and available options.

## Human Services Division

**Dovetail Program:** In 18/19 provided in person health and social services navigation to 107 individuals and/or families. This is 107% of our goal. On average we are able to meet with individuals referred to our program within 14 days of receiving a referral.

**Energy Program** In program year 2019, Lane County received \$2,400,000 in federal Low Income Home Energy Assistance Program (LIHEAP) funding, compared to \$2,000,000 received last year. EWEB increased the EWEB Customer Care energy assistance budget this year by \$200,000 and has incorporated deemed eligibility into the program. Deemed eligibility saves time for participants and providers, and reduces program costs.

**Housing and Human Services:** Much of the focus of work in this program has been centered on improving the system of services, shelter, and housing for the un-housed community in the region. The December 2018 Feasibility Study Recommendations (TAC) has guided this work which recommended the addition of a new 75 bed Public Shelter, and increasing the inventory of Permanent Supportive Housing units by 350. In July 2019, the Supervisor position in the section was re-formulated to concentrate focus upon homelessness and a new staff person was hired to fulfill this role. In the past year, additional capacity of 92 beds for alternative shelter was added through the D2D Shelter year-round; the emergency shelter for families the St. Vincent DePaul Annex nearly doubled its capacity to 60 beds; the City of Eugene and County of Lane have established an Inter-Governmental Agreement to implement elements of the TAC; and Lane County adopted its own implementation of the Homeless Management Information System, having previously been a subsidiary of the City of Portland.

**Veteran Services:** Between 1/1/2019 and 6/30/2019, VA issued 703 decisions to program clients. Of those, 506 positively granted some level of benefits for a success rate of nearly 72%. These new awards resulted in \$2.212 million in one-time retroactive benefits and nearly \$600,000 in new, continuing monthly benefits to our community's Veterans or their surviving spouses. The retroactive benefits are higher than recent periods due to a number of appeals that resolved favorably in this period which resulted in multiple awards to clients of over \$35,000, with one award of \$99,786.

**Workforce Services:** During 8/19, Workforce Services enrolled 82 individuals in the Workforce Innovation and Opportunity Act (WIOA) funded On-the-Job Training program with local businesses. This brought us in at 106% of our contractual goal. The WIOA scholarship program came in at 100% of goal with the award of 25 scholarships. For program year 19/20 the program plans to serve 73 individuals in OJT and 25 individuals in scholarships. The JOBS program goal for program year 19/20 has been set to serve 1,704 individuals who are on TANF. Of those served in the JOBS program, 47 will be placed in JOBS Plus opportunities and 89 will be placed in Work Experience opportunities. In addition, for the second consecutive year our JOBS program has been awarded \$100,000 to help TANF customers' access vocational training. This will support no less than 20 customers in enrolling in vocational training. Workforce Services expects to exceed this goal as there are currently 17 customers enrolled for fall semester. The SNAP Training and Employment Program (STEP) came within 83% of meeting the PY 18/19 goal and plans to serve 200 individuals in PY 19/20.

## LaneCare

Collaboration with Trillium Community Health Plan remains essential to Public Health's focus on improved health. In moving forward, LaneCare (previously Trillium Behavioral Health) will serve both County CCO's and work as a convener for issues pertaining to both CCO's and the County to the benefit of the community as a whole.

**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 [preventionlane.org](http://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 position works to identify condition, behaviors and interventions that promote health and prevent illness, injury and death. Additionally, this position contributes 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.



## 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 and emerging issues for Public Health include:

*Administration.* Public Health received accreditation from the national Public Health Accreditation Board (PHAB) in July. Reaccreditation requires demonstration of continuous quality improvement of public health services and will be sought in 5 years.

*Environmental Health.* Staff are pursuing grant opportunities to expand local services, including 1) partnering with the Environmental Protection Agency and the Oregon Health Authority to encourage safe fish consumption from the Cottage Grove Reservoir; and 2) a voluntary risk-based study of local restaurants in partnership with the Food and Drug Administration.

*Emergency Preparedness.* In collaboration with the Public Health Equity Committee and the County's Equity and Access Coordinator, staff are developing an initiative to increase resiliency and social connection in rural areas through preparedness planning.

*Communicable Disease.* With new state funding for public health modernization, CD is expanding efforts to control epidemics of sexually transmitted infections through improved surveillance, public outreach, and partnerships with healthcare providers. In response to Hepatitis A outbreaks across the country, CD has applied for funding to prepare for an outbreak and vaccinate those at highest risk, including those experiencing homelessness.

*Maternal and Child Health.* Using Tableau to monitor and improve performance, nurse home visiting staff have brought caseloads up to program standards. To improve referral rates for home visiting programs, the Referral Coordinator has been relocated to WIC and is conducting in-person enrollment rather than following up faxed referrals by phone.

*WIC.* New services in Cottage Grove include a monthly nutrition and cooking class and a shopper education class for the Mam-speaking population. Baby Check-In is celebrating its 6-year anniversary – in that time, more than 3,000 families received breastfeeding information and support.

*Prevention.* Two long-term, federal grants for substance abuse prevention have ended - Drug Free Communities and Partnership for Success. Funding had supported community education and local coalitions. In September, Prevention hosted the regional conference, *Mind Your Mind: Mental Wellness Across the Lifespan*, featuring nationally recognized experts in the fields of cultural humility, trauma informed practices, epigenetics and resiliency. Over 200 people attended.

## **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**

- Establishment of "Data Hero's" providing training and empowering staff in the utilization of data to improve service delivery.
- Implementation of an H&HS Data Governance model designed to organize policies, procedures and standards specific to the availability, security, integrity and usability of data.
- Continuing expansion of Tableau and creating operational dashboards for H&HS divisions.
- 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.

### **Quality Improvement**

- Implementation of a Social Determinants of Health questionnaire at the Community Health Centers aimed at collecting data to better serve the needs of individuals and provide population level information on our community.
- Continuing to support H&HS divisions in quality improvement projects aimed at increasing efficiencies and improving service quality and delivery.
- Implementation of the first annual Quality Improvement Summit geared at showcasing improvements and increasing staff involvement in QI work.
- Completion of a Quality Improvement assessment to establish measurement for an H&HS culture of continuous and sustained Quality Improvement.

### **Electronic Health Record Support**

- Enhancement of training curriculum to improve staff on-boarding and on-going employee support.
- Preparing for implementation of kiosks and tablets in the Community Health Centers in order to streamline patient check-ins and manage appointment screening information.
- Implementation of NextGen Mobile allowing providers the ability to transcribe office visits, ePrescribe medications and view schedules and patient information via mobile device.
- Researching the implementation of Telehealth in order to provide a mechanism for conducting remote office visits, improving services to patients in rural areas or those with mobility/transportation barriers.

### **Compliance/Risk Management**

- Expansion of division risk assessments to Clinical Financial Services and the Forensic Program within Behavioral Health. Completion of division risk assessments for Youth Services, the Contracting Program within Administration, the Veterans Services Program within the Human Services Division and the 340B Program within the Community Health Centers of Lane County. Provision of on-going support in mitigation activities for found risk areas.
- Creation of online training related to the Code of Conduct and H&HS' Compliance & Ethics Program Policy, Confidentiality, Job-Related Harassment and Drug-Free Workplace Policy.
- Development of an incident report database to track/trend incident reports received from across the department.
- Development of performance metrics for the Compliance & Ethics Program.

## 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: A variety of improvements were implemented including ongoing skills training for staff to update disposable skills and to expose staff to more best practices which are in-line with current laws and expectations. These improvements have resulted in updated documentation, additional space for youth to utilize, and more privacy for youth professional meetings and personal visits. These improvements have resulted in more positive feedback from partners in the community as well as higher quality of care for youth when they are detained.

Education & Vocation Services: The MLK Ed Center provides year-round academic and vocational programming for Detention, Phoenix and community youth. MLK students earn accelerated HS credit, GED testing, community service, restitution, and academic stipends for participating.

Program Services: Includes medical, mental health, victim advocacy, nutrition services, reception, police reports, public records requests, and expunctions. Our kitchen provides healthy meals to youth in detention, residential treatment, and our school. Program Services run vocational training through MLK Catering Program which teaches youth in food preparation and catering skills. The catering program was awarded the People's Choice Award at the 2019 Food for Lane County Chef's Night Out.

Diversion Services: Facilitates the Minor in Possession class, Impacts of Crime class, victim offender dialogues, and coordinates diversion services. Provides court-connect domestic relations services: Focus on Children and mediation. Provides a strength-based parent intervention service called Family Check-Up.

Probation Services: Probation services continue to shift towards focused interventions that promote personal growth, internal and communal maturity, and positive behavior change that leads to long-term success for youth who are at risk for serious offending. The supervision unit has adopted many of the Casey Foundations recommendations, including focusing on individualized supports such as incentives and reasonable expectations, rather than sanctions and other compliance based approaches.

Treatment Services (Phoenix): Along with Collaborative Problem Solving being utilized, Phoenix will begin implementing Trauma Informed Effective Reinforcement (TIER). Phoenix plans to shift to a four track program consisting of the residential program that Phoenix is, Phoenix Alternative to Confinement (PAC) beds for youth that are brought into intake on non-detainable charges, Assessment & Evaluation Center, and Probation Violation program.