

Agenda Cover Memo

AGENDA DATE: November 20, 2012

TO: Board of County Commissioners

FROM: Alicia Hays, Director
Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT



This report to the Board of Health (BOH) includes a discussion of two key issues related to Health & Human Services and the health of the community, followed by brief updates from each of the Department's ten divisions. This format is designed to target some of the most critical issues during this period, and of course staff will be happy to address any questions you might have related to these or other topics related to your role as the Local Board of Health.

Health Care Transformation Update

The work at the federal, state, and local level to achieve the Triple Aim of improving health care, improving the health of the population, and containing or reducing costs continues to be front and center for Health & Human Services (H&HS). As the Local Health Authority and the Local Mental Health Authority, this work is critically important to how the Board will be looking at health care for years to come.

Staff has worked collaboratively with Trillium Community Health Plans, our local Coordinated Care Organization (CCO), to draft a Transformation Plan designed to achieve the Triple Aim. While Trillium is still awaiting feedback and approval from the Oregon Health Authority, we are beginning work now on these important items. This five-year plan includes 16 transformation initiatives, covering system-level assessment and planning initiatives, infrastructure support initiatives, and transformational care initiatives. County staff is working with others in the community to meet the milestones and measurements in the plan. The initiatives include:

1. Conduct an evidence-based Community Health Assessment and Community Health Improvement Plan.
2. Develop a Performance Improvement Plan to Increase Cultural Competence and Eliminate Disparities.
3. Design and implement a process to increase the number of CCO providers that are recognized by OHA as Patient Centered Primary Care Homes.
4. Develop bi-directional primary care/behavioral health service delivery methods and structures that include integrating behavioral health services into primary care and primary care into behavioral health. Address all levels of behavioral

health need (mild, moderate, serious, and severe), prioritizing solutions for those with serious and severe behavioral health disorders and one or more chronic health conditions.

5. Expand the use of alternative payment methodologies and shared savings strategies across the Trillium network, enhancing the alignment of payment models with Triple Aim initiatives to improve health, improve care, and reduce costs. These efforts will build on the existing payment reforms and risk sharing pools.
6. Create a “smart Health Information Exchange” that will mobilize relevant healthcare information between users to offer safer, more timely, effective, and equitable patient-centered care.
7. Implement and evaluate an evidence-based Primary Prevention Plan.
8. Implement a comprehensive care management plan based on current best practices that addresses a range of enrollee needs.
9. Continue to develop a system of high performing behavioral providers that provide integrated mental health and substance use treatment and can demonstrate their effectiveness through widespread use of evidence-based practices, clinical screening tools, clinical improvement measurement tools, treat to target models, rapid access, and assessment and treatment standards that promote whole health while decreasing duplication and unnecessary services.
10. Develop, implement, and evaluate strategies to engage the CCO’s care system with housing and other social supports that address the social determinants of health.
11. Implement and evaluate evidence-based wellness services that engage individuals and assist them in moving them toward health.
12. Expand the existing performance measurement system to include new metrics for the CCO.
13. Develop and implement a public reporting process to share the CCO’s performance data with OHP members and the broader community.

This effort impacts all of H&HS. The divisions that are responsible for providing health care (Behavioral Health and Community Health Centers of Lane County, supported by Clinical Financial Services) are working to change their internal systems to better respond to the changes in the health care delivery system. The divisions that are responsible for planning, funding, and delivering non-medical human services (Developmental Disabilities, Human Services Commission, Youth Services) are preparing for increased coordination through the new CCO. Administration, LaneCare, and Public Health will be in the middle of determining how to administer the CCO to best be able to meet the Triple Aim.

Additionally, the department is working this fall and winter to draft a biennial plan for Mental Health and Addictions Services. This plan is significantly different than past efforts, because the Oregon Health Authority is shifting the bulk of their non-Medicaid funds to the County from a system of designated funds for particular services to a “global budget” where the County will be accountable for achieving specific outcomes and able to allocate the funds across services in response to the plan we submit. Staff

is gathering data on current needs, and working with the Mental Health Advisory Committee and other community partners to solicit community input through on-line surveys and community meetings, and then will prepare a plan for review by the Board of Commissioners in February.

H&HS Strategic Plan Update

Work on the H&HS strategic plan began last fall, and is currently being rolled out in the department. The H&HS Strategic Plan is built on four pillars:

- Improve and ensure equitable and timely access to services.
- Focus on integrated care and prevention models.
- Leverage and lead with quality information and analytics.
- Develop quality outcomes with a focus on efficiency and staff development.

These pillars cut across the whole department, and outcomes at multiple levels of the organization are all driving toward them. While some of the pillars more centrally apply to some divisions and not others, the whole department is focused on moving the needle in these areas.

There are three specific outcomes that are identified as Tier One—they are department wide, and all divisions have a role to play in meeting them. The department is convening cross-functional teams to implement the strategies that will ensure we achieve success in these three areas:

- Reduce smoking in Lane County.
- Reduce the incidence and impacts of Adverse Childhood Experiences (ACEs) in Lane County.
- Improve the fiscal sustainability through better business unit planning, improved efficiency and return on investment, and leverage of partnership resources.

In addition to these department wide outcomes, each Division and cluster of divisions have identified specific outcomes for their work that tie to the four strategic pillars. The plan has a strong communication focus, including increasing the internal strategic communication as well as increasing our communication with the general public. This effort has been enhanced significantly through the current contract with Funk and Associates for the services of an interim Public Information Officer (PIO). The role of the department PIO includes our work to communicate with the public through traditional and social media, as well as providing technical assistance and training to H&HS spokespeople to improve their effectiveness with the media, assisting the department in developing timely and appropriate messages for the public, and assisting in the planning and design of future strategic communication.

Administration

The merger of the Departments of Children and Families and Youth Services into Health & Human Services became official on July 21, 2012. The administrative functions have transitioned from both Children and Families and Youth Services to staff within the H&HS Administration or Clinical Financial Services division. Since the merger date, much of the focus has been on transferring the budget and contracts into the H&HS policies and procedures and ensuring that management at the new Youth Services Division have the information and support they need to effectively manage the programs. Staff will continue to look for ways to streamline efforts by eliminating duplication and looking for other efficiencies.

Additionally, Administration is working on the department-wide outcome identified to improve fiscal sustainability through better business-unit planning, improved efficiency and return on investment, and leverage partnership resources. This outcome is critical for the long-term sustainability of Health & Human Services. Our analytical staff will play a large role in gathering information necessary to make strategic decisions. The contracts team will move toward including measureable outcomes to verify contractor performance.

Finally, the implementation of the Innovate Lane County suggestion to merge our Administration and Public Health Prevention Teams to be one within the Public Health division is now complete, with all prevention staff located in the same area within Public Health. Another change that occurred as a result of merging the prevention teams is the Vital Records function is now located within the Administration office. The shared reception has allowed Vital Records to now be open through the lunch hour, increasing access for the public to this important service.

Behavioral Health Services

Another busy year at Behavioral Health and our management team and staff are working hard to sustain many initiatives. This fall we faced a shift in leadership for our team as Al Levine is transitioned to Youth Services and Teresa DaVigo was appointed in a Career Development Manager role for one year. Our teams are graciously settling into the change and we are re-gaining focus on goals initiated since our April report.

Two updates since our last report:

- **Feedback Informed Treatment (FIT)**

Providers at Behavioral Health began piloting FIT late May, 2012 and find the outcome measures are easily administered at the beginning and at the end of each session. After some learning curve for providers around interpreting the data, teams are ready to expand use of the tools, increasing use from 1/3 of clinic providers to 2/3 of providers using the tool for all new clientele. This strategy will improve the quality and responsiveness of our care, and improve access to services.

- **Centralized Scheduling**

An effort to centralize provider schedules so schedule maintenance becomes an administrative function has required a significant restructure of our entire Office Assistant (OA) team. We accomplished the restructure in October and are preparing to increase the number of providers who will release appointment scheduling to OA staff. Momentum for centralizing appointment schedules is informed by customer service data, provider productivity, and tracking no-show appointments which we expect to improve once scheduling is centralized.

Below are new initiatives started since the last report:

- **Increasing and Improving Access**

August, 2012 we welcomed support from MTM Services consulting group who came to us through a grant from the National Council for Community Behavioral Healthcare. MTM Services will support our Management Team's charge to provide greater access to clinic services, as well as more rapid access to services as measured by the time of first contact to first therapeutic session. Based on successes in other clinics, we expect we can improve our access processes significantly over the next 12 months for children, families, and adults.

- **Building remodel**

In early December, the division will begin a remodeling project that will result in greater space and resources for each of our provider teams. The remodel will also offer additional exam rooms and laboratory space for physical health services which we continue integrating our service delivery model. Remodel funds are supplemented by a \$500,000 grant awarded last June.

Clinical Financial Services

Clinical Financial Services provides financial services support to the Community Health Centers (CHC), Behavioral Health Services (BHS), and Public Health operating units. These services include ensuring that the patient information is collected and maintained to ensure accurate and timely insurance billing, processing insurance billing, and posting of payments for services provided in the operating units.

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

- **Implementation of a new billing system and electronic health record (EHR) to support the Community Health Centers (CHC).**

The new information system will replace the current software that supports patient scheduling and billing for the CHC. Implementing the new system will reduce the CHC's annual expenses related to the billing software. The new system will also include an EHR, replacing the current paper medical charts. Having an EHR is critically important to the on-going growth and sustainability of the CHC. However, we know that system conversions are very labor intensive - resulting in lower provider productivity, and therefore revenue during the implementation. Delays or other problems in the system conversation may also delay payments from insurers. The management team is working closely with the new vendor, and has committed substantial internal resources to minimize the risks associated with this conversion.

- **Medicaid Payment Funding Shifted to Coordinated Care Organizations (CCOs)**

The State of Oregon has changed the way in which Medicaid services are funded and managed. Regional CCOs, which is Trillium CCO in our market, will be responsible to manage the Medicaid services. Medicaid accounts for the majority of revenue for Lane County Behavioral Health and for the Community Health Centers. As such, the development of CCOs has the potential to have significant impacts on the operations and payment models for services provided by these programs. The management teams of these programs believe that their strategic initiatives are in line with the anticipated goals of the Trillium CCO. We believe that the CCO structure will provide opportunities for enhanced reimbursement and other support for our strategic initiatives. Our H&HS management team has been, and will continue to be, active participants in the development of the Trillium CCO clinical initiatives and payment guidelines. CFS will closely evaluate proposed changes and the expected financial impacts of CCO changes our organization.

Community Health Centers

Community Health Centers of Lane County (CHCLC) provides primary care at The RiverStone Clinic and Springfield High School, in Springfield, and Charnelton Community Clinic and Lane County Mental Health, in Eugene. In addition to primary care, the health centers offer prenatal care, dental prevention, and integrated behavioral health services.

Key issues for the health center in the coming year include:

- **Patient Centered Medical Home/NCQA Certification**

We continue to implement all aspects of the patient center medical home model. In October of 2011 CHCLC achieved Tier 2 of 3, recognition by the Oregon Health Authority. In the coming year CHCLC will focus on achieving Tier 3 recognition from the Oregon Health Authority and the National Committee on Quality Assurance (NCQA). An essential component of Tier 3 recognition is the utilization of an electronic health record. CHCLC will be implementing an electronic health record, Next Gen, throughout 2013.

- **Participation & partnership with Trillium (CCO)**

As the Coordinated Care Organization has taken shape in Lane County, the CHCLC has seen an increase in opportunities and challenges. CHC leadership and staff play a central role in achieving the triple aim (improved health, lowered costs, & increased patient satisfaction). As an organization, we are coming under increasing review and scrutiny from the CCO regarding access and volume of patients. Opportunities include: utilization of Community Health Workers, integration with behavioral health services, increased communication between primary care providers, and transparency of data.

- **Partnerships with Public Health and Behavioral Health**

Our partnerships with Public Health and Behavioral Health have continued to expand. Direct clinical services in immunizations and sexually transmitted disease have been transitioned from public health nursing staff to CHCLC staff. The immunization program is highly complex and very time consuming. The addition of public health nurses who are experts in this area has been a tremendous asset to the CHC. Diagnosis and treatment of sexually transmitted diseases has moved to the medical team at the CHC, while tracking and reporting to the state remain with public health.

The Behavioral Health partnership continues to expand and includes: primary care clinic at the behavioral health site; transition of care for patients between primary care and Lane County Behavioral Health; and creation of a quality assurance committee, coordinated across both divisions, that addresses, amongst other items, the four pillars of H&HS: Access, Integration & Prevention, Analytics, and Outcomes.

Developmental Disabilities

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for more than 1,800 children and adults with developmental disabilities. It is estimated that there are an additional 3,000 persons in Lane County that meet eligibility criteria but do not currently receive services. There is also an increase in people needing services who have co-occurring mental health and/or corrections needs. Over the past two years there has been a significant increase in the number of children and adults with developmental disabilities requesting new services. In Lane County alone, more than 200 individuals with a documented developmental disability have entered our services during that period.

Within DDS case management services are separated into two distinct teams. Case managers in the adult comprehensive team are charged with the ongoing responsibility of monitoring clients' services in residential sites and those who live in their family homes with in-home support plans. Case managers monitor the health and safety of these vulnerable individuals and ensure their individual support plans are being followed. Case managers monitor medical, financial, and behavioral supports for clients and ensure they are being addressed. Often case managers are advocates for their clients in getting their basic needs met.

The children's unit is responsible for monitoring the health and safety of children with a developmental disability who live in their family homes, foster care and other residential settings. Services for children who live in their family home focus on providing appropriate resources that support the child. Children who live in other settings are monitored by case managers to ensure they are receiving the supports outlined in their individual support plans.

DDS also includes a specialized unit 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. Currently, Lane County DDS has two Abuse Investigators who have typically 15 open cases between them at any given time. Each year they screen approximately 150-200 possible cases of abuse/neglect in Lane County.

Some highlights from our division during the last six months:

- Preparing for another full state audit in March of 2013, including updating all internal policies and procedures.
- Hiring a new supervisor over Abuse Investigations, the Cascade Regional Crisis Team and Quality Assurance.
- Hiring an additional children's case manager to decrease caseload sizes.
- Working with an independent contractor on CMS compliance issues.
- Partnering with The ARC of Lane County to support Padres en Accion- a Latino support group for parents of children with developmental disabilities.
- Significant improvement in outcome measures, including site visits, quality of progress notes, and Title XIX waiver compliance.

Human Services Division

Family Mediation Program: During the past six months, the Family Mediation Program conducted mediation orientation for 476 parents, completed a total of 286 court-referred mediation cases, and conducted the court-required parent education class Focus on Children for 595 parents, with over 90% of the parents reporting the class as good or excellent. Parents participating in our program have open legal actions concerning child custody and/or parenting time disputes and are parties to a Lane County dissolution, legal separation, modification, or (if unmarried) legal action to establish or modify custody and/or parenting time.

Veteran's Services: The last year has seen a drastic change in the way Lane County Veteran Services sees our clients. Historically, we saw clients by appointment. However, we found that due to staffing reductions (we lost a ½ time counselor with the start of FY 2011-12), it was taking upwards of two months for clients to be scheduled. In March, 2012, we converted to an "open access" system with three days of walk-in appointments, one day dedicated to appointments and outreach to local communities and one day for administrative and case development work. The initial reaction has been quite positive and we no longer feel we are a contributing factor to the great length of time it takes for VA claims to be adjudicated.

Lane County Veteran Services also continues to have a great positive impact on the lives of our clients. In FY 2011-12, we helped veterans and qualifying family members obtain over \$1.2 million in continuing monthly benefits and over \$11.3 million in one-time retroactive and education benefits. Furthermore, based on statistics released by the Department of Veteran Affairs for Federal FY 2011, Lane County receives the highest amount of VA compensation and pension benefits of any county in Oregon.

Human Services & Housing

- **Hearth Act (Homeless Emergency Assistance and Rapid Transition to Housing)** was signed into law in 2009 and is now being implemented through the HUD Continuum of Care grant. As the lead agency on the Lane County Continuum of Care, the HSD will implement community-wide planning on homelessness and integrate other changes according to Hearth Act regulations.
- **Homeless Coordinated Entry System** Lane County Human Services Division and its non-profit partners are designing a Coordinated Entry System for those experiencing homelessness for singles, youth and families. Potential program participants will be screened to determine their service needs, homelessness status, and depending on their level of need, be referred to the most appropriate housing or shelter provider. The new coordinated entry system will create a "no wrong door" approach. It will not disrupt the relationships that have been established between organizations and clients, which are important to maintain engagement and avoid unnecessary handoffs of clients between agencies. This approach will create one central point virtually through the use of the ServicePoint system for those who are homeless.

LaneCare

Health care delivery transformation is occurring at a rapid pace. The Lane County Coordinated Care Organization was launched on August 1. The County contract with the State for the management of the OHP mental health benefit (MHO) terminated effective August 1, 2012 and Lane County is now contracting with Trillium as a risk-bearing partner in the CCO. County staff members are also members of the Trillium Board of Directors and in the administrative management team.

By contract, LaneCare will continue to manage the behavioral health system for the CCO. This will include the staff functions for Behavioral Needs Care Coordination, authorization and utilization management, customer service, provider relations, quality assurance, and medical director oversight. Trillium will complete all provider contracts. There is a 20% Oregon Health Plan (OHP) budget deficit that was backfilled with federal funds granted to the state. These funds mean that 95% of the budget shortfall is covered for the first two years. For the next year, 40% of the shortfall is covered and for the final two years, 25% of the shortfall is covered. This means there is a short period of time to affect significant cost saving changes to the Medicaid delivery system in Lane County and throughout the state.

The challenge of meeting the Triple Aim by transforming the health delivery system to promote better health with better care while reducing costs is still before us. The role of the County in achieving better care and improved health outcomes is clear: support prevention, improve care coordination for at-risk members, and support service linkages for individuals whose health problems are related to socially determined causes. Rapid access to appropriate treatment is essential. Developing lower cost community support and health promotion specialists will reduce higher cost medical care.

Trillium has submitted a Transformation Plan to the Oregon Health Authority for review and approval. This plan describes goals and strategies for making system changes that support the CCO and the community in achieving the Triple Aim. Committees will be established to address each component of the plan. Lane County is lead in organizing several of these committees and will have a representative on most of the committees. LaneCare will move out of the County Mental Health building and co-locate with Trillium in December. This will support more integrated system management and encourage collaborative decision making.

Lane County completed a selection process for Prevention, Education and Outreach programs for OHP members. Fifteen providers were selected that are advancing health promotion, system integration, and service coordination through prevention activities designed to improve health outcomes.

Public Health

Public Health staff has experienced more change and opportunities in these past six months with several staff retiring, new programs established through Health Care Transformation, and integration of services with the Community Health Centers of Lane County (CHC). For the Communicable Disease (CD) program, final steps toward transitioning Sexually Transmitted Disease and Immunization clinical services from Public Health to the Community Health Centers of Lane County have continued. This transition has encouraged patients to establish a medical home with the CHC and provide an opportunity for the CD staff to focus on population based disease prevention, investigation and reporting responsibilities. The CD section was awarded an Adult Immunization Grant with the focus of increasing Tdap and influenza vaccine rates among adults. This grant is providing staff an opportunity to work with new community partners. Lane County H&HS partnered with Lane Community College, Lane Transit District, KEZI television, and Trillium to provide 100 Tdap and 200 influenza vaccines to Oregon Health Plan and uninsured adults on the LCC campus in October 2012.

The Centers for Disease Control and Prevention have issued a set of 15 Public Health Preparedness Capabilities that must be met in the next five years. The preparedness staff has been designing and implementing a comprehensive work plan toward achieving these capabilities. The work includes drafting and revising Emergency Operations Plans and increasing or maintaining the response capacity of the Public Health staff through training and exercises. The current focus is on the six capabilities defined as critical for the next two years by our contract with the Oregon Health Authority: Emergency Operations Coordination; Emergency Public Information and Warning; Information Sharing; Medical Material Management and Distribution; Medical Surge; and Public Health Surveillance and Epidemiological Investigation.

The Environmental Health (EH) program provides quality inspection services to licensed facility owners in order to protect the health of residents and visitors in Lane County as they use any of our food service facilities, hotels, public swimming pools, schools, and other public venues. The EH team works closely with the CD team and the preparedness response team as needed to ensure safe food and tourist accommodations. In June 2012, the EH team conducted a rabies and animal bite reporting conference to better prepare for the transition from County provided animal services to city and geographical jurisdictional provided services. The EH team also hosted a ServSafe course on October 11, 2012. This course is designed to prepare food managers to successfully pass a nationally recognized certification test. Testing and certification of food handlers in Lane County continues to be a priority as a preventative measure against food-borne illnesses. Lane County EH was once again asked by the state to participate in the annual West Nile Virus program this past summer.

In July, the Maternal Child Health program began implementation of a Nurse Family Partnership (NFP) program. NFP is an evidence-based nurse home visiting program for vulnerable pregnant moms from early in pregnancy through her child's second birthday.

The goals of the program are: improve pregnancy outcomes by helping women engage in preventive health practices, including through prenatal care, improving their diets, and reducing their use of cigarettes, alcohol, and illegal substances; improve child health and development by helping parents provide responsible and competent care; and improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Public Health is working to increase breastfeeding duration rates among WIC postpartum women in order to improve the health of infants and mothers in the county. The WIC program continues to work on developing a community system to increase support for breastfeeding mothers. This effort was initially funded through the Special Breastfeeding Project which was awarded to the WIC program in March 2012. The project brought together WIC staff, local hospital staff and the Breastfeeding Coalition of Lane County so that these organizations could work together to enhance the hospitals' efforts to meet the World Health Organization Baby Friendly Hospital standards. Meetings with the local hospitals will continue so that further progress can be made in this area.

The purpose of the Prevention program is to prevent, inform and coordinate effective prevention strategies aimed at creating healthier communities. The program has recently gone through significant changes; most notably the integration of the Prevention program previously operated out of H&HS Administration with the Prevention program in Public Health. The integrated Prevention program now resides in Public Health and has also expanded to also include prevention work with the Coordinated Care Organization; ensuring the Triple Aim (improved health, increased quality and availability of care, and lowered costs), is achieved locally. The Prevention Program continues to focus on the problem behaviors such as high risk drinking, underage drinking, tobacco, problem gambling as well as other public health concerns such as suicide, obesity and immunization rates. Areas of focus the past six months have included three significant planning efforts:

- The Community Health Assessment and Community Health Improvement Plan, in partnership with PeaceHealth and Trillium Community Health Plans
- The Strategic Prevention Framework, assessing the community for high risk drinking
- Working to include "health" in planning efforts related to housing, transportation and economic development, in partnership with the Lane Livability Consortium.

Youth Services

The Youth Services Division includes the programs that were formerly in the Department of Youth Services and the Department of Children and Families.

Entering this fiscal year, Youth Services had to cope with a loss of 25% of their County General Fund, which resulted in significant layoffs and program reductions. Detention was reduced to a capacity of eight beds from 16 beds; the Phoenix Program (the one residential BRS treatment program with local bed availability for youth supervised by the Lane County Juvenile Counselors) was reduced as well from 16 beds to eight beds, and became a males-only program. Other reductions included the loss of the eight local use residential drug treatment beds at the Pathways program; the intensive outpatient drug and alcohol treatment that Center for Family Development provided; and staff reductions to community service crews, support staff, juvenile cooks, and staffing of the MLK Education Center.

This fall the MLK Education Center moved into its newly remodeled space in the former National Guard Armory. This space is attractive, with state of the art equipment, and offers a better educational setting conducive to learning than it did when housed in a vacant detention pod. Student progress and behavior is dramatically improved since moving into the new quarters, with only one incident thus far this term, as compared to an average of about 6-8 per month in the former space.

With the reduction of detention beds, Youth Services has been forced to develop creative strategies for using alternatives to detention as a sanction for youth (even with the reduced treatment options), or recommending stays ranging from a few hours to a couple of days in order to make optimal use of this limited resource. Juvenile Counselors have been engaged in trainings on Effective Practices in Community Supervision (EPICS) and in using these approaches to assist adjudicated youth in learning new pro-social skills, modifying the behaviors and thought processes that have lead them to criminal behavior in the past, and focusing on educational and vocational goals and reduced recidivism through an evidenced-based, cognitive behavioral approach.

As part of the Disproportionate Minority Contact Grant, Youth Services has implemented the Risk Assessment Instrument (RAI) and a Program Services Matrix which guides decisions about which youth get detained, conditionally released, or released, as well as the appropriate level of community supervision, based on objective criteria.

Al Levine, Manager of Behavioral Health Services, has been reassigned as the Manager at Youth Services, and John Aarons, a long time Youth Services Supervisor, was selected to be in a Career Development Manager position for one year, with the expectation that after one year a new recruitment for the manager position would occur.