

Agenda Cover Memo

AGENDA DATE: May 7, 2013

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 includes a discussion of several 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. The 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.

Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

During the last six months, Lane County Public Health has partnered with PeaceHealth, Trillium Community Health Plans, United Way and others in the community to gather qualitative and quantitative data on the health needs in Lane County. This collaborative, single community health assessment then served as the basis for a shared Community Health Improvement Plan. This plan is required for Lane County's application for Public Health Accreditation, as well as PeaceHealth's IRS requirement as a nonprofit hospital, and Trillium's role as a Coordinated Care Organization. The vision is that the shared CHIP will be adopted by a range of community organizations, and serve as a central organizing tool for improving health in the community. The CHIP identifies five key areas for focus (not in priority order):

- Access to Care
- Disparities
- Mental Health and Addictions
- Obesity
- Tobacco Use

Within each of these areas, the CHIP identifies specific strategies targeted to improve health related to that issue. Any individual organization in the community likely will not work on all the strategies, but will instead select from the list those strategies that fit most with their mission and interest. For instance, Trillium may focus on those areas within the CHIP that data points to as most critical in the Medicaid population, while Lane County Public Health may have a broader, general population, and prevention focus.

This collaborative Community Health Improvement Plan is a significant step forward in transforming health in our community, bringing the focus of key community organizations together around a specific list of health problems. The CHIP will be adopted for a three year period, and data and priorities will then be updated for the next three year period.

H&HS Tier One Outcomes:

As part of the department strategic plan, H&HS identified the following outcomes for department wide focus over the next several years:

- Reducing smoking in Lane County
- Reducing the prevalence and impact of Adverse Childhood Experiences in Lane County
- Fiscal Sustainability

Cross-function teams are currently working to address smoking through a number of evidence-based strategies, including a commitment to appropriately asking every client on every visit if they use tobacco, and if so, making appropriate referrals to the State quit line and other cessation resources; to working with partners to increase the price of tobacco; and through expanding tobacco-free campuses at both Lane County and our contracted partners. The department has an exciting collaboration with Trillium Community Health Plans to help support this work (particularly targeted at pregnant women and people with a behavioral health diagnosis), given the high tobacco usage among their Members.

The research demonstrating a clear link between the number Adverse Childhood Experiences (ACEs) occurring prior to age 18, and the significant increase in both physical and behavior health impacts later in life is becoming more well-known. The occurrence of this specific list of 10 types of traumatic experiences in childhood predicts much higher rates of heart disease, stroke, obesity, addiction, mental health, and other chronic conditions. The department is currently developing strategies to assess the current level of ACEs in client groups, and designing workflows to appropriately refer patients and clients with high ACE scores to resources designed to build resilience and improve health outcomes. This strategy will include working with other community partners to help educate the larger community about this research, and about the opportunities to use ACE scores to help prevent mental and physical health problems later in life. This strategy will include ultimately working with the community to prevent the occurrence of childhood maltreatment and other trauma from occurring in the first place.

Work is also underway across the department to strengthen H&HS fiscal sustainability through increased partnerships, and by reducing the impact of “high utilizers” of service. Staff is looking at ways to track clients and patients across the diverse types of H&HS services, and identify those who are at risk of being most expensive to the system. By identifying these “hot spots” and focusing specific attention on coordinating care to these individuals, costs should be driven down and savings will be available for reinvestment. H&HS is continuing its long tradition of partnering with others in the local community, as well as state and federal partners, to develop successful funding models

to best meet the community needs at the lowest possible cost. One current example is work in Youth Services to access Title IV-e funds in the Social Security program used to support services to youth who are at risk of being removed from their homes. Additional examples are the partnerships between the County and Trillium Community Health Plans to identify common goals and shared clients, and develop coordinated plans to meet the needs of these individuals.

Health Outcomes

The department is tracking a variety of indicators of the health of Lane County, and will provide data regularly to the Board of Health for review and discussion. In addition to the leading causes of death in Lane County, the report includes ten specific health indicators—the data is presented in tables at the end of the report beginning on page 16.

The two leading causes of death in Lane County are cancer, at 215 deaths per 100,000 of population, and heart disease, at 168 deaths per 100,000 of population. These rates are for 2011, the most recent year for which data is available, and both rates increased slightly between 2010 and 2011. According to the CDC, at least 30% of all cancers in the US are caused by smoking. Lane County has a smoking rate of 18.1% among adults, which is slightly lower than the national average of 19%, and significantly worse than the national goal of 12%. There is a significant opportunity in Lane County to save lives, improve quality of life, and save money by bringing down the smoking rate.

At 73.8%, the immunization rate for Lane County 2-year-olds receiving a full series of recommended vaccines is significantly lower than the national Healthy People 2020 standard of 80%. The child vaccine exemption rate in Lane County has risen for 13 straight years, and puts the community at significant risk for a major outbreak of measles, whooping cough, or other preventable disease.

The rate of obesity in both children and adults has increased parallel to the national rates. In Lane County, the percentage of children in 8th grade who are overweight or obese is at 25.7%, about the same as the current adult rate. The target in Lane County, and nationally, is to reduce both of these rates by 10% by 2020.

At 78%, the percentage of pregnant women in Lane County who receive prenatal care in the first trimester is at the national Healthy People 2020 target of 77.9% and near the Lane County target of 80%. However, there has been significant progress in this area over the last three years, due at least in part to the growth the Community Health Centers (CHC), providing increased access to care, and more recently to developing a specific prenatal program.

Over the last five years, the incidence of Chlamydia in Lane County has risen from 277 to 367 per 100,000 of population and is now slightly higher than the Oregon state rate of 356. The major cause of female infertility in the US is blockage/damage of the fallopian tube; most commonly caused by scarring from Chlamydia infections.

Poverty and unemployment are robust predictors of health status, and they are all linked. The percentage of students in Lane County who are eligible for free or reduced cost school lunch has risen steeply from 43% to 52% over the last five years. Unemployment reached 12% in 2010 and, following state and national trends, is now down to 7.9%

Alcohol and substance abuse have significant negative impacts on individual health, family well-being, and broader social and economic issues including public safety and worker productivity. The percentage of Lane County 8th graders who drank in the last month dropped from 29% in 2008 to 19.7% in 2011. These youth numbers are particularly important, because 90% of Americans who meet the medical criteria for addiction started drinking, smoking, or using other drugs before age 18.

Administration

One of the department's pillars is to leverage and lead with quality information and analytics. In support of this pillar, the Analytics section of Administration has an increased focus on capturing identified outcomes at each level. In this effort, the Outcomes Data Workgroup has been created by connecting the analysts from each division to form a department wide data team. The focus of this workgroup is to create, and populate with data, a set of performance dashboards using a standard format across divisions. This reporting tool will give managers the ability to monitor progress in meeting outcome targets down to the program level.

Additionally, Administration has increased the service level of our Public Information Officer with plans to broaden our perspective of community by including the concept of employee ambassadorship in our community. To achieve this, we are embarking on a robust internal communications plan through the mediums of an online H&HS News Site, employee-generated blogs and other activities which will aid in employee adoption and understanding of messages and department moves.

Behavioral Health Services

Behavioral Health faced 2013 with several initiatives in progress and more plans for innovation and transformation. Meanwhile, several national events brought mental health concerns back into public dialogue and we faced emergent obligations to respond to larger systemic challenges. For example, already this year our teams stretched to accommodate changes to federal and state expectations for data reporting, psychiatric billing codes, documentation rules, and program standards, which all required immediate reform and usurped considerable staff (some clinical) resources to remain in compliance. We are proud to report we've adapted quickly and are on a trajectory to keep up with several more substantial changes to come – like the national overhaul of all mental health diagnostic codes in May. Change is indeed our new constant. Below are updates since our last report:

Feedback Informed Treatment (FIT):

Using FIT allows us to measure an individual's overall functioning and level of engagement in services at every session.

- We are ahead of schedule implementing the FIT tools and we implemented the outcome measure clinic-wide in January 2013. We are adjusting to the *error-centric* nature of the tool and renewed discussions abound amongst our clinical staff as they ask individuals and one another, *How can we provide a better service?*

Increasing and Improving Access:

Our teams are continuing our charge to provide greater access and more rapid access to services for our community. In addition to enhancing physical availability to our community through planning expanded clinic hours and deploying Child and Adolescent behavioral health services to our primary care sites, several innovation initiatives are also underway.

- Our clinic shifted to a more *centralized scheduling* process, making appointment scheduling an administrative duty and freeing up clinical time.
- We also piloted an approach to clinical note-taking called *Collaborative Documentation* (CD). CD is an engagement tool intended to increase alignment between individuals and their providers by inviting the individual to participate directly in what is documented in their chart. Data we've collected so far shows a very positive response from individuals: 87% reported feeling "involved" or "very involved" in their care compared to past experiences.
- This quarter we will make a clinical team available for immediate, *walk-in access* to our clinic. Global studies show the best predictor of treatment success is the amount of time between identifying the need and gaining access. A walk-in model will shift our clinic beyond standard practice towards an ideal which we expect to produce better outcomes and more rapid recovery.

Clinical Financial Services

Clinical Financial Services provides financial services support to the Community Health Centers (CHC) and Behavioral Health Services (BHS) 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).**

CFS, along with the CHC, implemented a new billing and claims system in January of this year. This was the first phase of the implementation of a fully operational Electronic Health Record (EHR) for the health centers. The electronic health record components of the new system will be implemented in September. The last phase of this project will be to transition the behavioral health programs from their current system onto the new system so that the primary care and behavioral health programs will have fully integrated clinical and financial records.

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

The State of Oregon transitioned Medicaid funding to CCOs in August of last year. 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. CFS staff has worked closely with the CCO to work out payment and operational issues that arose during the transition. CFS leadership is also working closely with the CCO to explore alternative payment arrangements that are consistent with the State's CCO initiatives in support of improved health care outcomes with reduced overall costs. To this end, the CFS team is also working with the Community Health Center and Behavioral Health Teams to evaluate options for reducing costs of care, to improve integration of services, and to improve our ability to demonstrate the effectiveness of the services that are provided to CCO members.

Community Health Centers of Lane County

Community Health Centers of Lane County (CHCLC) provides primary care at the RiverStone and Springfield High School Clinics in Springfield and Charnelton Community Clinic and the Primary Care Clinic at Lane County Behavioral 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:

Implementation of an Electronic Health Record (EHR) – In January 2013 we transitioned our billing and scheduling component from the previous practice management, EPIC, over to NextGen with a goal of full utilization of the electronic health record in September 2013. The process of moving from a paper chart environment to an EHR is one of the most overwhelming, significant and important initiatives the CHCLC has undertaken since our inception in 2004.

Patient Centered Medical Home/NCQA Certification – CHCLC was selected by Oregon Primary Care Association to participate in the Advanced Primary Care Practice demonstration project funded by Health Resources and Services Administration. The project provides technical assistance to achieve certification by the National Committee on Quality Assurance (NCQA). The organizational change to a patient centered medical home encompasses improvements in data collection, clinical outcomes, patient care, team based interventions and communication. It is truly a transformative process.

Coordinated Care Organization (CCO) Trillium – As the CCO has taken shape in Lane County, the CHCLC has seen opportunities and challenges. The CHCLC, management, providers and staff play a central role in achieving the “triple aim” (improved health, lowered costs, and increased patient satisfaction) of health reform. The CHCLC has a number of key staff members on committees and work groups that help set priorities and outline goals for the CCO.

Partnerships across the Health & Human Services Department – The partnerships between Public Health, Behavioral Health and the CHCLC have continued to expand. Public Health and the CHCLC have refined our work together improving the immunization rates for children and adults in our community. Additionally, the clinical needs associated with sexually transmitted diseases have been enhanced through transitioning this service from public health nurses to primary care providers at the CHCLC, while tracking, reporting and follow-up with state have remained with the Public Health staff. This partnership has greatly improved the skills of both staff, while offering a greater array of services to the community.

Integration of primary care and behavioral health continues to be an area of focus. We have made improvements in the two models of integration that we provide to the community. The models include: reverse integration, which we have been providing since 2008, where we placed a primary care clinic within the services available at a behavioral health specialty practice; and integration of behavioral health providers within primary care medical offices.

Developmental Disabilities Services (DDS)

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 4,000 persons in Lane County that meet eligibility criteria but do not currently receive services. There is also an increase in people who need co-occurring mental health and/or corrections service 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. Services Coordinators 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. Services Coordinators monitor the health and safety of these vulnerable individuals and ensure their individual support plans are being followed. Services Coordinators monitor medical, financial, and behavioral supports for clients and ensure they are being addressed.

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 services coordinators 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 typically have 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:

- The DDS office relocated to the atrium level of the Public Service Building. All staff are now located in one space.
- All internal policies and procedures have been rewritten and implemented.
- State audit conducted first week of April 2013.
- Partnering with The ARC of Lane County with the *Families Connected* group to provide trainings to families with children who have developmental disabilities.
- Recent customer satisfaction survey demonstrated excellence in services and supports to the adults we serve.
- Strategic transfer of personnel to increase fiscal efficiency and maximize our core function- case management.

Human Services Division

During calendar year 2012, the Human Services Division assisted 73,076 people of all ages. This was achieved through a mix of contracted services provided by non-profit social service organizations and services provided by county staff.

Family Mediation

During the past six months, the Family Mediation Program conducted mediation orientation for 477 parents, completed a total of 269 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. We recently hired a new mediator which will increase the capacity for mediations. We have also added parenting education classes. We are hoping to increase assessments to low-income parents who have not yet been mandated by the courts so they can learn how to proactively proceed with their divorce for the benefit of their children.

Energy Assistance

The Low-Income Energy Assistance Program has made 14,104 payments valued at \$3,421,604 this winter for heating assistance to Lane County residents. This has been accomplished through our coordinated management of regional utility assistance programs including: the federal LIHEAP program, EWEB's Customer Care Program, EPUD's ERAP program, the State of Oregon's OEAP program and the Northwest Natural Gas program. Services are coordinated through our office in partnership with non-profit organizations throughout the County who perform the intakes for these programs.

Human Services & Housing

Staff and non-profit partners are in the process of designing a Coordinated Service Entry System for services and housing for low-income persons, those at risk, or who are homeless, including singles, youth, and families. This approach is to be implemented next fiscal year and will create one virtual central point through the use of the ServicePoint Management Information system. Potential program participants will be screened to determine their service needs, housing status, and depending on their level of need, be referred to the most appropriate service, housing, or shelter provider. This coordinated design will strengthen the relationships that have been established between organizations and create greater efficiency avoiding unnecessary duplication of intakes and assessments of clients between agencies.

Veteran's Services:

During this past year we have improved our access to veteran services. 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. In the last quarter we have implemented an electronic claims system VetraSpec that allows us to file the claim and store records and creates efficiency in applying for veteran's benefits. The veterans and their families have reacted very positively to these service improvements and recognize more that Lane County is not a contributing factor to the great length of time it takes for VA claims to be adjudicated.

Public Health

In the Communicable Disease (CD) program, Influenza received much of the attention of staff in January. Extensive national media coverage of Influenza illness and local long term care facilities experiencing high rates of Influenza illness among residents caused a temporary shortage of Influenza vaccine. The CD staff provided over 600 Influenza vaccinations to adults and children in response to local demand.

The annual school review process was completed January 2013 through March 2013 and early results show a lower school religious exemption rate compared to previous years. This year the CD staff offered three walk-in clinic days to increase access to vaccines for children in jeopardy of being excluded from school on exclusion day. A community wide effort to increase all immunization rates is producing positive results.

The ever-increasing sexually transmitted infection (STI) rates in Lane County have earned our continued attention. An "STI Summit" is being planned by our Public Health Officer and CD Nurse Supervisor for early spring to bring partners together to address this public health dilemma.

The Public Health Emergency Preparedness staff continues to work on the Centers for Disease Control and Prevention's 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 Materiel Management and Distribution; Medical Surge; and Public Health Surveillance and Epidemiological Investigation. Among other projects, the Preparedness program continues to lead a local Healthcare Preparedness Coalition and has worked with the Community Health Centers of Lane County and the Lane County Emergency Manager to assist them with development and completion of Continuity of Operations Plans. Currently, Preparedness is participating in the planning and implementation of a full-scale exercise that will take place at the end of April. This exercise will test the abilities of local emergency responders, hospitals and schools to respond to a mass casualty event.

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. The EH team hosted a ServSafe course for restaurant managers and supervisors on February 28, 2013. 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 has asked to participate in the State's Annual West Nile Virus program for 2013. The EH program is currently preparing for its upcoming Triennial Review in August.

In July of 2012, the Maternal Child Health (MCH) Program began the implementation of the 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 NFP are to improve pregnancy outcomes by helping women engage in preventive health practices, including early 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; 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. The MCH Program has worked these past six months in strengthening the coordinated process with Trillium Coordinated Care Organization in order to connect with pregnant women early in their pregnancy to ensure early prenatal care. In addition, the program has increased the Oregon Mother's Care position to full time in order to maximize appointment scheduling and outreach to pregnant women.

Public Health has added new nutrition education options for clients of the WIC Program. In addition to the current group nutrition class sessions, procedures are now in place so that lower-risk clients can choose to complete online classes in order to fulfill some of their educational requirements for WIC Program participation. The WIC Program also continues to work on increasing breastfeeding duration rates in order to improve the health of infants and mothers in the county. Weekly breastfeeding drop-in sessions are now offered for mothers with new babies. WIC mothers can receive lactation assistance and support, weigh their infants and have an additional opportunity to chat with trained staff and get their questions answered in a timely way.

The purpose of the Prevention Program is to prevent, inform and coordinate effective prevention strategies aimed at creating healthier communities. The Prevention Program, which now resides in Public Health, continues to focus on the prevention of chronic disease, problem behaviors such as high risk drinking, underage drinking, tobacco, problem gambling as well as other public health concerns such as suicide, and promotion of mental health. The prevention team has focused on the following in the past six months:

- The Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) (in partnership with PeaceHealth, Trillium Community Health Plans and United Way) will be completed by June.
- Prevention staff have provided analyses on several health related legislative bills, including those related to tobacco, alcohol and gambling.
- Ongoing support and work with Trillium Coordinated Care Organization and the implementation of the Transformation Plan. This includes: support for two community-based advisory councils working to ensure health issues specific to the Oregon Health Plan population are addressed; research and prevention best practices recommendations for implementation, including the recent adoption of a community comprehensive tobacco prevention proposal.
- The Strategic Prevention Framework continues to focus on high risk drinking prevention through policy development and environmental change.
- Actively working to reduce stigma associated with mental illness through disseminating information and increasing awareness and skills among community members.
- Working with school districts and other community partners such as PeaceHealth to strengthen suicide prevention and mental health promotion policies and programs.

- Continuing to work with school districts countywide to train and implement the prevention best practice Good Behavior Game in K-2 grades.
- Continuing to work on problem gambling policy as part of a pre-session legislative concepts stakeholders group as well as continuing in session with key bills to address issues related to responsible gambling, problem gambling prevention and continuum of services.
- Collaborating in facilitating the Ask Every Client (HHS) workgroup to implement strategies to ensure success in achieving the Tier One Outcome of reducing smoking and tobacco use in Lane County.
- Working with community partners to implement tobacco-free properties and other policies, including Lane County, Trillium and Oregon Research Institute.
- Providing support for implementation and promotion of the Addictions and Mental Health Tobacco Freedom Policy in residential facilities.

Trillium Behavioral Health

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

By contract, LaneCare will continue to manage the behavioral health system for the CCO. We are now renamed as **Trillium Behavioral Health (TBH)**. TBH is now collocated with Trillium and is developing shared care plans, integrated policies and procedures, and integrated care coordination strategies. TBH's role 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.

The integration of a governmental program with a private corporation has been interesting. While there have been some challenges, mostly related to different cultures and system management histories, the integration has proceeded remarkably well.

Budget reductions are expected in the future. Medicaid expansion begins in January 2014. There is a short period of time to effect cost saving changes to the Medicaid delivery system in Lane County.

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 a state approved Transformation Plan that describes goals and strategies for making system changes that support the CCO and the community in achieving the Triple Aim. Committees are 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.

Lane County completed a selection process for Prevention, Education and Outreach programs for OHP members. 15 providers were selected that are advancing health promotion, system integration, and service coordination through prevention activities designed to improve health outcomes.

Trillium has decided to apply for NCQA certification. This will be a mutli-year, intensive process that will include dedicated staff time from TBH. We are anticipating expanded membership and continuing shift of State responsibilities to CCO contracts and are prepared to employ additional staff as needed.

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 its County General Fund, which resulted in significant layoffs and program reductions, which were outlined in the November, 2012 Board of Health Report. Needless to say, Youth Services staff and programs were significantly impacted by this large a loss in funding.

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 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.

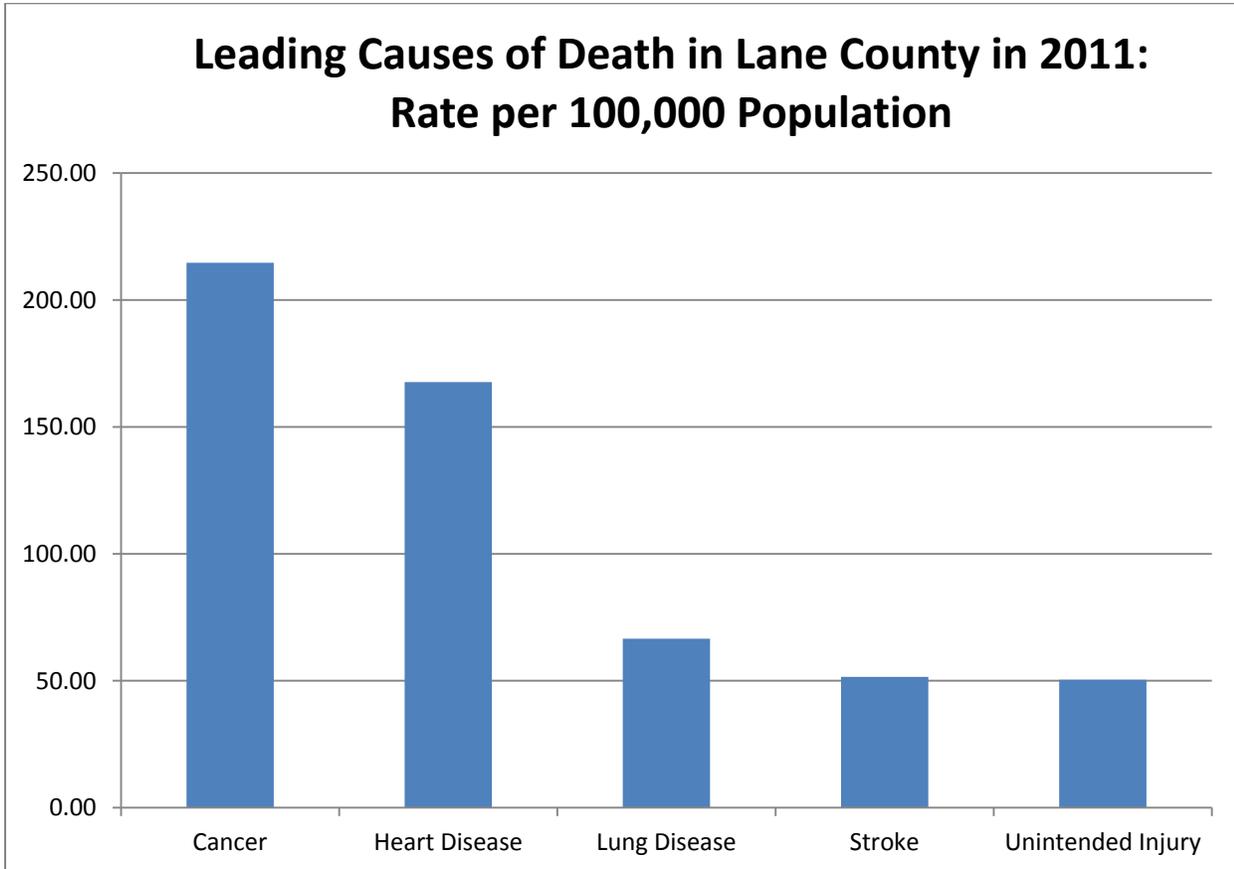
As part of the Disproportionate Minority Contact Grant, Youth Services has implemented the Risk Assessment Instrument (RAI) and a Program Services Matrix, which guides decisions about which youth get detained, conditionally released, or released, as well as the appropriate level of community supervision, based on objective criteria. We have also been part of the steering committee for two Gang Symposiums, the second of which is scheduled for April 27, 2013.

Efforts to stabilize funding for Youth Services have been a significant priority over this year. Secure beds for youth are included in the Public Safety Levy on the May ballot, and we just completed an RFP process to select a consultant to assist us in moving towards accessing Title IV-E funding (an uncapped Federal entitlement specifically for juvenile justice programs), and our first meeting with the consulting firm is later this month. It is anticipated that this funding stream will provide stability if not growth in many of the Youth Services programs.

Finally, planning is underway with H&HS administration regarding ongoing leadership of Youth Services as the career development timeline winds down.

Health Indicators for the Board of Health Report

Leading Causes of Death in Lane County in 2011



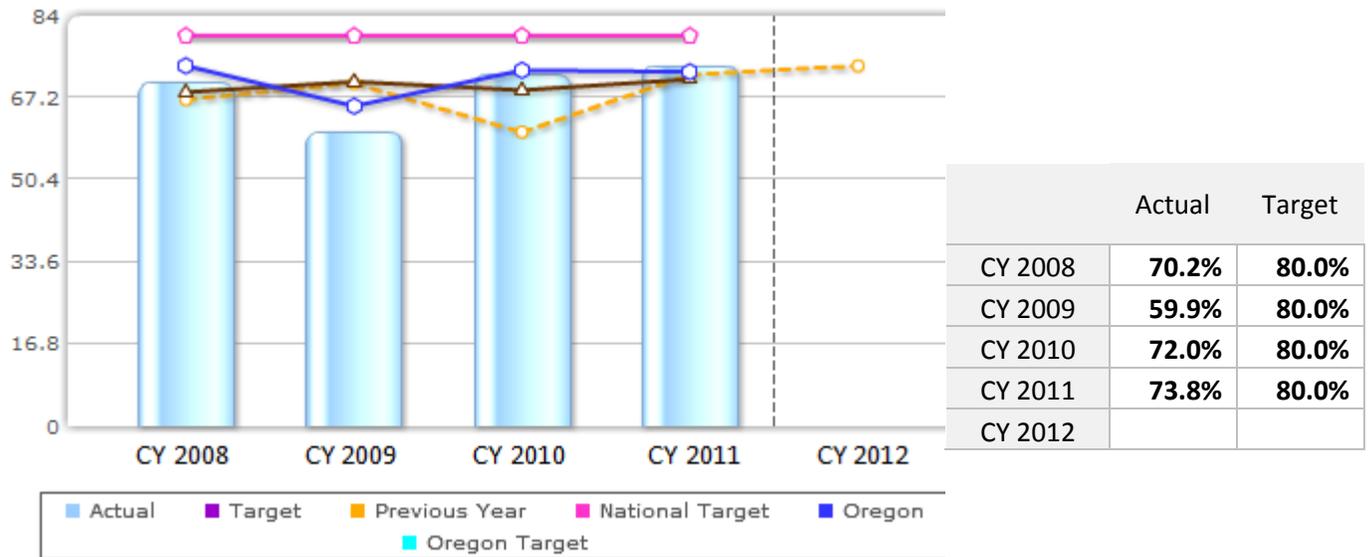
Leading Causes of Death in Lane County in 2011: Rate per 100,000 Population	
Cancer	214.64
Heart Disease	167.63
Lung Disease	66.54
Stroke	51.54
Unintended Injury	50.40

Health Indicators

Indicator 1: Immunization rates for Lane County 2-year-olds receiving a full series of recommended vaccines. Source: Oregon Immunization Surveillance and Evaluation Report.

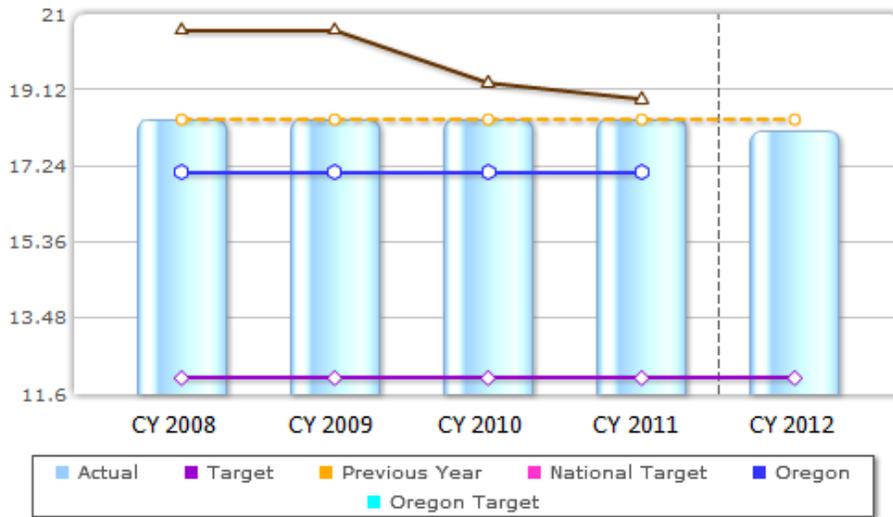
<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/research.aspx>

The national Health People 2020 target is that 80% of two year olds receive the full series of recommended vaccines. Lane County’s vaccination rates are similar to national and Oregon state rates and well below the national target. FY 09-10 rates for Lane County and the state are significantly lower than rates for previous and following years. The explanation provide by the state is that “2009 rates were recalculated in 2011 to reflect current methodology. Most changes were within the margins of error.”

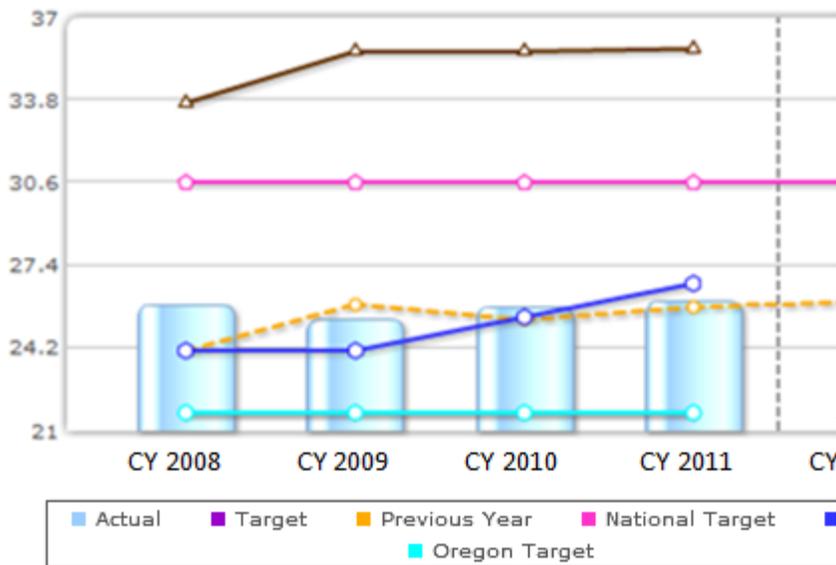


Indicator 2: The percentage of adults in Lane County who smoke. Source: Oregon Behavioral Risk Factors Survey (BRFSS). County data are compiled on a three year average in order to obtain an adequate sample size. The national Healthy People 2020 target is 12%. The Lane County rate is slightly lower than the national rate and it has gone down marginally but it is still 50% higher than the national target and higher than the Oregon state rate.

	Actual	Target
CY 2008	18.4%	12.0%
CY 2009	18.4%	12.0%
CY 2010	18.4%	12.0%
CY 2011	18.4%	12.0%
CY 2012	18.1%	12.0%

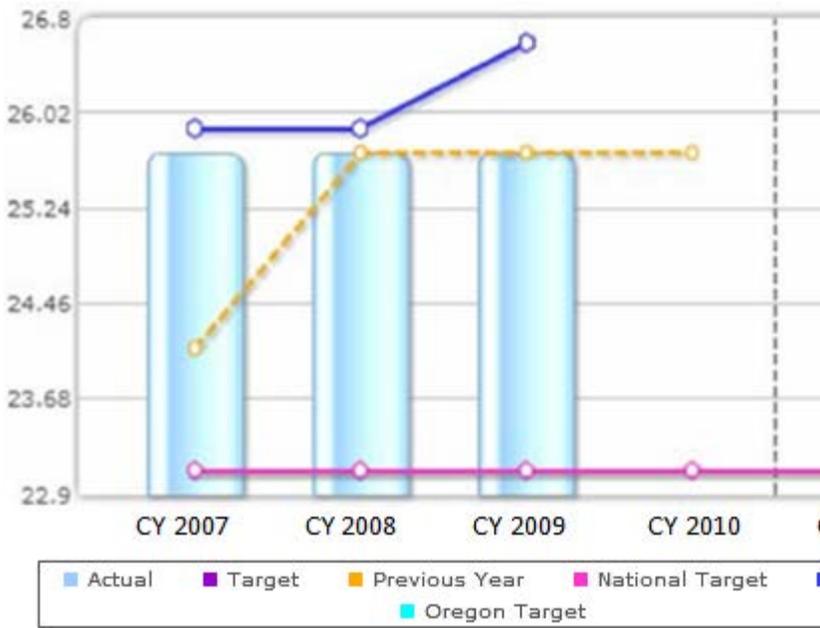


Indicator 3: The percentage of adults in Lane County who are obese (have a body mass index of 30 or higher). Source: Behavioral Risk Factors Surveillance Survey (BRFSS). County data are compiled on a three year average in order to obtain an adequate sample size. The Lane County rate is 28% lower than the national rate and about the same as the Oregon state rate. The national Healthy People 2020 target is a 10% reduction from the 2008 level. For Lane County, the target is 21.7%. For the United States the target is 30.6%.



	Actual	Target
CY 2008	25.9	21.7
CY 2009	25.3	21.7
CY 2010	25.8	21.7
CY 2011	26.0	21.7
CY 2012		

Indicator 4: The percentage of children in 8th grade who are overweight or obese. Source: Oregon Healthy Teens Survey. County data are compiled on a three year average in order to obtain an adequate sample size. The national Healthy People 2020 target is a 10% reduction from the 2008 level to 23.1%. The state has not yet compiled these data for 2010, 2011 or 2012.



	Actual	Target
CY 2007	25.7%	21.1%
CY 2008	25.7%	21.1%
CY 2009	25.7%	21.1%
CY 2010		21.1%
CY 2011		21.1%

Indicator 5: The percentage of pregnant women in Lane County who receive prenatal care in the first trimester. Source: Oregon Health Authority, County Data Books. The national Healthy People 2020 target is 77.9%. The Lane County target is 80%. After several years of declining rates in the early and mid-2000s, the Lane County rate has been trending up to the point where it is close to national and county targets. The Lane County and Oregon state data are significantly lower for FY 10-11. This looks to be a statistical anomaly due partially to a change in calculation methodology.

	Actual	Target
CY 2008	70%	80%
CY 2009	74%	80%
CY 2010	67%	80%
CY 2011	78%	80%
CY 2012		



Indicator 6: The percentage of students in Lane County who are eligible for free or reduced cost school lunch. This measure is an indicator of poverty and it has been trending steadily and alarmingly upward in both Lane County and in the state of Oregon. Source of county data: Oregon Department of Education, School Finance and Data Analysis <http://www.ode.state.or.us/sfda/reports/r0061Select.asp>. Source of state data: <http://www.indicatorsnorthwest.org/DrawRegion.aspx?RegionID=41000&IndicatorID=24>

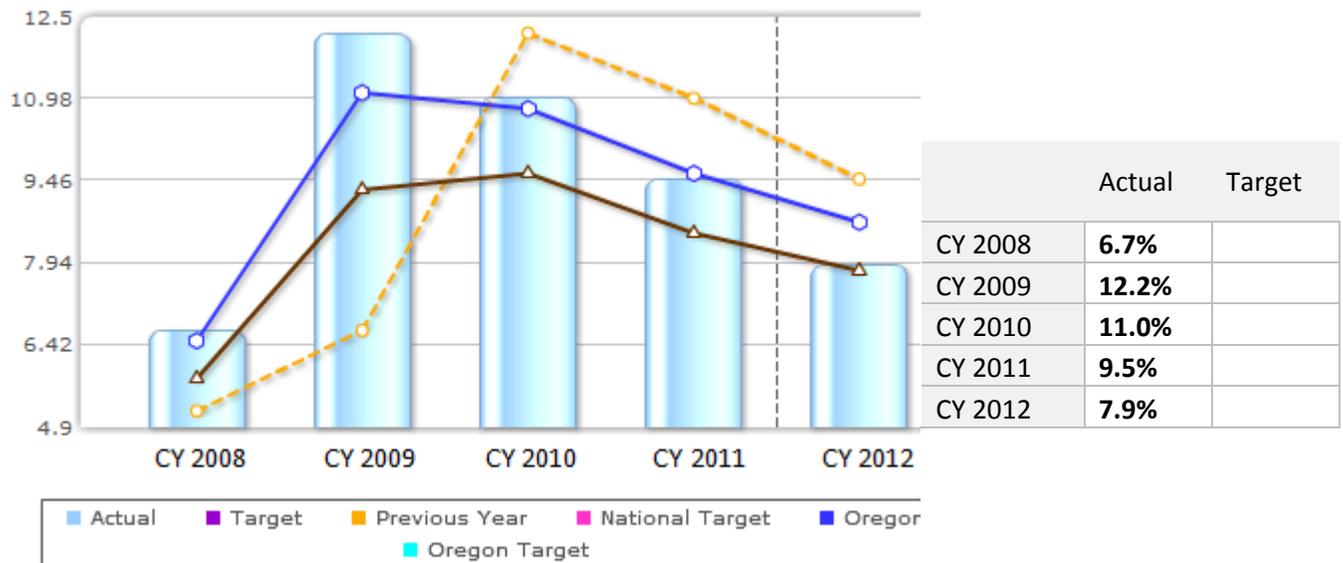


	Actual	Target
CY 2008	43.3%	
CY 2009	49.1%	
CY 2010	51.5%	
CY 2011	52.2%	
CY 2012		

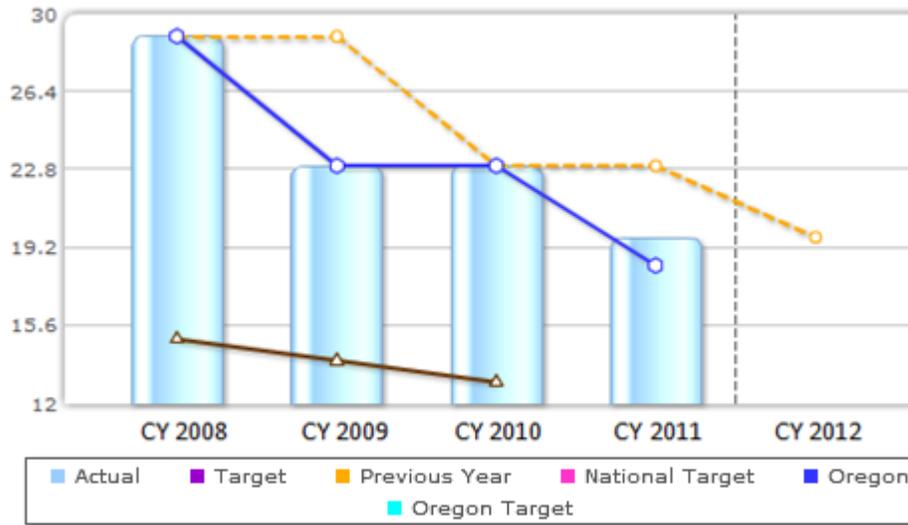
Indicator 7: The incidence of new Chlamydia infections in Lane County. Incidence is measured per 100,000 people. Source: Oregon Health Authority, Oregon STD Statistics. This rate has held steady at approximately 350% of target.



Indicator 8: The unemployment rate in Lane County has followed state and national trends. Source: Bureau of labor Statistics.



Indicator 9: The percentage of 8th graders who report drinking alcohol in the last 30 days. This rate has been trending down in Lane County, the state of Oregon, and nationally. Sources for Oregon data: Oregon Healthy Teens Survey and Oregon Student Wellness Survey. Source for national data: Youth Risk Behavior Surveillance Survey (YRBSS).



	Actual	Target
CY 2008	29.0%	
CY 2009	23.0%	
CY 2010	23.0%	
CY 2011	19.7%	
CY 2012		

Indicator 10: The percentage of 8th graders who report binge drinking (five or more drinks in one session) in the last 30 days. In Lane County this rate has been holding steady at about 9%. Source for Oregon data: Oregon Healthy Teens Survey and Oregon Student Wellness Survey. Source for national data: Youth Risk Behavior Surveillance Survey (YRBSS).



	Actual	Target
CY 2008	12.0%	
CY 2009	9.0%	
CY 2010	9.0%	
CY 2011	8.9%	
CY 2012		