

Agenda Cover Memo

AGENDA DATE: November 12, 2013

TO: Board of County Commissioners

FROM: Karen Gaffney, Acting 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 Improvement Plan (CHIP).

At a prior meeting the Board adopted the Community Health Improvement Plan that was developed collaboratively by Lane County Public Health, PeaceHealth, Trillium Community Health Plan, United Way and others. 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

At the October 16, 2013 BCC worksession, members of the Board reviewed a number of possible actions that the County could focus on during the next 2-3 years in support of the CHIP. The five specific strategies that were identified as priorities are listed below, along with staff suggestions for next steps in moving forward in each area. Health & Human Services has identified a department lead staff for each initiative to help coordinate the work moving forward, knowing that most of these strategies will require engaging multiple community partners, as well as programs across different County departments. This summary is intended as a starting place for follow-up on the earlier Board discussion, and the discussion at the Board of Health meeting is an opportunity to provide further feedback and direction.

- 1. Adopt ordinance to license tobacco retail outlets, and ensure that enforcement is taken against those outlets that are out of compliance.**

- H&HS Lead Staff: Christy Inskip, County Tobacco Prevention Coordinator, C.A. Baskerville, Public Health Prevention Supervisor
- Key Partners: Overall support for tobacco policy change is part of the CHIP, meaning that **Trillium Community Health Plan, PeaceHealth, and United Way** are potential partners. There are a number of key partners to involve in crafting the ordinance, including staff at the **Oregon Health Authority**, and staff in **County Counsel** and the **Sheriff's Office**. In order to be successful, there will also need to be a partnership developed with other stakeholders, including **area tobacco retailers**, and others who might have a vested interest in why Lane County would want to pursue an additional business license.
- Suggested Next Steps: 1) Gather information from other communities who have enacted similar ordinances, including model language, enforcement issues, and other relevant experience (by January 30, 2014). 2) Prepare community information packet with the rationale for proposing such an ordinance, including a possible timeline for Board consideration; have community conversations with stakeholders to identify possible concerns (by May, 2014). 3) Hold first reading on ordinance (June 2014).

2. Support local and state efforts to promote Farm to School, Farm to Institution, School Gardens Nutrition Programs and other efforts to promote availability and purchase of local fruits and vegetables.

- H&HS Lead Staff: Connie Sullivan, WIC Supervisor
- Key Partners: This strategy is specifically identified in the CHIP, meaning that **Trillium Community Health Plan, PeaceHealth, and United Way** are potential partners. This strategy will both benefit community partners interested in decreasing obesity, as well as benefit **local farmers** and those interested in economic development. Therefore, a key partner will be our own **Economic Development staff** who is already engaged in these issues. Since some of these opportunities will be targeted to people who are living in poverty, the **Department of Human Services** will also be an important partner. Additionally, there are local organizations such as **Lane Coalition for Healthy Active Youth (LCHAY)**, and the Willamette Farm and Food Coalition that will be important.
- Suggested Next Steps: 1) Convene County Economic Development, Intergovernmental Relations, and Public Health staff to develop a joint workplan on areas that overlap (by December 2013). Work with Legislative Committee to identify policy options to pursue at both the state and federal level that would support this Board priority (Ongoing, with updates to the BCC) Consult with community partners to identify priority options for Board work (by January 30, 2013).

3. Improve community understanding of the impact of Adverse Childhood Experiences (ACE) on mental health, physical health and addictions, and champion community effort to reduce ACEs in Lane County.

This strategy involves using the research from the last 15 years conducted by the Centers for Disease Control and Prevention and Kaiser to increase community understanding of the impact of specific childhood experiences on later physical and behavioral health. Oregon has recently released its own report on ACEs which includes a good overview of the overall findings, as well as data about

ACEs in Oregon (see attached report). The Oregon data focuses on eight categories of Adverse Childhood Experiences: household substance abuse, verbal abuse, parental separation or divorce, physical abuse, household mental illness, violent treatment of mother, sexual abuse, and incarcerated household member. The purpose of increasing community understanding of this research is to build support for efforts to reduce the prevalence of ACEs in Lane County, and to adopt practices that will build resilience among children who have these experiences to mitigate the future negative health consequences.

This work is timely as there is growing interest in this topic at the local, state, and national level. This should provide opportunities to leverage the work and resources of key partners to amplify the impact in Lane County.

- H&HS Lead Staff: Nathaline Frener, Family Mediation Supervisor
- Key Partners: The ACE study is specifically identified in the CHIP, meaning that **Trillium Community Health Plan, PeaceHealth, and United Way** are potential partners. Trillium's Board is scheduled in November to review a proposal to allocate prevention resources toward support for an educational event about the ACE study, and there is support in their Community Advisory Council and Rural Advisory Council. Additionally, the **Oregon Health Authority** has allocated some of the new Mental Health Investment funds to a trauma initiative that will work with consultants to educate health care providers about screening and intervention around ACEs. The local **90 by 30 Coalition** continues to work to reduce child abuse in Lane County, so they would be important providers since many of the ACEs fall into the category of child abuse. As the work moves out into the community, key partners would also include local **Chambers of Commerce** and other business and employer groups, as well as **media** representatives. In addition to external community partners, attention should be paid to internal partnerships outside of H&HS, in particular with the **District Attorney, the Sheriff, Parole and Probation, Human Resources, Public Information**, and others.
- Suggested Next Steps: 1) County Management Team have a presentation and discussion about the ACE study findings and identify opportunities for improving community understanding and for reducing ACEs in Lane County (by January 30, 2014). 2) Work with identified partners to plan a collaborative community education event for fall 2014. 3) Engage Public Information Team in helping to draft of community engagement/education plan for review by the Board (by February 28, 2014). 4) Explore funding and collaboration opportunities to increase the availability of programs to increase resilience and decrease ACEs (ongoing with progress reports to the Board).

4. Expand the availability of targeted, evidence-based behavioral health services, such as for people who are homeless or who are involved in the corrections system.

- H&HS Lead Staff: Katharine Schneider, Behavioral Health Manager
- Key Partners: The expansion of behavioral health services is specifically identified in the CHIP, meaning that **Trillium Community Health Plan, PeaceHealth, and United Way** are potential partners. Improving Behavioral Health services is explicitly part of Trillium's Transformation Plan, and there are a number of committees meeting specifically to address this issue. PeaceHealth, which is the provider of acute care services through the Johnson Unit as well as the largest other provider of psychiatric services in the community is also highly

invested in this system, and already a partner with Lane County. The current delivery system includes a number of **private non-profit organizations** who share the mission of providing behavioral health services. This need has also been identified in the public safety system, and so key partners would include the **Public Safety Coordinating Council**, and all of the agencies represented there (both juvenile and adult). Additionally, the need for behavioral health services is one aspect of addressing the issue of homelessness in Lane County, so stakeholders would include our **City and human services partners**. The **Oregon Health Authority** is currently allocating new Mental Health Investment dollars, and funds the bulk of the mental health and addictions system, so therefore is a key partner.

- Suggested Next Steps: 1) H&HS complete applications for Mental Health System Investment funds (by December 2013). 2) Work with identified partners to develop a data-informed priority list for critical expansion, based on the 13-15 Biennial Plan (by January 30, 2014). 3) Explore funding and collaboration opportunities to expand behavioral health services (ongoing with progress reports to the Board).

5. Focus efforts on increasing access to expanded health services in rural areas of Lane County.

- H&HS Lead Staff: Eric Van Houten, Community Health Centers of Lane County Manager
- Key Partners: Increasing rural access is specifically identified in the CHIP, meaning that **Trillium Community Health Plan, PeaceHealth, and United Way** are potential partners. Trillium has a Rural Advisory Council that is specifically chartered to identify priorities in the rural communities, and would be helpful in this effort. PeaceHealth has a track record of working with telemedicine, which would help inform strategies moving forward. Other key partners would include **the current health care providers serving each of the rural communities**.
- Suggested Next Steps: 1) Conduct a gap analysis regarding health care provision in the following communities: Oakridge, Cottage Grove, Junction City, Veneta, Florence (by March 31, 2014). 2) Engage with Rural Advisory Committee, schools and providers to assess resources and needs (by March 31, 2014). 3) Develop a prioritized list of action items to address identified needs, including options involving telemedicine, prevention services, outreach of the Community Health Centers, community partnerships, and other possible strategies (to BCC/Board of Health May 2014).

Attachment:

Building Resiliency: Preventing Adverse Childhood Experiences [ACEs]

Administration

Our fiscal team moved through the busy fiscal year end and is now gearing up for budget preparation. After the year-end rush, the focus shifts to verify assigned equipment and services currently purchased as well as update position information in budget software.

The contracts team is reorganizing Program Services Coordinator (PSC) staff to align with the department's organizational clusters. This will help provide better contracting and administrative support as clusters develop Tier 1 outcomes, applicable to all divisions within the cluster. Additionally, we will be able to develop efficiencies for PSC staff that will have all of their program areas within a single cluster.

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 continues with an increased focus on capturing identified outcomes at each level. In this effort, the Outcomes Data Workgroup was 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.

Administration continues to work to increase internal communications 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 Services (BHS) is continuing to move forward on a path to re-evaluate and re-invent the scope of services that we provide so that our programs can serve more community members, and address a wider range of the community behavioral health needs. 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 continuing to develop staff expertise in the use FIT tools that we implemented clinic-wide in January 2013. The adoption of this program is one mechanism through which we are working to position the clinic to be able to benefit from payment reforms from Coordinated Care Organizations (CCO) and other payors as they move toward implementing financial incentives to organizations that can demonstrate treatment efficacy and value.

Increasing and Improving Access to Services:

Our teams are implementing initiatives to provide rapid access to services. 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. These include:

- We recently implemented *walk-in access* to our Adult and Child/Adolescent programs. Global studies show the best predictor of treatment success is the amount of time between identifying the need and gaining access. We believe that improved walk-in access will help our clinic improve customer service, and enable our clients to achieve more rapid recovery.
- The methadone treatment program modified its staff assignments which enabled the program to increase the number of clients seen by 10% within two months without adding any additional staff expense.

Improving Integration of Services Across H&HS Partners:

BHS is working closely with our partners at the Community Health Centers (CHC) to provide more integrated, comprehensive services to the individuals whom we serve. This is consistent with the broader community goals of improved coordination across primary care and behavioral health services providers. Initiatives in this arena include:

- The medical staffs of the two programs have implemented a schedule of joint education sessions to enable the CHC's primary care providers and BHS's psychiatric providers to meet on a regular basis for joint medical education related to enhance information sharing and service integration. We have also adopted a streamlined process for providing psychiatric consults to CHC patients.
- BHS has begun formal planning for migration to the same electronic health record that is used by the CHC. This will be an important step in improving coordination of care across the CHC and BHS programs.

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 EHR for the health centers. The electronic health record components of the new system was implemented, as scheduled, 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.
- **Support fiscal sustainability of CHC and Lane County Behavioral Health (LCBH) programs through data-driven reporting.**
CFS is working with Health & Human Services and program management teams to develop and provide an array of operational and financial reports to provide more accurate and timely information on program performance to assist management staff to in decision-making.
- **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 continues to work 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 Clinic and Springfield High School, in Springfield, and Charnelton Community Clinic and 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) – On September 4, 2013, the CHCLC fully launched our EHR, NextGen, at all sites with our primary care providers. This endeavor was a significant undertaking as we set an aggressive timeline to achieve Meaningful Use money available through Centers for Medicaid and Medicare Services (CMMS) in 2013. The launch and necessary utilization of the EHR has been nothing short of outstanding.

Outreach and enrollment for Cover Oregon – The CHCLC is a partner with the state of Oregon as the next part of Affordable Care Act is implemented through Cover Oregon. Our Access and Outreach Team assist uninsured community members in learning about and applying for insurance through the Cover Oregon portal. The team is targeting community members who are either existing uninsured patients at the CHCLC or individuals who are at 138% of the FPL, who are eligible for Medicaid expansion. Insurance coverage begins January 1, 2014.

Meeting the needs of newly insured individuals – The CHCLC is in an unexpected and appealing position of having filled all of our vacant primary care provider positions. By early 2014, five new providers will have joined our existing 15 physicians and mid-levels allowing the CHCLC to meet our goals of being a medical home to vulnerable members of our community.

Patient Centered Medical Home/NCQA Certification – We continue to implement all aspects of the patient center medical home model. In October of 2012, CHCLC achieved Tier 2 of 3, recognition by the Oregon Health Authority. In the coming year, CHCLC will focus on achieving Tier 3 recognition at all sites and recognition from the National Committee on Quality Assurance (NCQA). We expect to submit our application to NCQA in the late spring or summer of 2014.

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. 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:

- The Community First Choice Option (K) Plan was implemented on July 1, 2013. K Plan is a new Medicaid state plan option authorized under the Affordable Care Act. It allows Oregon to provide home and community-based services and supports while receiving a six percent increase in federal medical assistance funds from the federal government for those services. These services benefit Oregonians who want to stay in their home community and remain independent, healthy and safe. At the same time, it saves both the state and federal government money because we are providing more extensive home and community based long term services and supports in lieu of more expensive institutional care. Lane County DD is currently rolling out these services for citizens who qualify for this program.
- Ongoing collaboration with The ARC of Lane County and their *Families Connected* group to provide trainings to families with children with developmental disabilities.
- State audit conducted first week of April 2013. Substantial improvement in every area of the program. There still are some areas of improvement and we are currently working on our plan of correction.
- Recent customer satisfaction survey demonstrated excellence in services and supports to the adults we serve.

Human Services Division

Family Mediation

During the past six months, the Family Mediation Program conducted mediation orientation for 599 parents, completed a total of 171 court-referred mediation cases, and conducted the court-required parent education class Focus on Children for 720 parents, with over 93% 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. With additional funding, we have been able to increase access to services, allowing parents without an active court case, and with a parenting time and/or custody dispute, the ability to access our mediation services.

Human Services & Housing

Coordinated Entry System Launched: Lane County Human Services Division and its non-profit partners have piloted a Coordinated Entry System for homeless families which began August 1, 2013. By July 1st, we plan to integrate homeless singles in this system. The system has established, publicized access points, known as “Front Doors”, where clients are assessed for homelessness housing assistance need. In order to refer families to the “best fit” or most appropriate housing program, the Front Doors use a locally-developed, common comprehensive assessment tool to determine the presenting household’s need level, current housing barriers, and supportive service needs. Referrals flow from the Front Doors to either Rapid Re-Housing or Homeless Prevention programs or to a Centralized Wait List for Transitional Housing and Permanent Supportive Housing. The referral system integrates a formal, standardized Referral Decision Matrix, inter-provider feedback processes for staffing, and utilize the referral functions within our ServicePoint Homeless Management Information system to transfer referrals from the Front Doors to the appropriate housing providers or Central Wait List. This framework will reduce the frequency of redundant intake processes that are characteristic of the current system and therefore make processes more efficient for clients and programs.

Veteran Services

The changes implemented last year, adopting an electronic claims management system (VetraSpec) and converting to an open access system, continue to show dividends. After the initial surge of walk-in client visits due to addressing the back log of appointments, clients now usually must wait no more than an hour to see a counselor and to get assistance with their VA claims. Furthermore, the VA is working with VetraSpec to develop an electronic claims submission process which is tentatively scheduled for rollout during Federal Fiscal Year 2014. Lane County Veteran Services will be ready for this transition in order to ensure the fastest and most efficient VA claims processing for our clients. During FY 2012-2013, over 1200 of our clients received positive VA decisions which resulted in over \$10.9 million in lump sum benefits and approximately \$1.2 million in on-going monthly benefits.

Public Health

Since the last Board of Health report, the Communicable Disease (CD) Program has worked through a Hepatitis A outbreak associated with a contaminated food product, an E. Coli outbreak and a Salmonella outbreak. In addition, the team is working on a yearlong Gonorrhea outbreak and most recently an increase in Syphilis cases. The nurses have continued to work with reducing the recent increase in Pertussis cases. The work of the CD team is not glamorous nor is it visible to the community. However, it is of the utmost importance in preventing the transmission of illness in our communities.

Oftentimes working alongside the CD team, is the Environmental Health (EH) team. The EH team continues to provide the quality inspection services to food facility owners and rural drinking water system operators to protect the health of residents and visitors in Lane County as they use any of the licensed facilities. The program's commitment to ensuring safe food and water is exemplified in the manager/supervisor level training provided every six months. This course is designed to prepare food managers to successfully pass a nationally recognized certification test as a preventive measure against food-borne illnesses. The EH program was again asked this past six months to participate in the development of a statewide inspection software system upgrade.

The Prevention Program continues to explore ways to work with partners to implement evidence-based practices to reduce the risks that lead toward problem behaviors while working to increase the protection against them. Staff has partnered and co-authored The Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) in partnership with PeaceHealth, Trillium Community Health Plans and United Way. The CHA and CHIP were adopted by the Lane County Board of County Commissioners.

Prevention staff has continued with ongoing support and work with Trillium Coordinated Care Organization and the implementation of the Transformation Plan. This has included the approval of a comprehensive tobacco prevention proposal, which includes an incentive program for smoking pregnant women to stop smoking, and the implementation of the Good Behavior Game in eleven elementary schools. In addition, a comprehensive obesity prevention plan was approved by Trillium which includes working with local school districts to implement a program to collect BMI data, implement an evidence-based curriculum focusing on physical activity and nutrition, and a program working with child care providers. In addition, prevention staff worked with the Eugene Prevention Coalition to develop and implement the "We are the 82%" campaign (82% of adults in Lane County do not binge drink.) Also within the past six months, staff conducted six Question, Persuade and Refer (QPR) suicide prevention trainings and one Applied Suicide Intervention Skills Training (ASIST), resulting in over 70 local people trained.

The Maternal Child Health (MCH) Program supports early learning through nurse home visiting and through its new Milestone Books program. Pregnant clients are provided a book of nursery rhymes to read to their baby during the pregnancy to positively impact bonding and to provide the mother's

voice for the baby to hear. Also, board books are provided at infant and toddler milestones – birth and every six months – to encourage learning, development and bonding. Our board books include Goodnight Moon, Bunny’s Noisy Book, The Very Hungry Caterpillar, and other titles; and, they have been greatly appreciated by the families.

Nurse Family Partnership (NFP) is the newest MCH program; it has been in place for 12 full months as of September 1, 2013. NFP is an evidence-based vigorous nurse home visiting program that has been shown to improve pregnancy outcomes, child health and development, and family economic self-sufficiency. We are pleased to be fully staffed and able to provide NFP services for Lane County families.

The WIC Program has developed new nutrition education classes for clients to choose from in order to fulfill their educational requirements. Group nutrition classes now include sessions such as “What’s in Your Cup” (class on sweetened beverages), “Feeding (children) without Fuss” and “Feast on a Budget”. Other new classes encourage more physical activity for children and ways to incorporate more vegetables into family meals.

During the 2013 growing season, the WIC program issued 1,746 Farm Direct check booklets. Clients use these to purchase fresh vegetables and fruits from farmers’ markets and farm stand vendors. WIC families who received the Farm Direct checks were educated about the nutritional value of fresh fruits and vegetables and the benefits of shopping with local farmers. This farmers’ market project provides opportunities for clients to purchase healthier and locally grown foods, which impacts longer term food choices, helps to address the obesity issue and helps the local economy. Lane County clients generally have a high redemption rate for the Farm Direct checks, and the reimbursement to Lane County farmers is expected to be approximately \$29,000 for this season.

In August 2013, the Division participated in the triennial agency review by the Oregon Health Authority. The programs were evaluated for compliance with state and federal public health laws and compliance with the Financial Assistance Agreement with the State of Oregon. The review included assessment of 1,516 separate items in nineteen program areas of the Division. This review involved several hours of staff and supervisor time and was a valuable process for the programs to experience. The division received high marks for the work staff is doing and the compliance level per the laws and rules we work under.

- The Division has begun the work to develop a strategic plan in response to the CHIP. This is the third document required for the Division to submit in the process to apply for national accreditation as a local public health department. The Plan will be responding to how the Division will work on the five strategies noted in the CHIP (improve health equity, prevent and reduce tobacco use, prevent and reduce obesity, prevent and reduce substance abuse and mental illness, improve access to care).

Trillium Behavioral Health

Lane County is contracting with Trillium Community Health Plan as a risk-bearing partner in the Coordinated Care Organization (CCO). Lane County Health & Human Services staff members are active members of essential committees and participate on the CCO management team. By contract, Lane County **Trillium Behavioral Health** (TBH) will continue to manage the behavioral health system for the CCO. TBH is collocated with Trillium and is developing shared care plans, integrated policies and procedures, and integrated care coordination strategies. TBH's role includes Behavioral Needs Care Coordination, authorization and utilization management, customer service, provider relations, quality assurance, member outreach.

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.

Medicaid expansion begins in January 2014. There is an expectation of up to 25,000 additional OHP members. Trillium will offer a commercial health plan on the exchange through Cover Oregon and will develop a proposal for managing the health insurance benefit for state employees, Public Employees' Benefit Board (PEBB). We anticipate expanded membership and continuing shift of State responsibilities to CCO contracts and have employed additional staff.

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.

The role of TBH Behavioral Health Care Coordinators is changing as we integrate with CCO exceptional needs care coordinators. Trillium is calling contractors and members to discuss care options to reduce the inappropriate use emergency rooms, primary care and specialty care.

Trillium has made progress on their Transformation Plan and will have in place by January 1, 2014 contracts for new transformation projects. Several early transformation initiatives have been funded to address chronic pain, Community Health Workers and homeless members after discharge from the hospital.

Trillium is applying for NCQA certification. This will be a multi-year, intensive process that will include dedicated staff time from TBH.

The state is releasing 17 RFPs for mental health service expansion. Lane County Health and Human Services and TBH are partnering in developing and supporting community applications for these funds. Grants will be awarded in December, 2013.

Youth Services

Title IV-E Funding

This past six months has been an important time for stabilizing funding for the Youth Services Division. We began a contractual consulting relationship with Justice Benefits Incorporated (JBI), out of Texas, to assist Lane County Youth Services in being able to access Federal Title IV-E funds. These funds can potentially reimburse us for much of the work our Juvenile Counselors (JCs) are already doing with eligible youth (at risk for out of home placement) to strengthen and maintain their current placements.

Towards this end, we are just completing our first quarter's time study, in which our JCs have to respond to randomly generated emails each day in which they must code what they are doing at that moment. Each JC receives from one to eight such emails daily.

This data helps establish the percent of time our staff are doing IV-E eligible work. These studies will be ongoing as part of the IV-E process. We should be getting an initial conservative estimate from JBI of how much funding we can expect to receive per quarter shortly.

In addition to these IV-E "administrative" funds, we are also eligible to receive "maintenance" funding for our Phoenix treatment program, which has been deemed a IV-E eligible facility. These funds will help cover the part of the Phoenix budget that is not covered by the Behavioral Rehabilitation Services funding we receive for this program, thus stabilizing the program's fiscal position.

Public Safety Levy

In May, 2013, the voters of Lane County passed the public safety levy, which will provide Youth Services five years of stable funding for our secure programming and Intake Control at roughly \$1.35 Million annually. We have hired 10.2 FTE funded by the levy, and have doubled our detention capacity to 16 beds and our Phoenix Treatment Program capacity to 16 beds. In addition, these funds have allowed us to run our Intake Control Unit 24/7, something we have been unable to do for many years.

This capability is significant in that it enables Youth Services to receive youth from law enforcement 24/7, and these youth can remain in the Intake Unit while we sort the case out, conduct the intake and risk assessment, and make the determination of whether the youth will be detained, held in intake or released to the community. This also enables the law enforcement officer to drop off the youth and quickly return to patrol.

Tobacco Free Campus

On July 1, 2013, the entire Youth Services campus became tobacco free, as part of the Health & Human Services push to make all their divisions tobacco free. Materials have been made available for staff and visitors around tobacco cessation resources.

Building Resiliency

Preventing Adverse Childhood Experiences [ACEs]





The Centers for Disease Control and Prevention (CDC), in partnership with Kaiser-San Diego, have been studying the effects of Adverse Childhood Experiences (ACEs) in an ongoing longitudinal study of approximately 17,000 patients for the past 15 years. The original study was based on information from health history questionnaires collected from adult patients at Kaiser Permanente clinics in San Diego. This study illuminated how common ACEs are. The study also showed a strong association between the amount of ACEs an individual experienced during childhood and the increased risk for negative health behaviors (smoking, drug and alcohol abuse and risky sexual behaviors), chronic mental health concerns (depression and suicidal thoughts) and chronic diseases (heart disease, stroke, diabetes and cancer) later in life. ¹

Due to the importance of the ACEs research, the CDC added an ACEs module to the Behavioral Risk Factor Surveillance System (BRFSS) in 2009. BRFSS is a state-based system of health surveys conducted over the phone. These surveys collect information on general demographics, health status and well being, health behaviors, risks for chronic diseases and injuries, preventative health practices and access to health care and support services. In 2011, the Adverse Childhood Experience Module was added to the Oregon BRFSS. More than 4,000 adults in Oregon responded to these questions about their childhood experiences.

Like the Kaiser study in San Diego, ACEs were found to be common in Oregon. 62% of Oregonians who responded to the ACEs questions in the BRFSS survey experienced at least one ACE. The people who experienced many ACEs (4 or more) were typically younger, graduated from high school less frequently and often made less than \$25,000 annually. Additionally, a higher ACE score was associated with increased tobacco use, increased risk for respiratory diseases, depression and suicide.

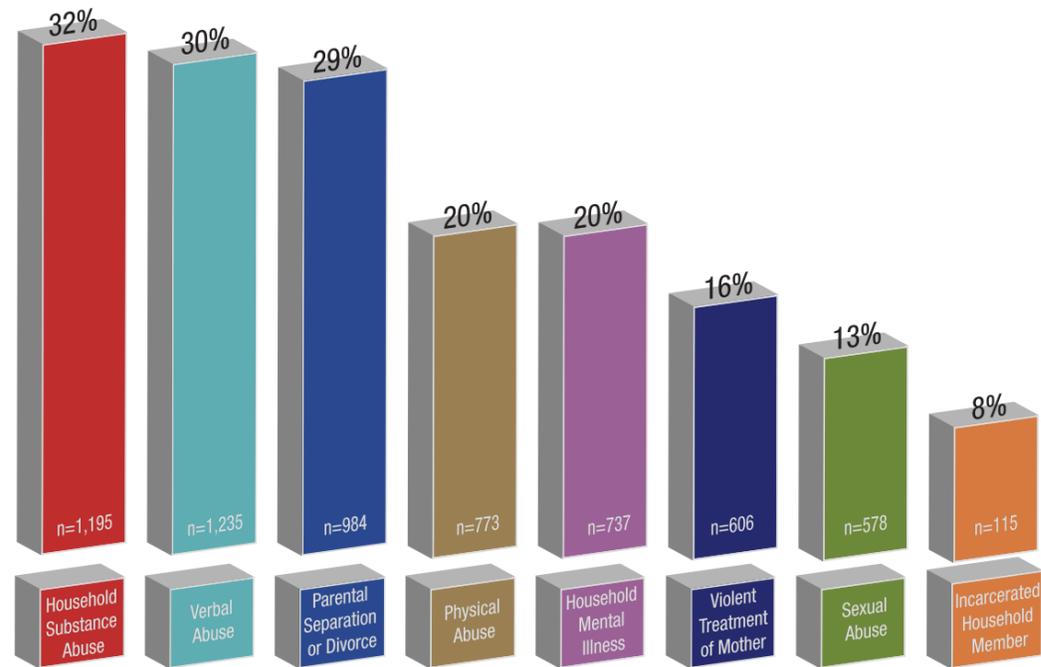
PREVENTING ACEs CAN IMPROVE HEALTH OVER THE LIFE SPAN.

WHAT IS AN ACE?

Adverse Childhood Experiences (ACEs) is a term used to describe neglect, abuse, violence and/or distressed family environments that children under the age of 18 years may experience. The cumulative effect of ACEs can be traumatic, especially if experienced repeatedly beginning at a young age.³ In the Oregon BRFSS survey, respondents were asked 11 questions to establish eight categories of ACEs. These categories include: *household substance abuse, verbal abuse, parental separation or divorce, physical abuse, household mental illness, violent treatment of mother, sexual abuse and incarcerated household member.*



PREVALENCE OF INDIVIDUAL ACEs IN OREGON



Due to the sensitive nature of these questions, not all survey respondents answered each question. Therefore, the number of respondents per question varies and are identified on the bottom of each bar. The percentage represents the percent of positive responses from the overall responses in that category.

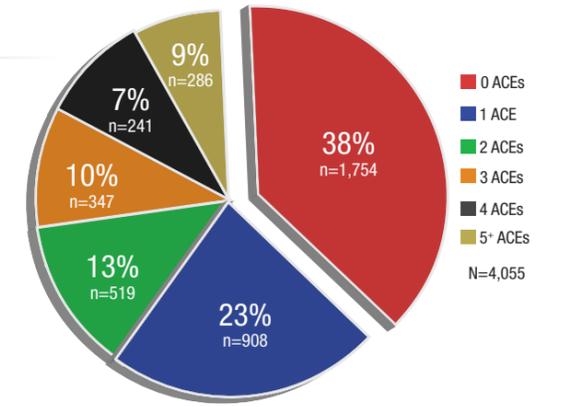
According to 2011 BRFSS survey respondents, the most common ACEs experienced in Oregon during childhood were:

- Living with someone who “was a problem drinker or alcoholic” or “used illegal street drugs” or “abused prescription medications” -Household Substance Abuse
- Having a parent or adult “swear at, insult or put them down” more than once -Verbal Abuse
- Having “parents that were separated or divorced”
- Experiencing physical abuse
- Living with a family member with a mental illness

HOW MANY ACEs DO OREGONIANS EXPERIENCE?

ACEs are common in Oregon. Individuals who responded to the 2011 BRFSS who experienced four or more ACEs generally had higher rates of negative health behaviors, mental health concerns and chronic diseases.

As individuals, communities and a state, our primary goal is to try to prevent ACEs from occurring initially. However, we must also continue to promote wellness and resiliency even in the presence of adversity.⁴



PROMOTING HEALTHY AND RESILIENT INDIVIDUALS, FAMILIES AND COMMUNITIES REDUCES THE RISK FOR ADVERSE CHILDHOOD EXPERIENCES

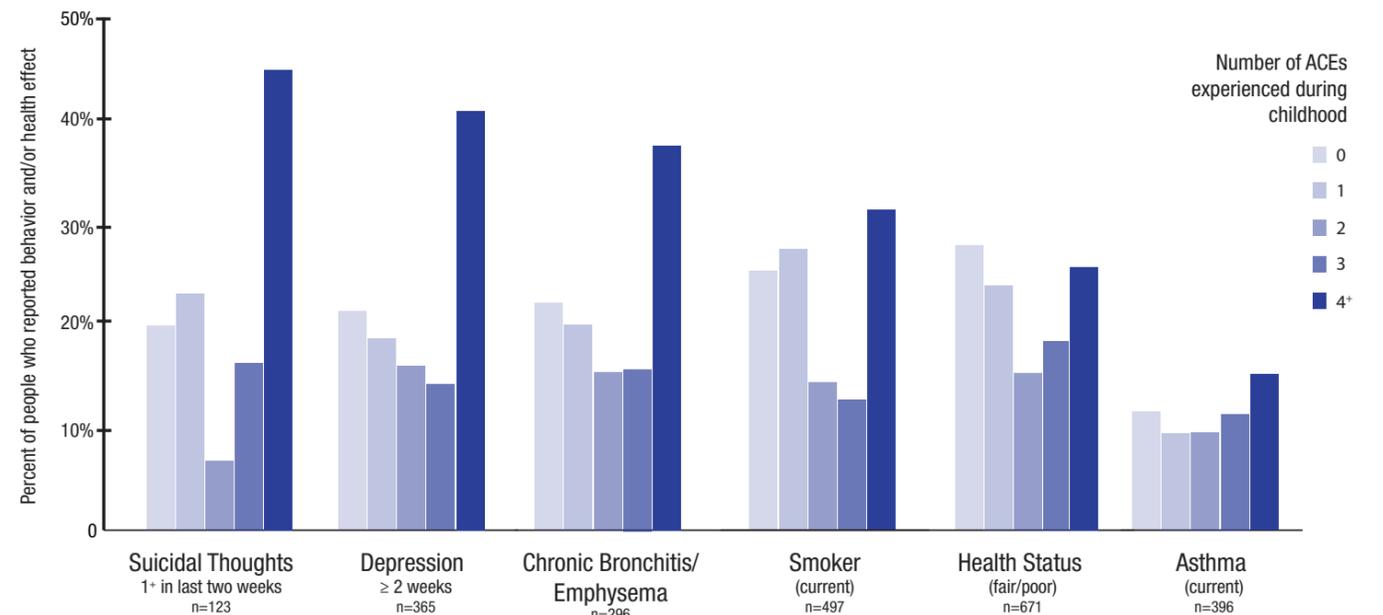
ACEs represent a wide range of abuse and family dysfunction. More research is needed to evaluate the impacts of various programs on ACEs. However, there are practices that build protective factors for individuals, communities and families and may reduce the risk of ACEs.

According to the Center for the Study of Social Policy Strategies, communities can do the following to promote these family protective factors:

- Facilitate friendships and mutual support among parents
- Strengthen parenting skills, resources and education.
- Value and support all parents through culturally competent practices
- Promote children’s social and emotional development
- Provide resources for family crisis
- Identify and respond to early warning signs of child abuse and neglect

For more information about the strengthening families approach: <http://www.cssp.org/reform/strengthening-families/the-basics/protective-factors>

THE RELATIONSHIP BETWEEN ACEs and WELLNESS IN OREGON



This figure highlights the correlation between mental health concerns, smoking and chronic respiratory disease, perceived health status and the number of ACEs identified by respondents in the 2011 Oregon BRFSS. This table illustrated the impact that a threshold of 4 or more ACEs had on some areas of health.

[Caution: The 2011 BRFSS represents one period in time. With repeated years of implementation, the data may reflect stronger correlations with negative health outcomes.]

WHAT CAN I DO TO SUPPORT HEALTH AND RESILIENCY IN INDIVIDUALS, FAMILIES AND COMMUNITIES?

How do we promote safe and nurturing relationships and environments for all families and children?

How can we promote protective factors in all individuals and families so they can cope and adapt even during challenging times?

1. Learn more about ACEs and health effects of trauma

ACEs 360- Iowa: www.iowaaces360.org/resources-and-web-links.html

ACEs Too High: www.acestoohigh.com

The Adverse Childhood Experiences Study: www.acestudy.org

Center on the Developing Child: www.developingchild.harvard.edu/resources

Centers for Disease Control and Prevention: www.cdc.gov/ace

Family Policy Council: www.fpc.wa.gov

National Center for Infants, Toddlers, and Families: www.zerotothree.org

Resilience Trumps ACEs: www.resiliencetrumpsaces.org

2. Support programs that encourage attachment and healthy relationships

Home Visiting:

- Babies First!
- Early Head Start
- Healthy Families Oregon
- Nurse Family Partnership
- Relief Nurseries

Parenting:

Classes and Workshops

- Incredible Years
- Make Parenting a Pleasure
- Parents as Teachers
- Nurturing Parenting Programs

Parenting Supports

- Parents Anonymous
- Relief Nurseries

Parenting Cafes

Therapeutic Interventions

- Child-Parent Psychotherapy
- Parent-Child Interaction Therapy
- Relief Nurseries
- Trauma Informed Cognitive Behavioral Therapy



3. Promote trauma-informed workforce, schools, and communities

Offer Workforce, Schools and Community Trainings:

Attachment, Self-Regulation and Competence Framework

Motivational Interviewing

Positive Youth Development

Trauma informed workforces and system reform in healthcare and education

Violence Prevention Programs

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² Centers for Disease Control and Prevention. Adverse Childhood Experiences (ACEs) Study. <http://cdc.gov/ace>

³ Shonkoff, Jack, The Foundations of Lifelong Health Are Built in Early Childhood, Center for the Developing Child, Harvard University http://developingchild.harvard.edu/resources/reports_and_working_papers/foundations-of-lifelong-health/

⁴ Christopher Blodgett, PhD; Quen Zorrah, PHN, MSN Adverse Childhood Experiences and Public Health Practice. January 20, 2012. <http://www.nwcphp.org/training/courses/maternal-child-health-mch-training-for-professionals>

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