

Agenda Cover Memo

AGENDA DATE: May 13, 2014

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 Improvement Plan (CHIP)

In 2013 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 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 the progress that has been made in these areas since the November 2013 Semi-Annual Board of Health Report. This summary is intended to update the Board on these measures and provide an opportunity for further feedback and direction as we move forward on these important initiatives.

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

The Lane County Public Health Prevention team has initiated an assessment and inventory of tobacco use and sales in the local environment. The team has coordinated with area stakeholders including local businesses, the Public Health Advisory Committee and others in the community to gather information on current ordinance models, enforcement policies and issues, and other relevant experiences. Information from this work will form the foundation for future efforts to develop an ordinance, provide educational activities, and reduce the occurrence and impacts of tobacco use in our community.

Strategies

- **Assessment of Local Jurisdictions Regarding Tobacco Retail Licenses (TRL)**

Gather and organize information to compare and contrast current local ordinances including implementation status, needs, lessons learned and level of interest in future collaborative efforts (January – April 2014).

- **Inventory and Mapping of Local Retailers**

Create a compilation identifying all local tobacco, alcohol, and lottery retailers along with each retailer's history of compliance with age restriction laws and local TRL ordinances. Additionally, this information is to be synthesized into map format, identifying density and proximity to schools and other locations frequented by children (January – April 2014).

- **Assessment of Point of Sale Retail Environment**

Coordinate with the State of Oregon Health Promotion and Chronic Disease Prevention team to conduct point of sale retail assessment to further define the current level of compliance with local laws and ordinances (April - May 2014).

- **Assess and educate community**

Survey the local community regarding attitudes, opinions, and knowledge of alcohol, tobacco, and lottery point of sale strategies. Develop and distribute informational materials via media and social media campaign and convene community meetings (May - October 2014).

- **Draft TRL Ordinance**

Based upon results of community attitudinal survey and community meetings, coordinate with Sheriff's representatives to develop TRL ordinance draft.

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.

This focus area is referred to as 'Access to Healthy Food'. Enhancing the use of local foods by our schools and institutions, households and community members of all income levels will benefit the local economy and the health of the community.

Community and Economic Development Division (CED), Intergovernmental Relations (IGR) and Health and Human Services (H&HS) have overlapping goals to enhance local food economics and ensure that county residents have access to healthy food at home and in schools. Our divisions have developed a joint work plan that addresses this priority area. Local organizations such as Lane Coalition for Healthy Active Youth (LCHAY), Willamette Farm and Food Coalition, Food for Lane County and School Garden Project have existing efforts and future plans in this arena. These and other local programs are partners as well.

Strategies

- **Food Hub Study**

Food hubs are entities that manage the aggregation, distribution and marketing of local food products to strengthen the ability of local producers to satisfy wholesale, retail and institutional demand. CED has partnered with City of Eugene and U of O Community Planning Workshop (CPW) to conduct a market analysis for a regional food hub. This study is analyzing specific needs to be addressed by a food hub and the extent to which the food hub could create consistent, reliable and sustainable supplies of local foods to area residents. H&HS assisted with survey design for the study and is participating in the technical advisory committee (August 2014).

The Food Hub study results will be the basis for decisions regarding the type of regional food hub needed in order to bolster the availability of and access to local foods. CED will then be working to define next steps regarding design, location and implementation of a regional food hub. H&HS will be involved in planning that would pertain to community access to healthy food products. As future work is defined, additional timelines will be established.

- **Update Lane County Local Food Market Analysis**

CED is currently updating the 2009 Lane County Local Food Market Analysis. This document is an analysis of the size of the market and amounts of food that local schools and institutions purchase. It is used as the foundation for all economic development work in the farm/food realm in our local area (June 2014).

- **Investigate potential community sponsorships for SNAP Incentives**

SNAP incentive programs allow low income residents to double some of their purchasing power with their SNAP benefits at farmers markets. Currently Sprout in Springfield is the only market in the county with such a program. CED staff will meet with local banks to discuss potential community sponsorships and investigate other creative ways that SNAP incentive programs may be established for local farmers markets. If sponsorships can be arranged, H&HS will assist as needed with implementing SNAP incentive programs and determine ways to inform SNAP recipients of the programs.

- **Legislative Support**

Intergovernmental Relations and H&HS have identified a state legislative opportunity to be supported. The current Farm to School bill will need to be renewed for the 2015 Biennium. The bill provides some funding for schools with high free/reduced price lunch participation to obtain reimbursements for procuring and serving local produce and for educational programming on school garden/food projects. Willamette Farm and Food Coalition will conduct some preliminary advocacy efforts; the primary advocacy work on the bill will begin in January 2015, during the 78th Oregon Legislative Assembly. The IGR Manager will ensure that this issue is elevated to become before the Board of Commissioners as one of the proposed Lane County priorities for action during the legislative session.

CED staff, in their role with the Oregon Economic Development Association, will follow state and federal legislation as it relates to the food and beverage industry in regard to economic development and access to healthy food, and will bring these issues to the attention of the IGR Manager as necessary.

- **Future Alliance for Healthy Families Project**

Several community organizations recognize that effective farm to school programs combine food and garden-based education with local food procurement in school settings. Six of these local organizations have recently joined together as the Alliance for Healthy Families. These organizations are School Garden Project of Lane County, Lane Coalition for Healthy Active Youth, Willamette Farm and Food Coalition, Huerto de la Familia/The Family Garden, FOOD for Lane County, and Safe Routes to School. This collaboration has been formed to enhance their current efforts in farm to school projects and to select future projects to further the progress in this area.

Although the collaborative is not ready to define project specifics at this time, they plan to select projects which will be aligned with this CHIP strategy and involve collaborative work towards improving community health in Lane County. The Alliance will provide H&HS staff with status reports and information on project development in September 2014, January 2015, and July 2015. As their projects are designed, H&HS staff will meet with the Alliance to determine how the County may be able to act as catalyst with these organizational efforts to improve the health of our county residents.

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.

The Lane County Adverse Childhood Experiences Community Education & Engagement Plan has been developed with the assistance of cross-department County staff and with individuals experienced in the area of ACEs. Over the course of two months, think tank sessions were held with invited members from Health & Human Services, Parole and Probation, the Sheriff's Office, and the District Attorney's Office. Staff also looked nationwide at existing ACE programs including those in Washington and Iowa. From this work, a plan has been developed that will increase community, practitioner, and parental awareness of and involvement with ACEs. Additionally, it is expected that these efforts will increase the resiliency among Lane County residents, addressing such items as social connections, concrete support in times of need, knowledge of parenting and child development, social and emotional competence of children, and parental resilience.

Strategies

- **Community Workshops**

Develop and present community workshops throughout Lane County including presentations to community groups, health care professionals, human services organizations, parent/teacher groups, municipal leaders, schools and other comparable organizations and businesses (July – December 2014).

- **Conference**

Work with community-identified partners to continue planning for our November 4-6, 2014, conference MAKING CONNECTIONS: Reducing Adverse Childhood Experiences & Promoting Mental Wellness (November 2014).

- **Educational Activities**

- Develop and disseminate educational materials for distribution directly to parents, service providers, community organizations and businesses. Materials include brochures, informational pamphlets, and an informational website (July – December 2014).
- Ensure Lane County staff has the opportunity to be educated on issues of Adverse Childhood Experiences and encourage the development of a framework for service delivery through the lens of ACEs (July – December 2014).

- **Media Campaigns**

Work with local media including newspapers, television and radio to educate the community about ACEs through interviews and ongoing articles (June – December 2014).

- Launch a social media campaign with local partners aimed at increasing awareness of ACES as well as available resources (July – December 2014).

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.

Lane County Behavioral Health has partnered with a number of entities to expand the provision of behavioral health services in Lane County. These collaborations, including those with the Human Services Commission, the Public Safety Coordinating Council and the Lane County Sheriff's Office, have focused on several key areas including seeking Mental Health investment funding and analysis and planning based upon data from the 2013-2015 Biennial Implementation Plan.

Strategies

- **Application and award of Mental Health Investment Funds**

- Crisis Services Funding - to expand CAHOOTS services into Springfield and unincorporated areas surrounding the Metro Area, fund sub-acute treatment beds for youth, and fund short-term respite shelter apartments.
- Jail Diversion Funding - to support creation of a Jail Diversion team to provide “in -reach services” to jail inmates with mental health issues and to individuals referred by court staff, law enforcement staff, and crisis services staff, to provide Crisis Intervention Training for law enforcement and 9-1-1 dispatch operators, and to fund short-term respite shelter apartments.

- **Collaborative Efforts**

- Coordination with the Public Safety Coordinating Council to convene an ad hoc task team to conduct a gap analysis reviewing the current status of Lane County services related to behavioral health and public safety. This team will utilize training and consultation with the GAINS Center on the Sequential Intercept Model (SIM) for this work.
- Collaboration with the Human Services Commission of Lane County in developing a coordinated entry system for families in or at risk of entering homelessness, to provide a “front door” to a range of housing and services for homeless families with children.
- Partnerships with Occupy Medical and the Eugene Mission to expand services to individuals served by those entities.
- Continued coordination with the Community Health Centers of Lane County to further integrate physical and behavioral health care services, creating a “health home” model of care.

These funding and partnerships opportunities will form the foundation for future efforts in expanding behavioral health services for homeless individuals and those involved with the criminal justice system. This on-going work will focus on the following areas of need, as determined by the current levels of services, referrals, need and wait list data:

- **Access to medication support**

- Increase access to prescriber services for participants of treatment courts and in rural areas.
- Increase access to medication management supports, including addressing barriers to access to injectables.
- Increase service coordination between prescribers, staff providing medication management, and other community-based service providers.

- **Availability and array of shelter/housing services**

- Develop a Rapid Rehousing model of emergency and transitional shelter, and short- and long-term supportive housing services.
- Increase levels of short- and long-term transitional housing for individuals either diverted from incarceration or transitioning from jail/prison back to community.
- Increase capacity of sub-acute and acute care beds, including range of secure settings.
- Increase coordination between housing and shelter services with other key services such as money management, case management and wrap around services.
- Support the expansion of the HSC’s Coordinated Entry system to include homeless and at-risk individuals, and to include integration of behavioral health care into the array of services accessed.

- Increase the availability of treatment beds for youth and young adults with co-occurring disorders.
- **Cross-system coordination**
 - Increase awareness and coordination between public safety, behavioral health, addictions and homeless prevention services.
 - Increase the use of validated brief screening tools such as the SBIRT and the LIE-BET for individuals accessing other services.
 - Expand outreach programs to provide behavioral health care information and referral services, with an emphasis on rural and unincorporated areas of Lane County.
- **Capacity of electronic health records**
 - Address incompatibilities between departments and divisions within Lane County.
 - Identify and examine compatibility and information sharing issues between County and community-based health care/behavioral health care providers.
- **Funding for ancillary supports and services, including**
 - Homeless Medical Respite
 - Support integration of behavioral health services into this model
 - Provide funding support beyond the current 30-day period
 - Supported Employment designed to increase stability and independence

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

To assess the current provision of health care services in Lane County’s rural communities, a gap analysis has been conducted evaluating the current levels of capacity in Cottage Grove, Florence, Junction City, Oakridge, and the Veneta/Elmira area. Local partners, including PeaceHealth, United Way, and the Trillium Community Health Plan Rural Advisory Council, have participated in this analysis, providing input and feedback on gaps in services as well as information on current activities aimed at improving and expanding health care access to our rural areas.

The following outlines the results of this analysis. Lane County will continue to coordinate with the necessary community entities to develop recommendations and planning efforts to realize the expansion of health care access to rural area residents.

A. Cottage Grove

Demographics

Cottage Grove is the 3rd largest community in Lane County with a population of 9,686; 16% of the population lives at or below FPL; 36.6% are Medicaid eligible; 19 miles between Cottage Grove and Eugene/Springfield; low income designation for health professional shortage area.

Key services

- PeaceHealth Cottage Grove Community Hospital – Rural Access Hospital
- PeaceHealth Medical Group – Family Practice
- Prime Med Medical Clinic – Family Practice
- South Lane Mental Health – Includes outpatient, foster home and psychiatric care
- Willamette Family Treatment – Outpatient chemical dependence treatment
- Emergence - Outpatient chemical dependence treatment

Gaps in services

A greater variety of primary care options for low-income members of the community.

Activities towards filling gaps

Community members are active in Rural Advisory Committee for Trillium Community Health Plan. Community leaders are active in supporting appropriate levels of care for the population of Cottage Grove and unincorporated areas the town.

B. Florence

Demographics

A population of 8,466 makes Florence the 4th largest community in Lane County; 13% lives at or below FPL; 19% are Medicaid eligible; 61 miles between Florence and Eugene/Springfield. Unique to Florence is that 36% of the population is over 65 years of age.

Key services

Peace Harbor Hospital – Rural Access Hospital

Peace Health Urgent Care Clinic – Family medicine

Peace Health Medical Group – Family Practice

Peace Health Behavioral Health – Outpatient services, telemedicine link to psychiatry

Options Counseling – Outpatient services and psychiatry

Emergence – Outpatient chemical dependence treatment

Gaps in services

There are limited resources to individuals living in poverty, particularly for older adults. This Medicare population is the single largest group seeking health care services, resulting in access issues for other low income groups. Additionally, the severe and persistently mentally ill population is poorly served in the current setting, lacking sufficient psychiatry and realizing poor integration with primary care services.

Activities towards filling gaps

Utilization of telemedicine to connect Florence area patients with psychiatry has been highly successful and beneficial for area residents. The community has looked at opportunities to work together with existing providers to better integrate care for the neediest individuals.

C. Junction City

Demographics

A population of 5,392 individuals makes Junction City the 5th largest community in Lane County; 13% lives at or below FPL; 40.4% are eligible for Medicaid. Junction City being 15 miles from downtown Eugene is often overlooked as a rural community with needs that can be accommodated by service providers.

Key services

Junction City Medical Clinic – Urgent Care and Family Practice

Looking Glass Counseling – Youth and adult outpatient counseling

Gaps in services

Peace Health Medical Group recently closed their family practice after decades of service to adults and pediatric care. This closure left many individuals “undocored” in their local community. There is no chemical dependency treatment available in the community and the availability of mental health services is limited.

Activities towards filling gaps

The Rural Advisory Council will be holding an Access to Healthcare meeting on May 9th.

D. Oakridge

Demographics

Oakridge holds a population of 3,320; 22% live at or below FPL; 30.3% are Medicaid eligible; 42 miles between Oakridge and Eugene/Springfield; Oakridge has been identified as a Health Professional Shortage Area by the Federal Office of Manpower Shortage.

Key services

Green Mountain Medical Clinic – Family Practice
OrchidHealth Oakridge Clinic – Family Practice (not yet open)

Gaps in services

Without Urgent or Emergency Care services available, the Oakridge population is 60% more likely than other areas of Oregon to go to the Emergency Department for non-emergent needs. An additional lack of mental health, psychiatry and chemical dependency treatment services sets the stage for residents of Oakridge to be three times more likely to die from issues related to alcohol and drug use.

Activities towards filling gaps

Orchid Plan is using a Direct Model of Primary care delivery to fill the gaps in preventable health conditions. They are working with Lane County Behavioral Health to use tele-medicine to connect with psychiatry in an affordable mechanism.

E. Veneta/Elmira

Demographics

The combined population of these sister towns is 7,147; they lie 15 miles west of Eugene/Springfield; 17% lives at or below FPL; 35% are eligible for Medicaid. This community has seen a growth in elderly population with 35% of the population receiving Medicare.

Key services

Veneta Medical Clinic – Family Practice

Applegate Medical Associates – Family Practice

Volunteers in Medicine – Geriatric care – 1 day per week

Rural Medical Outreach – Occupy Medical low-income access 1 day per month

Gaps in services

Lacking services include consistent primary care for low income population; mental health outpatient services; Chemical dependence treatment; and Urgent or Emergent care.

Activities towards filling gaps

Mid-Lane Cares is an active group of concerned citizens, public officials and health care providers interested in seeking solutions to the issues associated with access, payment reform, and improved health outcomes for rural Lane County.

Mental Health & Public Health Advisory Committees

Both of these committees have been very engaged this year, including conducting a joint meeting in March. The joint committee agenda focused on specific areas where the committee interests and charge overlap, specifically looking at the issue of depression and suicide as a public health issue as well as the emerging problem of e-cigarettes and nicotine addiction. The committees are both preparing recommendations to the Board and department related to e-cigarettes, and those should be coming forward soon. In addition to this issue, the Community Health Improvement Plan has priorities that are particularly important to each of these committees, and they are very supportive of the Board's work on the five priorities addressed above.

State Department of Human Services (DHS) Work on Child Abuse and Neglect

During a recent Board meeting, questions were raised about efforts in Oregon and Lane County to address children in foster care and the state's Differential Response initiative. This work stems from SB964, and according to DHS is central to their efforts to preserve families, keep children safe and avoid foster care entry wherever possible.

The summary below is from their website, and additional information can be found at <http://www.oregon.gov/dhs/children/beyondfc/differential-response/Pages/default.aspx>

When we visit our doctor's office, the level of treatment we receive depends on the reason for our visit. For example, we don't receive the same treatment when we have a sore throat as we do when our arm is broken.

Child Welfare Program Director, Lois Ann Day, describes Differential Response as a system change that "redesigns the front door to Child Welfare."

Differential Response moves away from a one-size-fits-all approach to child protection by adding an alternate response track. Differential Response promotes partnering with parents, family, communities and neighborhoods to keep children safe.

Differential Response has been implemented in other states and is part of a national reform effort in Child Welfare. Research has shown that Differential Response can result in:

- Children being found just as safe, regardless of which track they are served in
- Fewer repeat cases of child abuse and neglect
- Lower placement rates of children in foster care
- Decreased disproportionality among children of color in foster care
- Reduced costs over time
- Increased satisfaction by families and child welfare workers

Oregon is currently in the process of implementing Differential Response, with the goal of beginning to rollout this practice by May 2014.

Administration

Health and Human Services is currently preparing to transition another program area into the department. On July 1st, twelve employees from Workforce Partnership will transfer to Health & Human Services and continue to provide services for the JOBS and Workforce Investment Act programs within the Human Services Division. Administration and program staff are gathering information about program operation, current process and reporting to prepare for a smooth transition of both employees and services they provide to the public.

The contract team is nearing the completion of the transition to match the Program Services Coordinator (PSC) assignments to each organizational cluster. This change will help provide better contracting and administrative support and provide efficiencies for the PSC workgroup and align Administration assignments with the department strategic design.

The Analytics team publishes a monthly Outcomes Data Dashboard that tracks changes in key indicators of success for programs, divisions, clusters, and the department. The analytics team has also used dashboard structure and technology to improve the efficiency and effectiveness of internal reporting within several divisions, notably the Community Health Centers, Behavioral Health and the Human Services Division. Next steps include increasing standardization and consistency in reporting and greater structural integration of reporting processes.

Behavioral Health Services

Behavioral Health Services (BHS) has been focused on achieving financial stability in order to continue to provide services to the vulnerable population.

Efforts have included increased productivity, service delivery modifications, assumption of services formerly contracted out and the successful application of State Addictions and Mental Health grants. BHS also has focused on assisting clients in applying for the Oregon Health Plan (OHP), which has reduced the percentage of uninsured clients.

BHS was awarded a Jail Diversion grant from Addictions and Mental Health (AMH) and a community training grant from Substance Abuse and Mental Health Services Administration's GAINS Center. This training provides community Sequential Intercept Mapping; a process for identifying gaps and processes for individuals coping with mental illness in the legal system. We have created partnerships with Eugene Police Department (EPD), Springfield Police Department (SPD) and Lane County Sheriff's Office (LCSO), along with the District Attorney's office, Public Defender's office, local judges, Parole & Probation, PeaceHealth, local jails, addictions services providers, Crisis Assistance Helping Out on the Streets (CAHOOTS) and the Public Safety Coordinating Council (PSCC) to develop these processes to reduce inappropriate jail stays and to reduce lengths of stay.

BHS was also awarded a Crisis Services grant from AMH. This will allow expansion of CAHOOTS into Springfield. Other aspects of this project include standardized Crisis Intervention Training for the EPD, SPD, LCSO and all 911 dispatchers. Also included is the provision of crisis respite beds as an alternative to emergency department use and hospitalization.

BHS also received a grant to provide school-based counseling, placing clinicians in three local high schools. Additionally, the Child and Adolescent Program is stationing clinicians in the Community Health Centers (CHCs) to provide behavioral health services to children and families.

In working toward expanding access, BHS is exploring options to provide teletherapy and telepsychiatry to rural areas of Lane County. The first location is Oakridge.

Other short term goals include creating a Client Centered Health Home in conjunction with Trillium and CHC, including integrated services: Primary care, psychiatry, addiction services, mental health, peer support, nursing support, health education, support groups, supported employment, social integration and supported housing and will be supported by Oregon Research Institute health technology funding.

Finally, BHS is working with a local nonprofit agency to create least restrictive environment placements (Supported Housing placements) for clients with acute illness. State Adult Mental Health Initiative funding will create this infrastructure. This will assist in better meeting the Department of Justice mandates to move clients through the system toward least restrictive environment more quickly.

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:

- **Addition of a new CHC site.**

The CFS team will take the lead in filing all of the required documentation to gain required approval by HRSA, the federal agency that licenses FQHCs, and by the Oregon Medicaid program. CFS will also ensure that the site is registered with Medicare and all other applicable payors to ensure that the CHC can bill for services provided at this location.

- **Implementation of the NextGen billing system and electronic health record (EHR) to include Lane County Behavioral Health (LCBH).**

The NextGen system has been implemented within all of the primary care locations of the CHC. However, LCBH uses a separate billing and EHR system. The migration of the CHC and LCBH to a single system will enhance care by enabling clinical staff to view a unified patient record, and will result in operational efficiencies and cost-savings throughout the CHC, LCBH, and CFS programs.

- **Support fiscal sustainability of CHC and LCBH programs through data-driven reporting.**

CFS has worked with H&HS and program management teams over the past two years to develop and provide an array of operational and financial reports to provide more accurate and timely information on program performance to assist management in decision-making. We will continue to improve reporting capabilities as LCBH and CHC programs move to the same NextGen billing/EHR system.

- **Support the CHC and LCBH in integrating primary care and behavioral health services.**

Further integration of primary care and behavioral health services is critically important to the clinical and financial success of our operating divisions. The local coordinated care organization (CCO) and other major payors are encouraging this type of integration to improve clinical care while reducing overall costs of care. The CCO is also moving forward to develop alternative payment arrangements to support these system changes to replace the current fee-for-service payments. CFS will be supporting the CHC and LCBH by playing an active role in developing, evaluating, and implementing alternative payment arrangements which will support patient care goals while maintaining financial stability for the H&HS programs.

Community Health Centers of Lane County

Community Health Centers (CHC) of Lane County 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:

Opening a new primary care clinic in west Eugene – This Spring, the CHC committed to Trillium Community Health Plan to open an additional clinic in order to accept 6,000 newly enrolled Medicaid members. Through Trillium’s support the project is on track to open this clinic during the summer 2014. Significant next steps include the oversight of the remodel, hiring and training new staff and recruitment of new primary care providers. West Eugene is a highly desirable area as it has the highest percentage of newly enrolled Trillium members and is an area that the CHC has historically had a minimal presence.

Stabilizing the financial picture – The past two fiscal years (2012/13 and 2013/14) have been a significant challenge and drain on the resources of CHC and the County. The good news is that FY 2014/15 looks incredibly bright – with the addition of seven new primary care providers, with another four poised to join the CHC in the next six to eight months; the addition of a new clinic; and increased efficiencies in the clinics – the CHC is in excellent position to meet both financial and patient demands in the next fiscal year and for years to come.

Upgrading NextGen (the electronic health record) – On September 4, 2014 the CHC launched the full electronic health record, NextGen, and this fall is scheduled to complete a significant upgrade to the system. While this upgrade brings substantial change to the product the outcome will be an improvement to the primary care teams. While there will be training and support necessary to teams during this upgrade, scheduled for October 2014, the result will be favorable.

Maintaining Patient Centered Primary Care Home (PCPCH) status – In 2014, the CHC has been recognized by the Oregon Health Authority as Tier III (PCPCH) at all sites. The CHC decided to delay application for certification to NCQA, in large part due to the overwhelming work associated with launching NextGen. However, the CHC remains committed to practice transformation to assure that the community and the patients at the CHC are receiving the very best care. To that end the CHC is joining Trillium and other community providers in participating with TransforMED to assist us towards improving our organizational capacity. TransforMED, founded in 2005 by the American Academy of Family Physicians has worked nationally with a wide variety of health care organizations towards sustainable practice transformation.

Developmental Disabilities Services (DDS)

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for more than 2,000 children and adults with developmental disabilities living in Lane County.

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 (foster care, group homes and supported living) and those who live in their family homes with in-home support plans. Services Coordinators monitor the health and safety of these vulnerable individuals and ensure their individual support plans are being followed.

The 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. Many children are now able to access in-home supports based on the new "K" plan. 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 20 open cases between them at any given time. Each year they screen approximately 150-200 possible cases of abuse/neglect in Lane County.

Current highlights:

- The K Plan- The Community First Choice Option (K) Plan was implemented in Oregon 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 an additional six percent in federal Medicaid funding. Lane County DD is currently rolling out these services for individuals who qualify for this program. This already includes serving more than 90 children who previously did not have support services in their home.
- Lane County DD Services has had substantial increase in the number of individuals coming through intake and eligibility. Over the past six months staff has made 165 determinations of eligibility, with 124 of those individuals made eligible for DD services. Out of these 124 people, 57 were adults and 67 were children. That is approximately two full caseloads in six months.
- The recruitment and development process has started for a children's group home in Lane County. Most children who need residential placement in Oregon are forced to move out of their local community in order to access residential group homes. Lane County is one of the three counties that the state has selected to develop a new children's group home for youngsters who have developmental disabilities and typically some co-occurring mental health diagnosis.
- Partnering with local community provider agencies to do a pilot for testing out the new Individual Support Plan (ISP) and planning process.
- Ongoing collaboration with The ARC of Lane County and their *Families Connected* group to provide trainings to families with children with developmental disabilities.
- Substantial improvement in every area of the program from audit of April 2013. Lane County DD continues to make improvements in the areas where some shortfalls had been identified.

Human Services Division

Family Mediation: During the past six months, the Family Mediation Program completed a total of 141 mediation cases, and conducted the court-required parent education and mediation orientation class, Focus on Children, for 796 parents, with over 94% of the parents reporting the class as good or excellent. The vast majority of 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.

Energy Services: The Energy Programs are on track to have another strong year. Lane County received \$2.3 million in federal LIHEAP (Low Income Home Energy Assistance) program funding, which allows Lane County to serve more than 7,500 low-income households with energy assistance, crisis energy assistance, and crisis heat system repair and replacement. Thanks to strong partnerships with EWEB, Emerald PUD and other Lane County utilities, the HSD Energy Team will provide energy assistance and energy conservation education to an additional 5,000 households. The Energy Conservation Education programs continue to produce measurable results, reducing participants' energy consumption and utility bill credit actions. The HSD's Low Income Weatherization Services partner, HACSA, has hired a new Weatherization Program Manager, Steve Jole. He has a strong background successfully managing the Linn-Benton Low Income Weatherization program.

Housing and Human Services: A Poverty and Homeless Board (PHB) structure has been approved to be developed and implemented by July 2014. The PHB provides advice to the Board of County Commissioners and the intergovernmental Human Services Commission with the goal of reducing and preventing poverty and homelessness in Lane County. A Coordinated Entry System for homeless families was piloted in August 2012. The Coordinated Entry and Assessment System is a single, consistent process to do the following for all households entering the homeless assistance system: screen and assess client needs, determine program eligibility and priority for different homeless housing programs, and to refer them to the most appropriate housing intervention (Homeless Prevention, Emergency Shelter, Rapid Re-Housing, Transitional Housing, or Permanent Housing). Coordinated Entry Systems provide more efficient, consistent assessment and enhanced referral capabilities than the present system.

HSD's \$2,587,015 HUD Continuum of Care grant submission was awarded to fund ten renewal projects serving homeless adults, youth and families.

Veteran Services: In 2013, Veteran Services assisted 1,067 clients to successfully navigate the VA claims process. These veterans and surviving spouses are now receiving over \$1 million in continuing monthly benefits after having received over \$12 million in one-time retroactive benefits. Veteran Services received a state grant of over \$37,000 to engage in "extended outreach" to the veterans of Lane County in order to ensure that they are aware of our program and are receiving the VA benefits for which they have eligibility.

Public Health

During the past six months, the Communicable Disease (CD) program received much of the attention of staff in January after a Lane County child died from Influenza. There was extensive media coverage and the benefits of vaccines were debated in the local news sources. The CD staff provided more than 700 Influenza vaccines to adults and children in response to local demand. During the summer of 2013, a student working for CD visited many of the local long term care facilities, assisted living facilities and adult day care promoting the benefits of Influenza vaccine and reporting respiratory outbreaks to Lane County Public Health (LCPH) early so control measures could be implemented and transmission slowed. Our efforts paid off with only one respiratory outbreak reported during the 2014 Influenza season.

The annual school immunization review process was completed January through March and early results seem to show higher school religious rates compared to last year. This year the CD staff offered two walk-in clinic days to increase access to vaccines for children in jeopardy of being excluded from school. The 2012 legislature voted to change the procedure for claiming non-medical exemptions for daycare, preschool and school vaccine requirements. A Community wide effort to increase immunization rates among all residents in Lane County is producing positive results.

The ongoing increasing sexually transmitted infection (STI) rates in Lane County have earned state-wide attention. The CD and Community Health Centers of Lane County (CHC) staff have increased the available STI clinic visits to address this. In addition, the CD Nursing Supervisor and Public Health Officer participated in a Men's Health Network event sponsored by HIV Alliance in March and Public Health staff participated in a "Ducks after Dark" movie event on the U of O campus to increase public health visibility in the community.

The Environmental Health (EH) team continues to provide quality inspection services to licensed food facility owners and rural drinking water system operators to protect the health of people living in Lane County as well as visitors. 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 Prevention Program maintains significant community partnerships with staff's continued work with Trillium, PeaceHealth, United Way and other key community partners to implement the Community Health Improvement Plan (CHIP). Prevention staff are involved in all of the CHIP workgroups, ensuring prevention and health promotion are included as the work continues. Staff continues to coordinate the countywide effort to reduce gang involvement. The gang prevention steering committee recently completed an assessment and work plan development in preparation for funding opportunities available this spring.

The Prevention Staff continues to work on building capacity. Staff recently received a Mental Health Promotion grant from the Oregon Health Authority. This grant will provide funds to hire an additional prevention specialist to focus efforts on developing worksite mentally healthy environments as well as coordinate an "anti-stigma" campaign. Staff have also written and submitted two additional grants: A Drug Free Communities (DFC) grant and a Tobacco Master Settlement Grant. The DFC grant focuses on reducing high risk drinking, reducing prescription drug abuse and increasing community leadership in prevention, specifically with the Eugene-Springfield Prevention Coalition. The Master

Settlement grant will focus on continuing work with the City of Eugene to implement tobacco free properties.

The WIC Program provides weekly breastfeeding drop in sessions for mothers with new babies. WIC mothers receive lactation assistance and support, weigh their infants and have an opportunity to consult with trained staff so that questions and concerns are addressed in a timely way. These sessions have become well attended; some WIC mothers are now attending for a few consecutive weeks until infant feedings are going smoothly and weight gain issues are resolved. The sessions were established in order to increase breastfeeding duration rates, which directly contributes to improved health of infants and mothers.

The WIC Program is working to coordinate with efforts in other areas of H&HS. WIC staff received updated training in smoking cessation interventions in order to coordinate with Public Health/CCO work in this realm and have a greater impact in reducing smoking among pregnant and postpartum women. WIC staff also assisted with collecting requests for Cover Oregon assistance.

The Maternal Child Health (MCH) Program is now fully staffed, including a new Nursing Supervisor. The team is working on streamlining billing processes and will be entering into discussions with Trillium (CCO) for billing the targeted case management services provided in the home visiting program. There continues to be a strong referral process from WIC and medical providers in the community into the MCH program. The generalist nurse team continues to provide home visiting services for Maternity Case Management and Targeted Case Management families. Nurse Family Partnership (NFP) has now been in place for 18 months. NFP is the newest program and is an evidence-based rigorous program that has been shown to improve pregnancy outcomes, child health and development, and family economic self-sufficiency.

During the week of April 7, the division celebrated Public Health Week. An open house was held on Friday, April 11 for the community to come and find out all the services and work their local public health division does. The response was positive and staff did a great job planning and organizing the event.

The Division will be reviewing the final draft of the Public Health Strategic Plan in May. This is the third document required for Lane County Public Health to submit in the process to apply for national accreditation as a local public health department. The Plan will be addressing how the Division will work on the five strategies noted in the Community Health Improvement Plan (improve health equity, prevent and reduce tobacco use, prevent and reduce obesity, prevent and reduce substances 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) manages 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 continues to work well. TBH expects to assume management of the adult mental health residential system, possibly as early as July 2014. This reflects the continuing State agenda to centralize system management responsibilities with CCOs. TBH conducts program reviews as a part of the Certificate of Approval process for programs to be certified as a mental health provider in Oregon and we assure that contractors meet quality and performance standards.

Medicaid expansion in January 2014 has resulted in the enrollment of 25,000 additional members for a Trillium membership of 81,000, and increasing. This has created a surge in demand for services. Trillium is negotiating a contract to manage the health insurance benefit for state employees, Public Employees' Benefit Board (PEBB).

TBH actively supports the role of the County in achieving better care and improved health outcomes: support prevention, improve care coordination for at-risk members, and support service linkages for individuals whose health problems are related to socially determined causes. TBH has supported rapid access to appropriate treatment.

The role of TBH Behavioral Health Care Coordinators (BHCC) is changing as we integrate with CCO medical management staff. BHCCs are members of the complex case committee. BHCCs call members that have presented at the ER for a behavioral health concern and provide information about accessing other types of care.

Trillium has made progress on their Transformation Plan. TBH has developed an RFP for integrated PC/BH services that was released in early April. Contracts will be completed by July. This will provide a significant opportunity for care transformation.

Trillium has passed the first stage in applying for NCQA certification. The second phase will be completed by July, 2014 and the final stage by July, 2015. This is a major endeavor, and TBH has dedicated 1.5 FTE to support this process.

Trillium was awarded two State grants to improve mental health services for our members. The Wraparound Service grant will provide enhanced wraparound coordination for children with an emotional disorder and their families. The other grant will increase the ACT program at Laurel Hill by 100%.

Youth Services

Title IV-E Funding

This past six months has been an important time for stabilizing funding for the Youth Services Division. We are well into 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 the division for much of the work the 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, staff has just completed the first three quarters' time studies, in which the 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. Preliminary conservative estimates of potential IV-E "administrative revenue are \$60,000 per quarter, but could be much higher.

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 an 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 and making it possible to consider opening a much needed residential program for girls.

Public Safety Levy

In May, 2013, the voters of Lane County passed the public safety levy, which provides Youth Services five years of stable funding for our secure programming and Intake Control at roughly \$1.35 million annually. The division has 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 the Intake Control Unit 24/7, which is a significant support to local law enforcement. This allows youth to remain in the Intake Unit while staff sorts out the best case disposition.

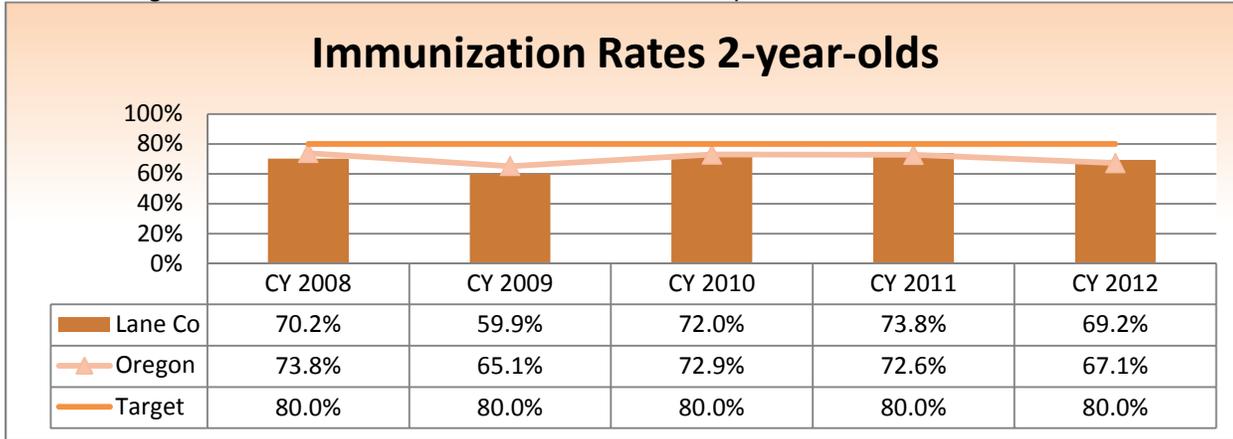
Crossover Youth Project

Lane County Youth Services was selected, along with our local DHS partners, to be one of 4 Oregon Counties to implement the Crossover Youth Practice Model, a national best practice model which optimizes coordinated case planning, services and supports to youth impacting both the Juvenile Justice and Child Welfare systems. This model was created by Georgetown's Center on Juvenile Justice Reform, and they will be providing ongoing training and technical assistance to this project, including three site visits, the first of which is on 5/7/14. Staff is in the process of pulling together the implementation team, including staff from YS and DHS, plus judges, DAs, Public Defenders and other system stakeholders. The team also completed the initial Gap Analysis, which will be the focus of the first site visit.

Health Indicators

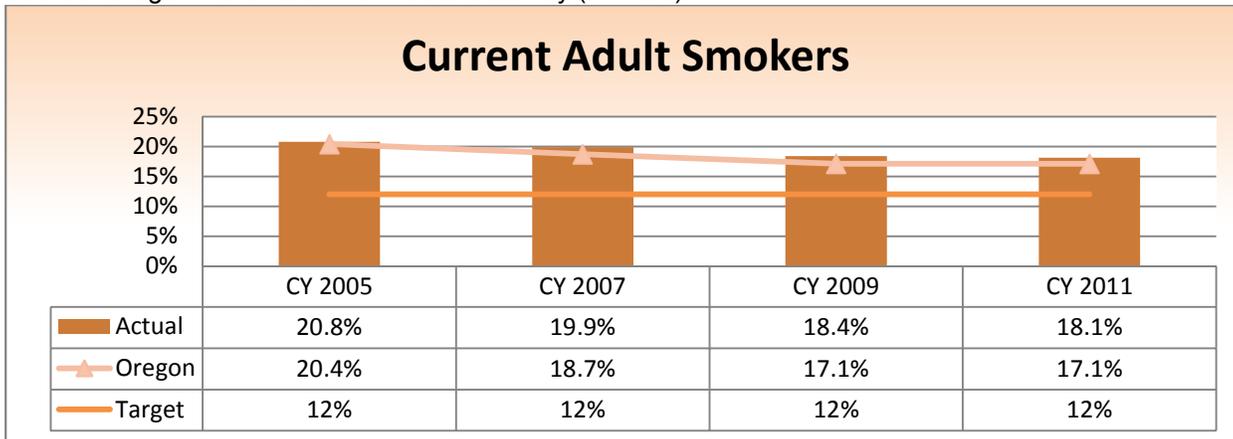
Indicator 1: Immunization rates for Lane County 2-year-olds receiving a full series of recommended vaccines. The national Healthy People 2020 target is that 80% of two year olds receive the full series of recommended vaccines. Lane County’s vaccination rates are similar to national and Oregon state rates 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 provided by the state is that “2009 rates were recalculated in 2011 to reflect current methodology. Most changes were within the margins of error.”

Source: Oregon Immunization Surveillance and Evaluation Report.



Indicator 2: The percentage of adults in Lane County who smoke. 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 average for all of Oregon.

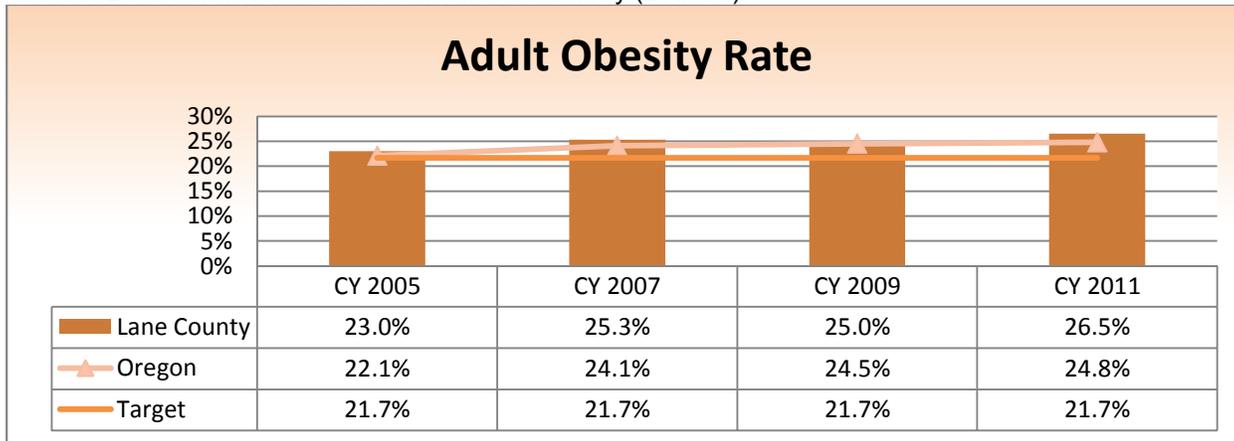
Source: Oregon Behavioral Risk Factors Survey (BRFSS).



Indicator 3: The percentage of adults in Lane County who are obese (have a body mass index of 30 or higher). County data are compiled on a three year average in order to obtain an adequate

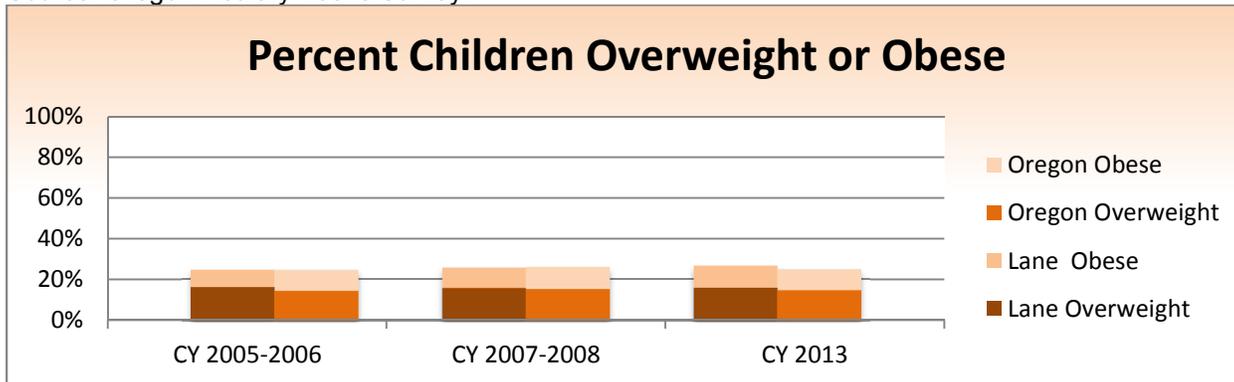
sample size. The Lane County rate is 28% lower than the national rate and worse than the Oregon state rate. For Lane County, the target is 21.7%. For the United States the target is 30.6%.

Source: Behavioral Risk Factors Surveillance Survey (BRFSS).



Indicator 4: The percentage of children in 8th grade who are overweight or obese. 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. For Lane County that target would be 8.9%. While Oregon has seen a slight decline in childhood obesity Lane County has continued to see a steady increase and has surpassed the state average.

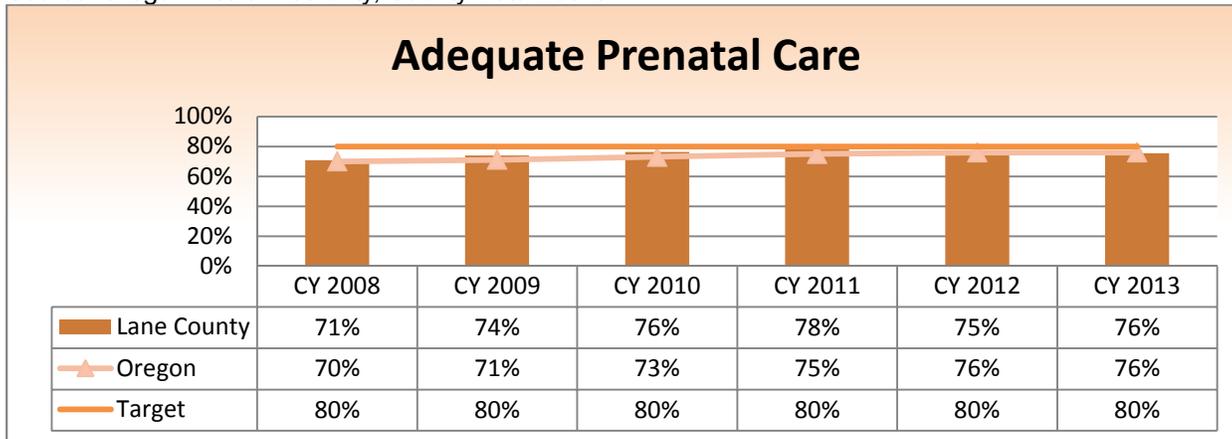
Source: Oregon Healthy Teens Survey.



Period	Lane Overweight	Lane Obese	Oregon Overweight	Oregon Obese
CY 2005-2006	16.3%	8.3%	14.6%	9.9%
CY 2007-2008	15.8%	9.9%	15.3%	10.6%
CY 2009-2012	--	--	--	--
CY 2013	15.9%	10.7%	14.8%	10.1%

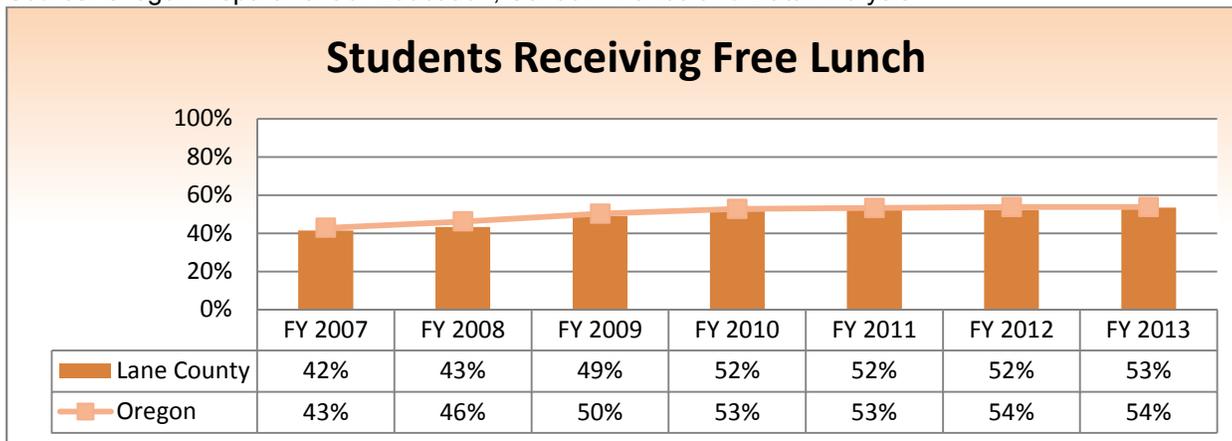
Indicator 5: The percentage of pregnant women in Lane County who receive prenatal care in the first trimester. The national Healthy People 2020 target is 77.9%. The Lane County target is 80%. After several years of declining rates in the early and mid-2000s, the Lane County rate have been trending up to the point where it is close to national and county targets.

Source: Oregon Health Authority, County Data Books.



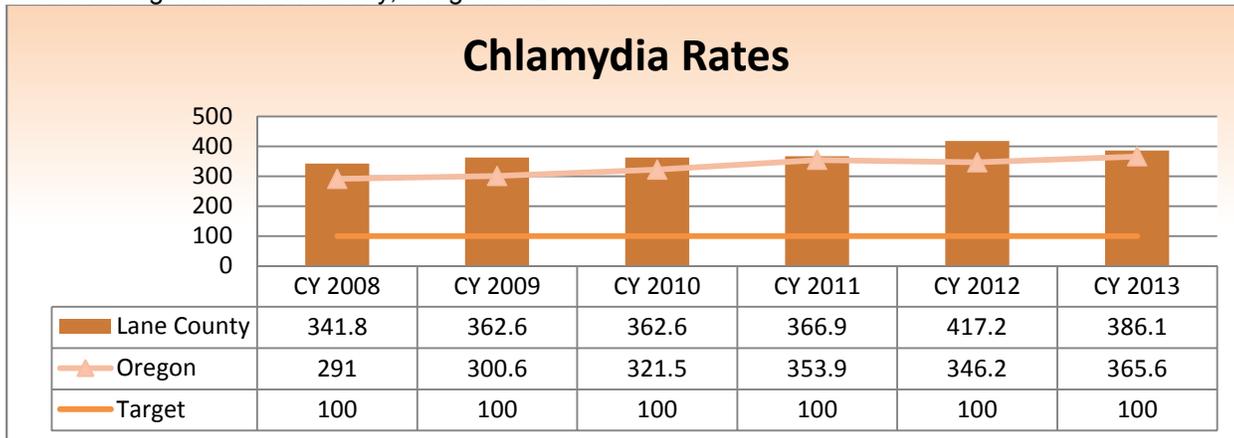
Indicator 6: The percentage of students in Lane County who are eligible for free or reduced cost school lunch. This measure is an indicator of poverty and it has stabilized in Lane County and in the state of Oregon.

Source: Oregon Department of Education, School Finance and Data Analysis



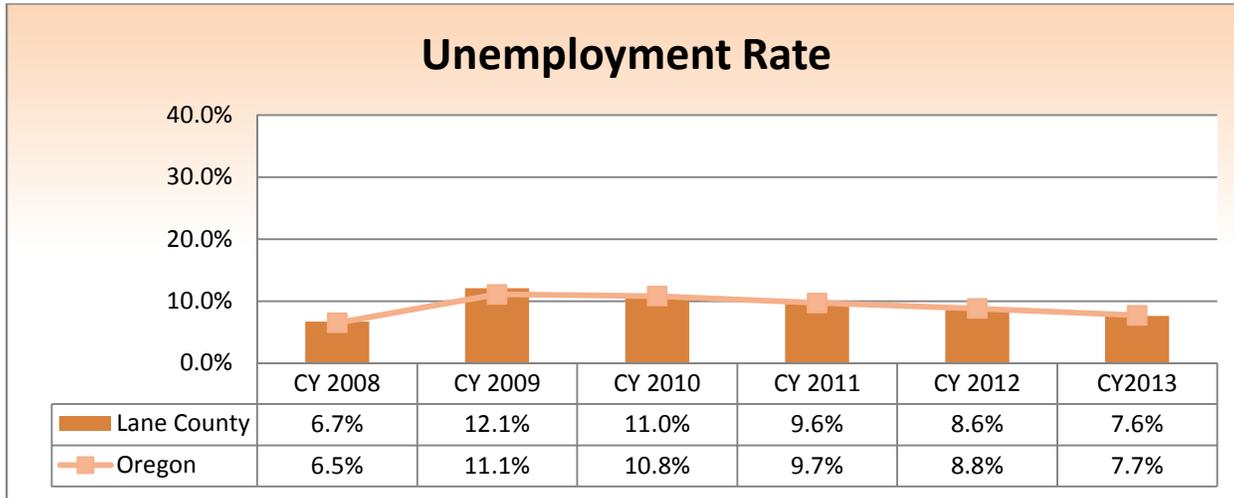
Indicator 7: The incidence of new Chlamydia infections in Lane County. Incidence is measured per 100,000 people. This rate has trended upward and is at approximately 350% of target.

Source: Oregon Health Authority, Oregon STD Statistics.



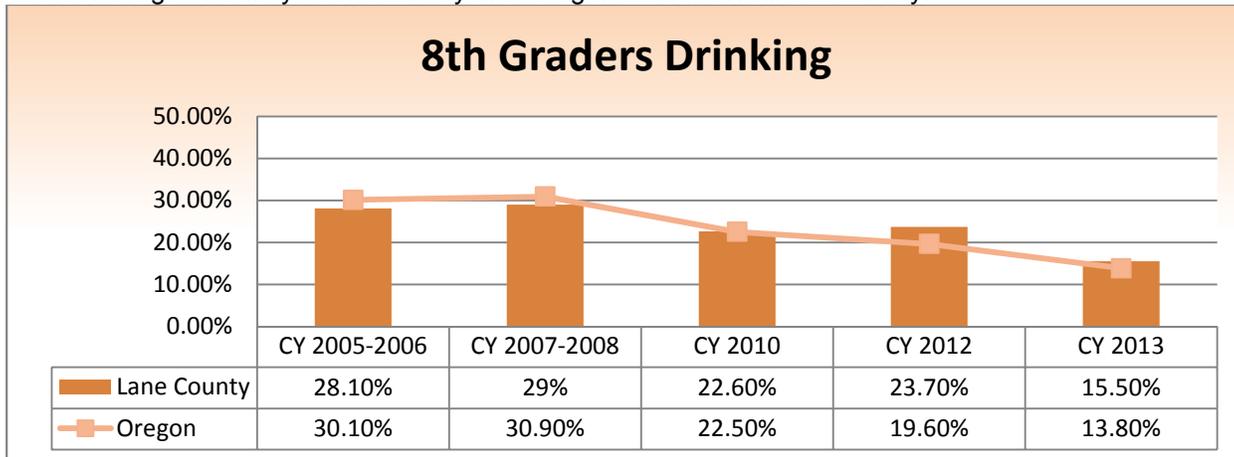
Indicator 8: Unemployment Rate. The unemployment rate in Lane County has followed state and national trends.

Source: Bureau of Labor Statistics.



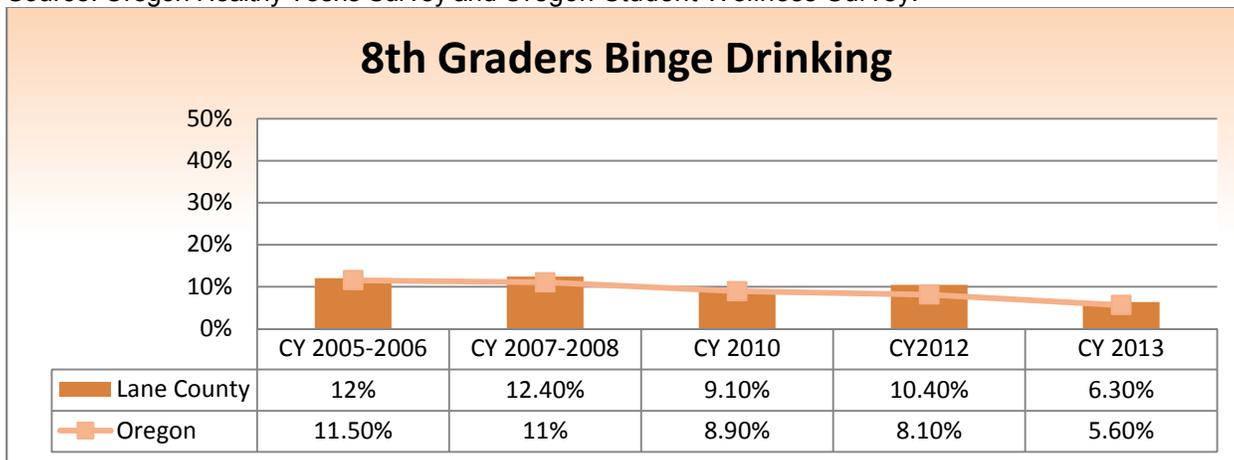
Indicator 9: The percentage of 8th graders who report drinking alcohol in the last 30 days. This rate has been trending down in Lane County, the state of Oregon, and nationally.

Source: Oregon Healthy Teens Survey and Oregon Student Wellness Survey.



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 and Oregon this rate has shown a steady decline.

Source: Oregon Healthy Teens Survey and Oregon Student Wellness Survey.



CHIP Strategy 3:

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



7

CHIP Strategy 3 - Update

Work to Date:

- Lane County Adverse Childhood Experiences Community Education and Engagement Plan
 - Cross-departmental Team
 - Review of National Models

Next Steps:

- Community Workshops
- Educational Activities
- Conference
- Media Campaigns



CHIP Strategy 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.



CHIP Strategy 4 - Update

Work to Date:

- Application and Award of Mental Health Investment Funds
- Sequential Intercept Model (SIM) Training
- Community Partner Collaborations

Next Steps:

- Expansion of Crisis Services and Respite Housing
- Creation of a Jail Diversion Team at LCBH
- Expand Availability of Shelter/Housing Services
- Increase Cross-System Coordination

CHIP Strategy 5:

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



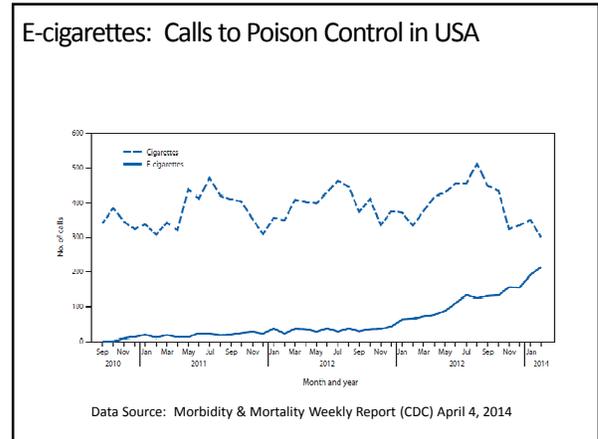
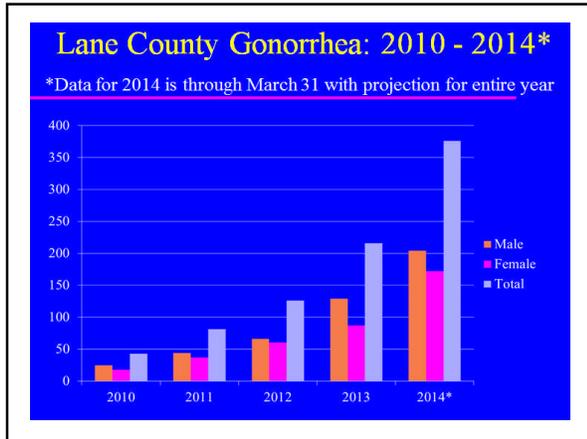
CHIP Strategy 5 - Update

Work to Date:

- Analysis of Current Capacity
 - Cottage Grove
 - Florence
 - Junction City
 - Oakridge
 - Veneta/Elmira

Next Steps:

- Service Expansion Collaborations
- Coordination with Local Councils and Committees



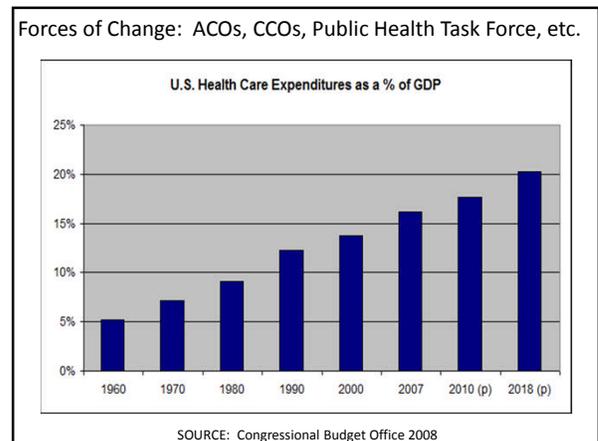
Is now the time to prevent E-cigarette sales to, and use by, minors in Lane County?

And require retailer licensing?

And prohibit sale of e-cigarette products that appeal to children (e.g., banana flavored)?

And restrict sales near schools & parks?

And address use indoors and outdoor air quality issues?





Questions?



156
TEACHERS IN LANE COUNTY
HAVE BEEN TRAINED IN THE
**GOOD BEHAVIOR
GAME**

- 200 more Lane County boys and 150 more girls predicted to graduate from high school
- More Lane County youth less likely to smoke, use alcohol and drugs or engage in violent crime
- Return on investment from 1 year of implementation:
92-to-1

Prevention Works.

preventionlane
at Lane County Public Health

1000 people in Lane County
are trained as suicide prevention gatekeepers

OUR COMMUNITY IS BETTER PREPARED TO GIVE PEOPLE THE HELP & SUPPORT THEY NEED

Prevention Works.

preventionlane
www.preventionlane.org

one healthy vending machine policy at PeaceHealth, one of Lane County's largest employers

Prevention Works.

provides access to healthy food & beverages for:

8,000 employees
350,000 patients and visitors per year

preventionlane
www.preventionlane.org

Increased nutrition reduces the likelihood of chronic disease such as diabetes and heart disease.

Prevention training increased the # of providers that assisted their patients with resources for tobacco cessation.

Prevention Works.

More people in Lane County are getting the support they need to

QUIT SMOKING

48% BEFORE TRAINING
61% AFTER TRAINING

86% of respondents that reported providing assistance with tobacco cessation more than half the time or always

preventionlane
at Lane County Public Health

In the past
3 months
640
pounds of unused
prescription drugs
were collected in
Lane County



Prevention Works.



www.preventionlane.org