

Agenda Cover Memo

AGENDA DATE: December 2, 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 current Community Health Improvement Plan, which was developed collaboratively by Lane County Public Health, PeaceHealth, Trillium Community Health Plan, and United Way. This community plan is based on the findings of a Community Health Needs Assessment, and serves as a central organizing tool for improving health in the community. In 2015, Lane County Public Health will begin work with other CHIP partners to update the Community Health Needs Assessment and the CHIP. The current CHIP identifies five key areas for focus (not in priority order):

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

About a year ago, members of the Board identified five specific strategies as priorities for the county focus in support of the CHIP for the next two - three years. The five specific areas are listed below, along with a summary of progress made to date since the last Board of Health report in May, 2014. 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 an ordinance to license tobacco retail outlets and ensure that enforcement is taken against those outlets that are out of compliance.**

Since the last Board of Health report, staff worked with the Oregon Health Authority and a consultant to complete an assessment of local tobacco retailers which will help inform the staff and Board's work on this issue moving forward.

Over the summer, the Board held a work session to discuss both tobacco retail licensing options, and the health effects of electronic cigarettes, and options for regulating them in the community. As part of the work session, the Board reviewed different retailer policy options and identified some key issues to include in the first draft of a Lane County ordinance. The Board requested that staff in Health & Human Services work with County Counsel to draft ordinances that would address both issues, and those draft ordinances are now scheduled for a first reading and setting a date for a public hearing.

In preparation for Board action on a licensing ordinance, staff has worked with individuals from other communities to prepare a plan for enforcement through Public Health which will ensure that retailers are held accountable to comply with whatever final policy is adopted by the Board.

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

Staff in both Public Health and Economic Development has continued to work in support of this strategic priority in close collaboration with other community partners.

The collaborative work on the Food Hub Study with County Economic Development, the City of Eugene, and the UO Community Planning Workshop concluded in June, 2014. This work focused on factors to consider regarding establishment of a public market and a regional food hub (a public market and food hub could be co-located, or could be on separate sites). The majority of this work included a household survey on potential utilization of a public market and a market analysis for a regional food hub. The report is currently being reviewed by our Technical Resource Group and is planned to be released by December, 2014. The study results will be used to help determine the type of regional food hub needed and next steps. H&HS will be involved in planning that would pertain to community access to healthy foods. As future work is defined, additional timelines will be established.

Most recently, staff worked with Lane Coalition for Healthy Active Youth, and others, to sponsor the Healthy Food in Schools Summit: Advancing Policies that Improve Children's Health on October 24, 2014. As Oregon heads into the next full Legislative Session, staff will identify specific opportunities for the County to craft and support policies in support of this strategy, including renewal of the current Farm to School bill.

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.

Work is moving forward on implementing the Lane County Adverse Childhood Experience Community Education & Engagement Plan. A core strategy of this plan was hosting the November 4-6, 2014 conference MAKING CONNECTIONS: Reducing Adverse Childhood Experiences & Promoting Mental Wellness, co-sponsored by the Department of Health & Human Services, the Oregon Health Authority, and Trillium Community Health Plan.

We are pleased to report that 362 people attended the conference, which included keynote addresses by the author of the original ACEs study and other nationally and regionally recognized experts. This event was also the kick-off for our community education campaign, and we took advantage of local media stories on the importance of ACEs to begin to get the word out.

In conjunction with the conference, the Health & Human Services hosted a half-day all-staff meeting with 385 staff in attendance. Staff heard the latest research on ACEs and continued to talk about how this research can best be used in the department's work with patients, clients, and the community. The department also produced a short video about the work currently being done related to ACEs, which will be used in presentations and social media.

The next step is to launch a series of workshops throughout Lane County, making presentations to community groups, health care professionals, human service organizations, parent/teacher groups, municipal leaders, schools and others. At the same time, we will continue to develop and distribute materials about ACEs and how to reduce them.

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.

The work on expanding these behavioral health services is continuing, within the context of the overall transformation of behavioral health services in this community and the state. Leaders at both Lane County Behavioral Health (LCBH) and Trillium Behavioral Health are specifically looking at changes in the crisis system that have taken place through the expansion of Assertive Community Treatment (ACT) teams, the expanded Medicaid eligibility through the Affordable Care Act, and the closure of some long-term programs in the community. This work is designed to identify needs in the system and then to develop programs to best meet the emerging needs of clients and the community.

LCBH is also actively collaborating with our partners in the correctional system, working to reduce the over representation of mentally ill in these systems and provide much needed behavioral health supports both to individuals and our community partners.

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

During the last six month period, much of the staff resource for expanded health services was focused on getting the new Brookside Clinic up and operational in West Eugene. In addition to the work on opening Brookside, H&HS staff is working with staff at PeaceHealth who are hosting a series of discussions in several rural communities about access to care. The first in the series was held in Florence, and the information from that discussion will be paired with other data to help inform planning for next steps.

Ebola Preparedness and Risk Communication

Lane County Public Health continues to work closely with the Oregon Health Authority and our local health partners to ensure that our systems are ready in the unlikely event that someone in Lane County is diagnosed with Ebola. The high-profile nature of Ebola in the US has underscored the

important work that local public health does every day to monitor and prevent the spread of communicable disease. Thus far, efforts specific to Ebola have included both preparedness and planning activities with local partners, as well as communication with the general public about this disease that is new to most people in the US. This has included a number of discussions and tabletop exercises with hospitals, the Oregon Health Authority, the UO, and other partners to clarify local plans and identify gaps to be filled. Additionally, Public Health hosted a summit for the local clinical community, and is working closely with the identified hospital system (PeaceHealth) and local EMS providers to ensure a seamless response system.

In addition to regular communication through the County website and work with local media, Public Health hosted a meeting for the general public who are interested in more information about Ebola. The high profile nature of Ebola in the US provided an opportunity for staff to work more closely with the Circuit Court on our templates and processes for requiring isolation and quarantine. All of this effort serves to underscore the important role of Public Health in an emergency, and also provides an opportunity for us to review our plans and the systems we would use in a disease outbreak regardless of the disease.

Poverty & Homelessness Board

The newly formed Poverty and Homelessness Board (PHB) has provided an opportunity for many elected officials and community leaders from business, education, law enforcement, philanthropy, mental health, social services and local, state and federal departments to come together to develop their initial priorities and strategies to reduce homelessness and lift people out of poverty. Action oriented committees have been formed on developing supportive housing facilities, ending veterans homelessness, ending child homelessness and helping youth transition, advocacy for state and federal legislation, and developing strategies to shelter homeless during this winter season. A strategic planning committee will begin meeting to formulate intermediate and longer range plans. The initial PHB projects are described below:

- Housing First Project – Current services and housing options are quite limited for chronically homeless persons with dual diagnoses of mental health and substance abuse. A 50-unit facility to serve this population, with no preconditions to occupancy is to be planned and developed. A portion of those served will be veterans.
- Veterans Homelessness – An effort has been stated to more closely align the work of a number of public and private entities under an initiative to end veteran’s homelessness. Operation 365 was launched on Veteran’s Day to house 365 veterans and their families during the next fiscal year. A three-year, \$3 million dollar VA grant has been awarded to St. Vincent DePaul to advance this initiative. The VA will add an additional 50 HUD VASH vouchers during the next year.
- Youth in Transition – This project would provide shelter for up to 24 youth at a time who are unable to remain at home or in foster care and divert the youth from the criminal justice system assisting them to transition to housing and adulthood.

Administration

Administration is a division that provides administrative support to eight direct service divisions within Health & Human Services. The Administration division includes: Fiscal Services, Contracts & Planning, Analytics, Public Information, and Recruitment & Hiring. We have been busy the last six months as we closed out FY 13/14, completed the work with auditors, processed more than a hundred contracts for FY 14/15, and continued with our focus on capturing data to report our outcomes and make data driven decisions. Through all of this, our biggest challenge has been recruitment of medical providers and division managers.

Our need for providers increased with the move to expand services and the opening of Brookside Clinic. Efforts have been on-going to find permanent employees in order to fully staff all clinic sites and provide access for medical services to a portion of the thousands of Lane County residents who now are covered by the Oregon Health Plan. There is a nationwide shortage of providers and we have an additional challenge of local competition for the limited number of providers.

Additionally, two of our larger divisions have been without a permanent manager for an extended period of time. Existing staff have been reassigned to cover the vacancies, but this is not a long term solution. An added obstacle in finding viable candidates is our lower than market compensation plan.

The ability for us to respond timely to the changing healthcare environment and continue to provide outstanding service to our community is reliant on filling vacant provider and management positions. With that in mind, we will continue to put energy into our recruitment and will continue to work with a professional recruiting firm to cast a larger net in order to reach potential candidates.

Behavioral Health Services

LCBH continues to provide an array of vital behavioral health services to the community of Lane County. These include individual and group therapy, case management, and crisis services. Additionally, LCBH continues to provide critical services for Civil Commitment and Psychiatric Security Review Board (PSRB) monitoring, and support in complex discharge planning from the Oregon State Hospital via the Adult Mental Health Initiative (AMHI) program. LCBH also continues to support the mental wellness of children and adolescents in our community. Through services offered at LCBH and through a School Based Health Center grant, which allows for services to be provided out of the school health clinics, LCBH staff are providing clinical care to those in need.

The Lane County Methadone Treatment Program (MTP) continues to be a leader in our community for opioid addiction treatment. This program continues to thrive in both clinical and financial sustainability. The program is realizing high demands for its services and is currently prioritizing rapid access to opioid dependent pregnant women who are seeking treatment.

LCBH has recently received several grant awards aimed at expanding current services as well as initiating new projects. LCBH has been awarded the Trillium Incubator Innovation Project (TIIP) grant. This opportunity focuses on integrating physical health and behavioral health services for up to 200 clients with the goal of improving overall health outcomes. LCBH also continues to implement a Jail Diversion program via grant funding. The goals of this project are to divert individuals with mental illness from the correctional system and into treatment services.

Additionally, LCBH was awarded a training grant for a Behavioral Health Learning Collaborative. This innovative grant provides training and technical support for healthcare transformation. Utilizing this resource along with support from The Mental Health Center of Denver, a leader in the recovery movement, LCBH is currently focused on the transformation of LCBH. This effort is being undertaken in order to create a sustainable clinic and a system of care that emphasizes wellness, recovery, and community supports.

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:

- **Support fiscal sustainability of CHC and BHS programs through data-driven reporting.**
CFS has worked with H&HS 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 in decision-making. We will continue to develop financial modeling tools to help analyze program development options.
- **Support the CHC and BHS in improving financial sustainability through improved quality performance and reporting.**
Major payors, including Trillium Community Health Plan, the State of Oregon, and Medicare are moving to "pay for performance" incentive payment plans in which providers may receive incentive payments based on meeting or exceeding specified quality metrics. Our financial success will become increasingly tied to our ability to hit these quality objectives. CFS will continue to work with the CHC and LCBH management teams and quality assurance staff to ensure that we are implementing appropriate processes to meet these performance objectives.
- **Support the CHC and BHS 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.
- **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.

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. We also operate the Charnelton Community Clinic, the Brookside Clinic, and the Lane County Behavioral Health Clinic in Eugene. In addition to primary care, the CHC offers prenatal care, dental prevention services, and integrated behavioral health services.

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

Increasing Access to Care - We are working with TransforMed, the consulting arm of the American Academy of Family Practice, to assist us in adjusting our workflows, staff assignments, and scheduling processes. This project is designed to ensure that we are using each category of staff to their highest potential, while streamlining and standardizing processes to improve program efficiency. These changes are necessary in order to enable the CHC to achieve more visits per hour of medical provider service, and thereby to increase primary care access to a greater number of community residents.

Growing the New Primary Care Clinic in West Eugene – The CHC opened the new Brookside Clinic in west Eugene in August. The clinic was opened with financial assistance from Trillium Community Health Plan in order to help meet the community demand for increased access to primary care medical services for newly enrolled Trillium Medicaid members. We expect to service approximately 6,000 patients at this site. The CHC has been staffing the clinic with a mix of permanent and temporary providers. We are actively recruiting for permanent full-time providers for this site. We will continue to add patients to this site as we add full-time providers.

Improving the Adoption of NextGen (the electronic health record) – The CHC launched a full electronic health record (EHR), last September. This fall, we completed a significant upgrade to the system. Our medical teams have struggled with the new EHR, as it has required changes in work flow and has significantly slowed down providers and support staff alike. We are recruiting for a management analyst to head up the NextGen program, and hiring a full-time trainer. This staff should assist us in identifying and implementing improvements in the system design, and in improving the training of staff to more efficiently use the system.

Stabilizing the CHC's Financial Picture – The past two fiscal years have been a significant challenge and drain on the resources of CHC. Three key factors have contributed to the financial strain on the organization. These factors are the purchase and adoption of the electronic health record, opening a new clinic, and significant growth. We are concentrating on activities to improve efficiency including standardization of processes and emphasis on staff training. These activities should enable us to increase patient volume while decreasing our cost per visit. These activities are projected to enable the CHC to operate with a net surplus for the year.

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. Lane County DDS has two Abuse Investigators who have 50 open cases between them at any given time. Each year they screen approximately 250-300 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 rolling out these services for individuals who qualify for this program. This already includes serving more than 200 children who previously did not have support services in their home. Over 175 adults are also receiving in-home supports who previously did not receive services before the K plan was implemented.
- Lane County DD Services has had a substantial increase in the number of individuals coming through intake and eligibility. In the past six months alone, since the K plan has been implemented, we have enrolled 189 new people into services. This is going to grow with the entitlement services that the K plan offers. There are an additional 132 individuals in intake.
- Alvord Taylor, a local residential program is about to open the first ever 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 was selected to develop a new children's group home for youngsters who have developmental disabilities and typically some co-occurring mental health diagnosis.
- Working with DHS Child Welfare on utilizing state K plan services to promote permanent adoptions for children with developmental disabilities.
- Collaborating with Behavioral Health through participation in the central Lane County Behavioral Health Summit. This is a facilitated discussion for mental health and substance abuse providers to determine the issues, gaps and resources to meet the future needs of communities in central Lane County.
- Continuing to work with agencies and ODDS to advance competitive employment opportunities in alignment with the Governor's executive order.

Human Services Division

Energy Services: Lane County received \$2.3 million in federal Low Income Home Energy Assistance (LIHEAP) funding which will serve 8,000 low-income households with energy assistance, crisis energy assistance, and crisis heat system repair and replacement. Partnerships with EWEB, Emerald PUD, NW Natural and Pacific Power will serve an additional 5,000 households with energy assistance and energy conservation education.

Family Mediation: Family Mediation Program (FMP) provided custody and parenting time mediation to 219 Lane County residents in the past six months. FMP provided the court-required parent education and mediation orientation class, Focus on Children, with 839 parents attending. FMP launched a new fee-based service providing supervised parenting time to those parents ordered to supervision by the Court. With this service, FMP provides an opportunity for safe and meaningful contact between parents and their children. Since this new program began in August, we have served 10 families. Through grant-based funds, FMP also provided Family Check-Up services to 50 youth (ages 11-18). Developed by the University of Oregon, Family Check-Up provides brief family-centered interventions in family functioning and helps motivate participants to make positive changes.

Housing & Human Services: Nonprofit providers served 45,738 with a range of social services during the first quarter of the fiscal year. Beginning October 1, the Coordinated Entry System added homeless singles inclusion at the Eugene Mission. This created an equitable single, consistent process for all households entering services. By screening and assessing needs, clients join a centralized wait list which prioritizes them for different homeless housing programs and refers them to Homeless Prevention, Rapid Re-Housing, Transitional Housing, or Permanent Housing. We were awarded a \$2,724,117 HUD Continuum of Care grant for 10 renewal projects and two new projects serving homeless adults, youth and families.

Veteran Services: In the first two quarters of the current fiscal year, 716 clients received decisions from the VA. Of those, 516 were positive (72%) and some level of federal benefits was awarded. In total, these decisions resulted in \$448,000 in continuing monthly benefits and \$3.8 million in one-time retroactive benefits. Veteran Services also started an advertising campaign to ensure local veterans and their families are aware of our services, made possible through our recent receipt of Oregon "Extended Outreach Grant" funds.

Workforce Services: The Swanson Group mill fire in Springfield occurred on July 17th. All 237 affected employees attended a session on July 21st. Career Advisors dropped off 250 services information packets at the employer's request. Work Source Lane (WSL) hosted a Job Fair at which 152 Swanson Group employees attended. 22 employers and many service organizations were present. In September, five sessions were held at WSL to assist those workers who were still unemployed. We are actively engaging those still unemployed in training and placement services. From July 1, 2014 - September 30, 2014, the On the Job Training program placed 80 individuals in high wage, high demand occupations and careers in targeted sectors. 98% successfully maintain their employment with an average placement wage of \$14.36/hour. Training Scholarships funds were awarded to 24 students to train in high demand occupations in targeted sectors. The AARP program enrolled 32 into training and nine participants have been placed so far. The JOBS program served 364 individual welfare participants in Job Search classes; an average of 42 people a month were active in a voluntary work experience placement; an average of 34 people a month were active in a paid internship placement called JOBS Plus; and 215 individual participants obtained employment.

Public Health

The Communicable Disease (CD) program was quickly immersed in Ebola after a traveler from one of the affected countries arrived at a hospital in Dallas. Staff found themselves dispelling myths about the illness and connecting with local partners to ensure Lane County residents remain safe. Public Health is often looked at for protocols, coordination, messaging and resources when there are concerns about an emerging infection. Public Health hosted a meeting with partners November 4, 2014 with over 80 attendees and a public meeting is planned on November 12, 2014. Influenza vaccine season is in full swing. This year, the Communicable Disease staff has set a goal of 50% of the adults in Lane County receiving their Influenza vaccine. A media campaign has been developed and Communicable Disease staff is offering Influenza vaccines every Thursday. In addition, staff is coordinating with a housing program and a new clinic in Oakridge to make Influenza vaccines accessible to the residents.

The annual school review process has started and this year the new non-medical exemption will be in play. The Communicable Disease staff is hopeful the new process of needing to complete an educational component in order to request the non-medical exemption will decrease the number of unimmunized children attending our schools, day cares and preschools. Currently two BSN nursing students are working on immunization projects with the goal to increase immunization rates among all children in Lane County.

Communicable Disease follow up is a daily task for the Communicable Disease staff. During 2013, staff followed up 2428 reportable illnesses. The most common reportable illnesses were Chlamydia, Chronic Hepatitis C, Gonorrhea and Pertussis. The Health Department is very fortunate to have a CDC fellow spending a year in Lane County. Two of his projects are working on boosting immunization rates and preventing pertussis illness and developing a 3 year strategic plan to address the ongoing STD outbreak in Lane County. Both of these projects directly relate to the most common reportable diseases in Lane County. Due to the alarming increase in STDs across Lane County and the increased risk to select population groups, the Communicable Disease program plans to work with several defined populations in 2015 to ensure timely STD testing (e.g., persons in the 20 to 29 and 30 to 39 year old age groups, inmates at the County Jail, and men who have sex with men).

The Environmental Health (EH) team often times works alongside the CD team doing outbreak investigations and case interviews. The EH team continues to provide quality inspection services to food and lodging facilities, temporary events, pools, day cares and schools as well as rural drinking water systems to protect the health of Lane County residents and visitors. This year, EH partnered with LC Information Services to create an on-line application making restaurant inspection scores available to the public through the county's main website, www.lanecounty.org. EH also partnered with LC Youth Services culinary program to produce a food handler training video now available to food workers statewide. Currently, LC Environmental Health is coordinating the contracting of software development for a mobile inspection application which is anticipated to be used by most of the counties in Oregon.

The Maternal Child Health programs include Maternity Case Management, Babies First/CoCoon, Nurse Family Partnership, Healthy Families and Oregon Mother's Care. The MCH programs hired a new Nursing Supervisor who started on October 6, 2014. The Nursing Supervisor has experience in Public Health, Population Management and coordination of care. The Healthy Families and Nurse

Family Partnership programs at Lane County have been selected to be part of the Maternal, Infant and Early Childhood Home Visiting program (MIECHV). Through evidence-based home visiting programs, the MIECHV programs help to prevent child abuse and neglect, encourage positive parenting and promote early learning and child development. Although the programs involved with MIECHV are not new programs, the focus of coordinated care to decrease duplicate services and improve outcomes is in development.

The Nurse Family Partnership program currently has 84 families actively being followed. With 16 new families accepting services in October. The NFP program added one additional nurse and hired a replacement nurse. The two new nurses have completed their state and national trainings and have started to build their caseloads according to the NFP guidelines.

The Maternity Case Management (MCM) program staff follows families who are identified to be high risk due to social, economic or health issues during pregnancy. MCM nurses follow the pregnant family through delivery. Through home visiting, The MCM nurses can identify problems and communicate with pregnant client's providers to reduce the risk of early delivery, poor outcomes for the newborn or health crisis in the mother. MCM had 50 referrals in October of which 29 of the referrals accepted the Maternity Case Management program. MCM is a covered service by the Oregon Health Plan (OHP). MCM staff has been trained on the Crimson Care program. The Crimson care program is an electronic communication tool utilized by Trillium Health Care CCO to improve coordination of care between all providers. The MCM staff communicates with Trillium and update the CCO on the provided services and needs of the families.

The Babies' First/CoCoon program is part of the home visiting program. The Nurses from NFP follow the babies after the birth to monitor for positive parent interaction and child development. Children may also be referred to the nurses who work in the MCM program until age five for Babies First or to age 21 for the CoCoon program. Because of the large number of children being referred to the program Lane County currently only sees CoCoon children until age three.

The Oregon Mother's Care program is an important link for families to access health care. The staff in the Oregon Mother's Care program provides information on access to services; assist the families in understanding available service and assists in completing and submitting the forms needed. The staff has developed a relationship with the Oregon Health Authority which allows for quicker enrollment of the families. Early enrollment increases the pregnant mother's ability to receive early prenatal care.

The MCH programs are reviewing the current system of care and are developing CQI processes. MCH will continue working with the CCO, providers and other state services to improve access and coordination of care. MCH recognizes there is a changing model of health care. The MCH programs staff understands and supports that providing high quality, evidenced-based, coordinated care will lead to improved outcomes in the families we serve

The Public Health Prevention Program staff has recently completed work in several areas:

- Development and roll-out of 'Health in all Policies' training with county departments
- Draft local ordinance to present to the BCC for Tobacco Retail Licensure and e-cigarettes
- Coordinated a regional conference focusing on Adverse Childhood Experiences and promotion of mental wellness. Nearly 400 people from around the region attended the successful conference.

- Initiated a community-wide campaign to promote mental wellness while reducing stigma associated with mental illness called 'Mind your Mind Project'
- Successfully wrote a federal 'Drug Free Communities' grant. This is a five-year grant that will focus on reducing underage drinking, marijuana abuse and prescription drug abuse

The WIC Program provides nutrition education classes for participating mothers and children. Classes are provided daily in Eugene and a few times per month in our rural clinics, however there have been very limited classes offered in Springfield in the last year. The WIC Program has contracted with Food for Lane County to provide two WIC nutrition classes per month in Springfield using space in the Catholic Community Services facility. Additional classes in Eugene will be provided through this contract as well. These classes begin in November, 2014. This has added more educational options for program participants and will reduce the need for Springfield clients to travel to the Eugene WIC clinic for some of their services. WIC class offerings reinforce the individual nutrition education offered to WIC families and help improve health outcomes.

As of November, 2014 the WIC Program will also be more directly involved in smoking cessation efforts in the community with the assistance of Public Health Prevention staff and Trillium. The tobacco incentive program which began last year will now be housed in the WIC Program and the services will be provided by a new Community Service Worker position in the WIC setting. The Quit Tobacco Incentive Program (QTIP) is the new name for the incentive program. The changes were made in order to make it easier for women to learn about the opportunity and become enrolled in the tobacco cessation incentive program. WIC mothers will be offered this service and pregnant women from other programs and health care provider offices will continue to have access to the Quit Tobacco Incentive Program as well. This collaborative effort is designed to reach a greater number of the county's pregnant women who smoke and therefore have a greater impact in reducing smoking among pregnant and postpartum women, saving health care costs and improving birth outcomes for these women.

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.

Medicaid expansion in January 2014 has resulted in the enrollment of 35,000 additional members for a Trillium membership of 91,000 (55% increase). This has created a surge in demand for services that has required a significant increase in the number of practitioners.

Starting January 1, 2015 Trillium will manage the health insurance benefit for state employees, Public Employees' Benefit Board (PEBB), and TBH is responsible for the behavioral health component. The integration of CCO management of the residential services for mental health clients has been postponed until late 2015 or early 2016.

TBH actively supports the role of the County in efficiently achieving better care and improved health outcomes. In July 2014 Trillium contracted for eight incubator projects to integrate behavioral health and physical health providers into enhanced medical homes. In September 2014, TBH organized an intensive community training in medical home integration attended by 80 professionals.

Trillium has passed the first stage in applying for National Committee for Quality Assurance (NCQA) certification. The second phase will be completed by October, 2014 with implementation beginning in November. This is a major endeavor requiring dedicated TBH staff to write policies and procedures and support the transition process.

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 emergency room for a behavioral health concern and provide information about accessing other types of care and are dealing with members that call TCHP customer service threatening suicide.

TBH is managing the two state grants to improve mental health services for our members. The Wraparound Service grant provides enhanced wraparound coordination for children with an emotional disorder and their families. We have contracted with Direction Service to employ eight wraparound facilitators to work with families involved in Intensive Community Treatment Services (ICTS) services. The Assertive Community Treatment (ACT) program, contracted with Laurel Hill, is adding four to five new clients monthly and will double the number of members receiving this evidence-based intervention within a year.

Youth Services

Administration

The administration unit is currently working toward building community collaborations which will enhance the Youth Services mission of creating safer communities through crime-free youth. Examples of this work include participation in the collective impact work required by the Youth Development Council for grant funding. This work resulted in new collaborations with community agencies and grant funding towards addressing Disproportionate Minority Contact (DMC). Other examples include a partnership with other public safety and treatment providers in Lane County to build both three and 10 year plans to rebuild and enhance public safety in Lane County.

Supervision

The supervision unit has several projects that are focus areas currently. These areas include the Crossover Youth Practice Model, with technical assistance from the Center for Juvenile Justice Reform at Georgetown University, addressing disproportionality through a focus on addressing implicit bias, through the development of a programmatic tool to objectify casework decisions at critical decision points, and continued implementation of Effective Practices in Community Supervision, and effective tracking of fidelity to these models. The supervision program was recently awarded a three year federal grant to extend and enhance services to the juvenile drug court, known in Lane County as Recover and Progress.

Secure Programs

The Phoenix Program has expanded to meet the critical need for residential placement of young women in Lane County. The educational and vocational programming has recently partnered with the Martin Luther King, Jr. Educational Center (MLK) and the Lane Education Service District. This enhanced service allows for increased educational opportunities for youth to earn academic credit and have opportunities for hands-on learning experiences in horticulture and culinary arts.

Martin Luther King, Jr. Educational Center

The MLK Ed Center continues to build bridges by integrating youth back into service to their community. Areas of this work include culinary arts program, horticulture, catering services, landscaping, managing a garden on campus, and the successful reintegration of youth back into their home schools.

Upcoming projects

We are working with child welfare to address a gap in service for high need and low risk youth by exploring options to open a shelter and assessment center in an unused residential unit on campus.