

Agenda Cover Memo

AGENDA DATE: June 2, 2015

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 Needs Assessment and 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. The key partners in this project are now working together on an update to the Community Health Needs Assessment (CHNA) that will then result in a new updated Community Health Improvement Plan that should be ready for review and formal adoption by spring of 2016. The CHNA includes four specific assessments which will be conducted this spring and summer, and the result is expected to be a significantly more robust document than the first CHNA/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 2-3 years, as well as deciding to adopt a Health in All Policies approach for Board of Commissioner agenda items. Effective January 2015, the template for agenda memos was changed to include a section identifying any health implications of the proposed action. Public Health staff designed and implemented a brief training for all departments, and have offered to provide technical assistance moving forward. Additionally, Public Health is working with a team of graduate students in the PPM Department at the UO to do a preliminary evaluation of the policy change. The team looked at the packets and meetings in January to assess early adoption, and although it was a small data set they had a few observations. First, there was good general compliance, in that most packets included a section discussing health implications. Second, while the packets included this section, the BCC did not seem to be more likely to discuss the health

implications of the policy during the formal meeting. The team did report that the one packet that had the most robust analysis in the packet did also have the most robust discussion, so there may be a correlation between the extent of the written analysis and the resulting BCC discussion.

In addition to the Health in All Policies discussion, the Board identified the five specific priority strategies listed below. This summary is intended to update the Board on these priorities, 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, the Board adopted ordinance 14-19 which established a tobacco retail license program in unincorporated Lane County. Administration of the license was assigned to Public Health's Environmental Health program which has now licensed 50 retailers. Staff are doing outreach to retailers to encourage compliance, and the first round of inspections are not scheduled until fiscal year 15-16. The Board of Health met in May to hear an update on the ordinance and has scheduled a first reading on possible amendments for June 23, 2015.

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.

H&HS is working with community organizations to support new projects in the areas of farm to school promotion, school garden programs and access to healthy local foods.

The Alliance for Healthy Families is in the beginning stages of implementing Healthy Bethel Families. This is an integrated cross-sector community health improvement project which will enhance existing farm to school activities for residents of the Bethel neighborhood of Eugene and provide additional ways to engage neighborhood residents in activities pertaining to health and nutrition, physical activity and increased access to fruits and vegetables. Bethel is considered a "food desert" by the USDA and has been designated a "Promise Neighborhood" by United Way of Lane County.

H&HS staff has also begun to look at ways to coordinate with Sustainable Cottage Grove. This organization is submitting a proposal to fund a RARE intern in order to assess the local food system in south central Lane County and look at the practical aspects of supplying locally grown food to local school districts. The longer term plan is to build a local food system, with the goal of improving community health in the greater Cottage Grove area. H&HS will be providing support for this proposal.

Support for the Farm to School bill, HB 2721-1, is underway. The Intergovernmental Relations Manager is coordinating with Willamette Farm and Food Coalition to communicate with the legislature and support renewal of the bill and additional funding for the 2015 Biennium. The bill provides 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 projects.

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.

During the first part of this calendar year, Lane County's *ACEs Speaking Panel* presented 45-minute presentation to eleven community organizations including Head Start, Sponsors, Inc. and CASA. Audience size ranged from 10 to 140 attendees. The presentations gave an overview of Adverse Childhood Experiences (ACEs) study and were very well received by the organizations and those in attendance. The team is also working with the Early Learning Alliance and the local children's System of Care Executive Committee to use and ACE framework in their ongoing efforts.

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.

Since the expansion of the Affordable Care Act, increasing numbers of Lane County residents have insurance, and the demand for health services continues to increase. Given the huge pressure to create primary care options for Oregon Health Plan members, much of the focus for expanding services has been in the metro area because of the sheer numbers of people who live in this area. Staff continue to work with Trillium to monitor access to primary care in the rural areas, and existing providers have largely been able to absorb that demand in the outlying areas. We know there continues to be unmet need in the rural communities, and are exploring technology and other partnership options to begin to address this need, and will focus additional resources in this area in the next fiscal year.

Health Indicator Data:

Each year staff compile data on a series of health indicators, and that most recent report is included as an attachment, including a description of the indicator and a brief analysis of the data. In a couple of cases the data collection process has changed at the state level which is noted in those sections. Staff will be available to discuss these indicators and answer questions from the Board.

Administration

The department is anticipating significant changes in contracting in the areas of behavioral health and developmental disabilities in the upcoming year.

On the behavioral health side, the Oregon Health Authority, Addictions and Mental Health Division (AMH) is planning changes to funding mechanisms and reporting requirements. During the FY13/15 biennium, the bulk of the funds for contracted behavioral services were moved into a flexible services pool. This change proved difficult for counties attempting to contract out these funds as much of the funding in the pool was not really flexible. AMH has indicated that in FY15-17, all funds in the flexible services pool will be flexible. All non-flexible, designated funds will move back into distinctive service elements. Funding to be moved out of the flexible services pool will include alcohol and drug services, gambling services and psychiatric security review board services. AMH will be standardizing reports across service elements and will be including reporting components which will demonstrate county monitoring of sub-recipients as well as internal controls that ensure expenditures are made as allowable.

In Developmental Disabilities the State of Oregon has transitioned to the Affordable Care Act's "K" Plan. And, rather than the county paying and subcontracting directly with providers for services, payment is now provided directly to providers through the State of Oregon eXPRS payment system. This change has potential impact on contracting as the County may need to enter into Service Agreements with the over 2,800 service providers being paid by the State to ensure clarification of roles and services provided. The County's role in this process is still being negotiated at this time.

The H&HS analytics team is focusing primarily on the utilization management data requirements of moving the Behavioral Health Division to a wellness/recovery model of care. Utilization management involves systematically reviewing and controlling the use of services to optimize efficiency and appropriateness of care. This involves assessing clients frequently to make sure they are receiving the optimum level of care, including real time tracking of productivity and client flows.

Behavioral Health Services

Child and Adolescent Services: The Child and Adolescent Program of LCBH continues to provide rapid access, clinical and psychiatric care to Lane County children and families with acute and chronic, moderate to severe, complex psychiatric and childhood disorders. We are an intensive outpatient program and have extended our services into pediatrics at RiverStone and Charnelton Clinics, into the schools via School Based Health Clinics and into the Methadone Program with identification of parents with young children who would benefit from parenting supports. We serve children and families age's birth – 18 and hold an average daily enrollment of 425+ children.

Our focus in FY14-15 has been the School Based Health Center project. We currently provide 1.0 clinical FTE at both North Eugene HS and Churchill HS working in an integrated health care model with Nurse Practitioners, school nurses, school counselors, and teachers. In the current school year, we have enrolled well over 100 students at the two school locations.

In addition, our focus has been our sister pediatric sites at both Charnelton and RiverStone Clinics with onsite behavioral health consultation, evaluation, enrollment into LCBH or assistance with a warm handoff to another community provider. In FY14-15 the Child and Adolescent Program provided 75+ evaluations/consultations/referrals in the pediatric locations of CHC-LC.

Adult Services: The focus this past year in Adult Services has been Health Transformation of the delivery system within a strength-based recovery, resiliency and wellness model. Despite large gaps in management and medical positions, the clinic has forged ahead with an organizational redesign based on levels of care and three discreet teams which will allow greater efficiency, flexibility, improved client outcomes, and better responsiveness to changing community conditions. While reorganization is ongoing, the clinic continues to provide a core mix of clinical and psychiatric supports for those most at need in our community. The target population remains those at risk of developing a severe and persistent mental illness with a renewed mission of enhancing individual and family wellness through integrated care and community connections. Peer Support Specialist positions have been added to all treatment teams as care manager extenders with the purpose of bridging LCBH and natural community supports. Trillium Behavioral Health has provided additional resources to support a reverse integrated health care model with CHC primary care services co-located at LCBH. To date, over 200 patients have enrolled in LCBH as their medical home with all primary care and behavioral health care at one location and one integrated health care team.

Methadone Treatment program: Lane County Methadone Treatment Program (LCMTP) provides medically supervised methadone maintenance to help program participants reduce and ultimately end the use of heroin and other opioid drugs. Our program provides a holistic and individualized approach to personal recovery. Through individual and group counseling and therapy, we ask clients to honestly examine and assess multiple areas in their lives, which include, but are not limited to, physical, psychological, social and spiritual health practices. We encourage each client to take responsibility for their life choices and actions.

FY14-15 was a successful year for LCMTP. Program achievements included admitting more pregnant women and starting a new dental clinic for patients in collaboration with White Bird Dental Clinic. We have also been in collaboration with the Lane County Adult Corrections to begin admitting people from the jail especially pregnant women. Our patient surveys were well above average and we also had a successful review by the Addictions and Mental Health Division/ Oregon Health Authority. Each of these achievements was designed by medical, clinical and administrative staff, utilizing client input, and with the goal of being both financially and clinically sustainable long-term.

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:

- **Recruitment and orientation of a new CFO**

Mr. Ron Hjelm was selected as the Manager of the Community Health Centers in February. As a result, H&HS is recruiting for a replacement for this important position. The recruitment, orientation and integration in to H&HS of the new CFO will be a top priority in the coming months.

- **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.

- **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.

- **Implementation of new diagnostic coding system for Medicare, Medicaid, and commercial payors**

Medicare is requiring all providers to adopt a new diagnostic coding system that must be used on claims for all medical and behavioral health services to all insurance carriers effective October 1, 2015. This new protocol is substantially more complex than the current diagnosis coding system. Implementation will require upgrades to the electronic medical records/claims systems for the CHC and LCBH. Successful adoption will also require substantial training for providers and medical support staff.

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 also operates 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**

The CHC is working with TransforMed, the consulting arm of the American Academy of Family Practice, to assist in adjusting workflows, staff assignments, and scheduling processes. This project is designed to ensure that each category of staff is used 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.

- **Establishing a New Clinic to Meet Community Needs for Primary Care Services**

Community providers are not keeping pace with the increased need for primary care services in our community. 15,000 new Medicaid members were added to more than 40,000 Lane County residents who became eligible for Medicaid in 2014. Trillium Community Health Plan provided financial assistance to support the development of our new clinic in West Eugene where we will serve 6,000 new patients. Trillium's partner organizations have pledged to provide financial support to underwrite the opening of another new clinic to care to meet the community's need for primary care access. The CHC expects to serve approximately 6,000 – 8,000 patients at this new site.

- **Improving the Adoption of NextGen (the electronic health record)**

The CHC launched a full electronic health record (EHR), in September of 2013. The medical teams have struggled with the new EHR, as it has required changes in workflow and has significantly slowed down providers and support staff alike. Now that staff are more familiar with the system, the work teams are identifying and implementing system enhancements to improve staff efficiency in using the system. The program has hired a full-time trainer as well as a project supervisor to lead the NextGen program.

- **Stabilizing the CHC's Financial Picture**

The past two fiscal years have been a significant challenge and drain on the resources of the CHC. The CHC implemented a new EHR, and underwent a number of organizational challenges. This fiscal year has seen a strong operational and fiscal recovery. The CHC has added providers and improved workflows. As a result, patient visits are up significantly at all sites from previous years, and the CHC is projected to generate an operating surplus for the year.

Developmental Disabilities Services

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 50 open cases between them at any given time. Each year they screen approximately 300-350 possible cases of abuse/neglect in Lane County.

Current highlights:

- The Community First Choice Option "K" Plan was implemented in Oregon on July 1, 2013. It allows Oregon to provide home and community-based services and supports while receiving an additional six percent in federal Medicaid funding. Lane County DDS continues to provide these enhanced services for eligible individuals. Currently, Lane County DDS is providing in-home services to approximately 400 children and adults. We have had a successful implementation of systems transition from a crisis driven system to a system of choice and resources.
- Implementation of Plan of Care into the state of Oregon eXPRs billing system so providers can bill directly for services delivered to children and adults with developmental disabilities.
- Increased development of residential settings specifically for the forensically involved population.
- Ongoing cultural outreach to specific underserved populations including the Native American population.
- Continuing to work with agencies and ODDS to advance competitive employment opportunities in alignment with the Governor's executive order.
- New administrative supervisor hired in order to increase efficiencies in the added administrative workload brought on by state mandates.
- Implementation of Oregon's one Individual Support Plan (ISP) for the individuals we serve. All service elements will have one ISP that can cross over to all serve settings. This will allow for continuity of care and higher quality case management.
- Anticipating workload model to be funded by legislature through HB5026 in order for Lane County DDS to fund additional staff to lower caseloads and attend to the added administrative work from the "K" Plan implementation.

Human Services Division

Energy Services: Lane County received \$2.2 million in federal Low Income Home Energy Assistance (LIHEAP) funding which will serve 7,400 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's primary focus is to provide services to families experiencing upheavals relating to separation and divorce. Over the course of the upcoming fiscal year, the program will provide parent education and mediation orientation to 1,500 parents, direct domestic relations mediation services to 700 parents, and supervised visitation services to more than 30 families, enabling children to have safe and meaningful contact with their parents. Funding from Trillium provides Family Check-Up services to over 200 youths and their parents (these are strength-based, family-centered interventions in family functioning that motivate participants to make positive changes). The program works with vulnerable populations who would not otherwise have the knowledge or means to pursue private mediation services—66% of clients are not represented by legal counsel, 25% receive food stamp benefits, and 31% have a history of domestic violence.

Housing and Human Services: The Poverty and Homelessness Board (PHB) has been focused on a five year strategic plan, an Ending Veteran's Homelessness Initiative, a legislative agenda to increase "Housing First" capacity for chronically homeless individuals and to increase emergency rental assistance funds from the State. Lane County was awarded a total of \$2,759,198 by HUD for FY 15-16. All 13 of the renewal projects were funded for Lane County. In addition, Camas 2 Permanent Housing Project, a new proposal, was also funded to serve chronically homelessness households that have a family member with a psychiatric disorder or a pattern of acute medical care needs. Lane County Human Services' Coordinated Entry System now serves both homeless families and singles households.

Veteran Services: In the first three quarters of the current fiscal year, 932 clients received decisions from the VA. Of those, 646 were positive (69%) and some amount of federal benefits were awarded. In total, these decisions resulted in \$545,817 in continuing monthly benefits and \$5.8 million in one-time retroactive benefits. Veteran Services is also seeing an increase in new clients which is one of the performance measures for the Oregon "Veteran Extended Outreach Grant" funds received last year. During the baseline period, the program filed formal representation notices for 65 new clients per month. During the grant period this is at the rate of nearly 80 per month – an increase of 123%. While pleased that the outreach efforts appear to be paying off, static staffing levels will result in higher caseloads for staff and possible service delays for clients.

Workforce Services: In the first quarter of calendar year 2015: The JOBS Contract had an average of 328 filled slots in Job Search; 54 filled slots in unpaid Work Experience; 36 filled slots in paid internships JOBS Plus; and 149 Career Advisor assisted job placements were made. The WIA Contract placed 17 people in On-the-Job Training with employers; average wage during this time period was \$18.85/hour. The WIA contract also awarded 7 new training scholarships and added 10 new students in the AARP Foundation funded /Financial Services Industry training and job placement services. A new 4-week series to provide basic computer training at Work Source Lane was developed and delivered to customers. We plan on continuing this service. Also, Rapid Response services were provided to 8 employers and over 100 affected employees (laid off due to staff reductions and/or closing of businesses).

Public Health

Public Health continues to respond to the Meningococcus B outbreak on the University of Oregon campus. The Communicable Diseases (CD) team conducted contact investigations and administered antibiotics to those potentially exposed and continues to monitor potential cases. Staff from all PH programs have been trained in the Incident Command System and have participated in the response. We are coordinating our efforts, including vaccination clinics, with the UO and the Oregon Health Authority (OHA). There have been no new cases since March 18th; however, fewer than half of UO undergrads have been vaccinated and the risk of a new case remains. PH continues to advocate for more robust vaccination efforts.

The Environmental Health (EH) team provides quality inspection services to food and lodging facilities, temporary events, pools, day cares and schools as well as rural drinking water systems. An estimated 80,000 food handler cards will be issued statewide this year through EH's online system. In partnership with the state, EH is coordinating the contracting of new software development for an application for mobile inspection to replace an outdated application. The new software is anticipated to be used by most of the counties in Oregon. EH is also partnering with the Lane County IS Department to add mapping capability to inspection information available to the public through the county's main website. Finally, EH is also conducting licensing and inspections for compliance with the new Lane County Tobacco Ordinance.

Earlier, the Prevention program worked with members of the Public Health Advisory Committee to generate policy recommendations for the Board regarding tobacco licensing and, more recently, retail marijuana. Prevention was also awarded a Sustainable Relationships for Community Health grant from OHA to coordinate self-management programs with the Community Health Centers and LCOG Senior and Disabled Services. Work in support of updating the Community Health Assessment and Community Health Improvement Plan continues in partnership with Trillium, Peace Health, and United Way—the CHA/CHIP updates will be complete in July 2016.

A new report indicates that, in 2014, the Women, Infants, and Children (WIC) Nutrition and Health Screening program served almost 13,000 Lane County residents at our four WIC sites (Eugene, Cottage Grove, Florence, and Oakridge). Of those, almost 9,000 were infants and children under age five. The total dollars spent by WIC participants at local WIC-authorized grocery stores in Lane County for healthy foods in 2014 was \$4,899,781.

A new nursing supervisor was hired in February to manage the growing Nurse Family Partnership (NFP) program. Chelsea Whitney joined the team from Umatilla County and is an experienced NFP supervisor. Having two supervisors enables the program to increase capacity in the Maternal Child Health programs and serve a greater proportion of at-risk pregnant women and mothers in our county. Among the most important initiatives in the Maternal Child Health programs currently is working with Trillium and other providers in the county to increase referrals and coordinate care.

Trillium Behavioral Health

Lane County has been contracting with Trillium Community Health Plan as a risk-bearing partner in the Coordinated Care Organization (CCO). Agate is currently in final negotiation for sale of the corporation to Centene, a Fortune 500 corporation. Lane County Health & Human Services expects to remain essential members of committees and the CCO management team. We are currently negotiating a 2-3 year contract extension. **Trillium Behavioral Health** (TBH) will continue to manage the behavioral health system for the CCO.

Medicaid expansion in January 2014 has resulted in the enrollment of 40,000 additional members for a Trillium membership of 95,000 (65% increase). This has created a surge in demand for services that has required a significant increase in the number of practitioners. TBH monitors for access needs and has been very intentional about making improvements in the system. Trillium is expanding coverage to include Western Douglas County May 1, 2015. TBH is reviewing current providers to contract with and credential.

Trillium manages the health insurance benefit for state employees through the Public Employees' Benefit Board (PEBB) and TBH is responsible for the behavioral health component. Currently Trillium has fewer than 100 state employees enrolled.

In July 2014, Trillium contracted for 8 incubator projects to integrate behavioral health and physical health providers into enhanced medical homes. All are currently up and running and are very successful. The TBH Medical Director has been lead in supporting these projects and Trillium is actively reviewing expansion of the model.

Trillium is in the final stage of preparation for NCQA certification review in May. TBH has completed writing all policies and procedures and is in process of training staff.

TBH is addressing system development and quality improvement opportunities with contractors by focusing on adult crisis system planning, intensive treatment service guidelines, alternative payment approaches, recovery model, and system of care for children and families. TBH continues to sponsor free professional training workshops for contractors. TBH is working with the OHA in planning efforts addressing residential treatment, Applied Behavioral Analysis, and 7/11 medications.

TBH Behavioral Health Care Coordinators (BHCC) role is changing as we integrate with CCO medical management staff, implement NCQA, and deal with a larger member pool. Additional Care Coordination positions have been created. In the next year we may create positions to support coastal communities and seniors with mental health concerns.

TBH has successfully launched two State grants. 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 ICTS services. The ACT program is contracted with Laurel Hill to serve an additional 50 members.

Youth Services

Administration

The Administration Unit has been working on building community collaborations and partnerships which all enhance the Youth Services mission of creating safer communities through crime free youth. We were an active participant in the collective impact work that led directly to 3 grants coming to partner entities that will benefit the youth in our community, including a DMC grant that will help connect youth of color to culturally appropriate mentors. Working to reduce disproportionality continues as a major focus of Youth Services. In addition to external partnerships we are also exploring synergistic partnerships with other divisions within H&HS, such as working with the Public Health Prevention team in our Crossover Project, exploring how we can more closely align with the Child & Adolescent Program at Lane County Behavioral Health, partnering with Family Mediation around restorative justice initiatives, and working with Public Health around Sexually Transmitted Infection testing and education for our high risk population.

Martin Luther King Jr. Educational Center

The MLK Ed Center serves secondary students who currently have an active case with Lane County Youth Services. The program is a collaboration between Lane County Youth Services, Lane ESD, and many more local, state, and federal agencies. MLK offers wrap-around services and support to youth who have experienced multiple interruptions in traditional school placements. Our mission is to provide our students with opportunities to develop skills needed to be successful in school, work and our community. MLK focuses on job skills education and offers on-site vocational programs to all youth. These programs offer students hands-on learning about careers and vocational paths. Currently we offer courses and training in Culinary Arts, Horticulture, and Outside Community Placements. MLK also works with the Phoenix treatment program and Detention youth to forward their educational goals while in the custody and care of Youth Services.

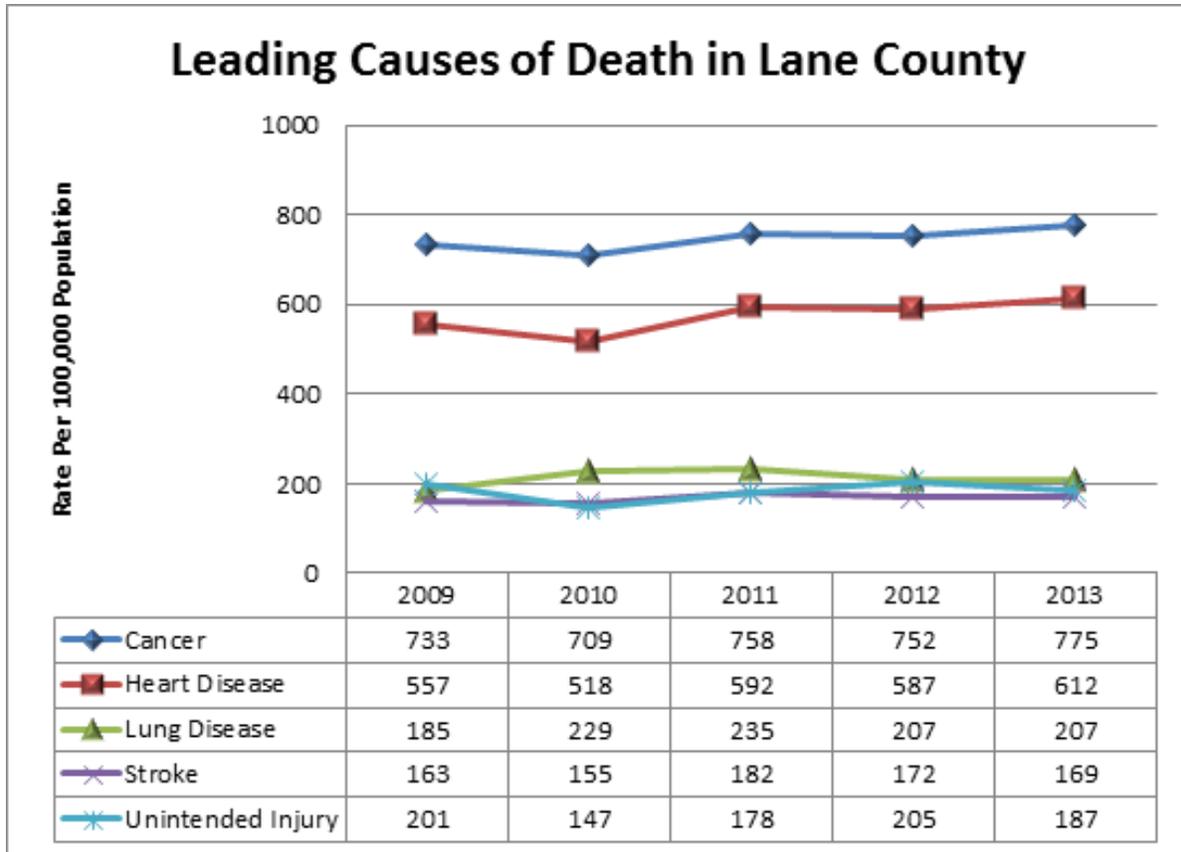
Supervision

The Supervision Unit has completed its preparation, with technical assistance from Georgetown, to begin its implementation of the Crossover Youth Practice Model the first week of May, which is designed to improve the coordination and collaborative service planning for youth in both the Juvenile Justice and DHS Child Welfare Systems. In addition, the work we have been doing with our Juvenile Counselors and our contractor, Justice Benefits Incorporated, around trying to access Title IV-E funds has finally paid off with the receipt of our first quarter's claims reimbursement. This will be an important revenue stream for enhancing services going forward. Finally, we continue our difficult work to impact disproportionality at the decision points within our control. The Supervision Unit has been focused on warrant requests and probation violation practices.

Secure Programs

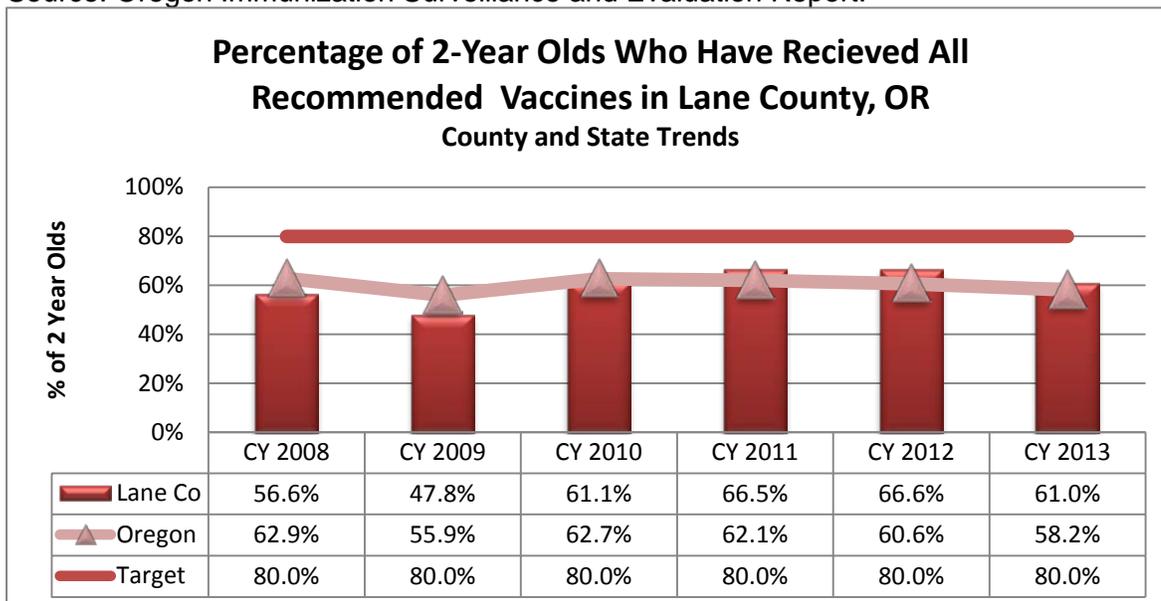
The focus in Secure Programs is currently trying to hire supervisors for Detention and Phoenix.

Health Indicators



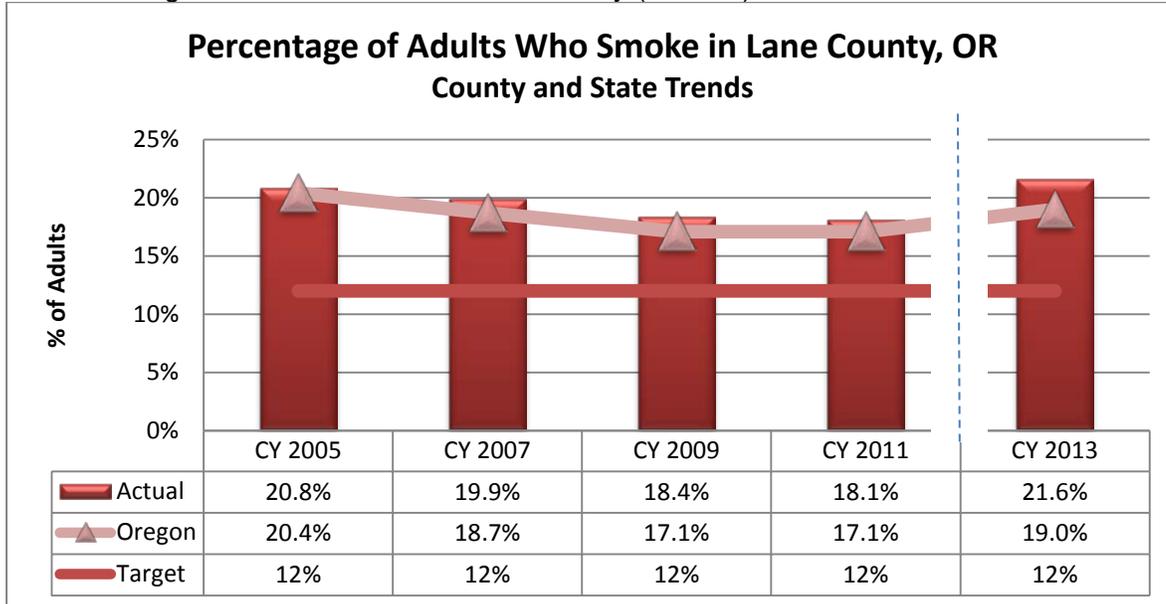
Indicator 1: Immunization rates for Lane County 2-year-olds receiving a full series of recommended vaccines. The national Healthy People 2020 target is that 80% of two year olds receive the full series of recommended vaccines. Lane County's vaccination rates are similar to national and Oregon state rates and well below the national target. Rates have been declining over the last 3 years.

Source: Oregon Immunization Surveillance and Evaluation Report.



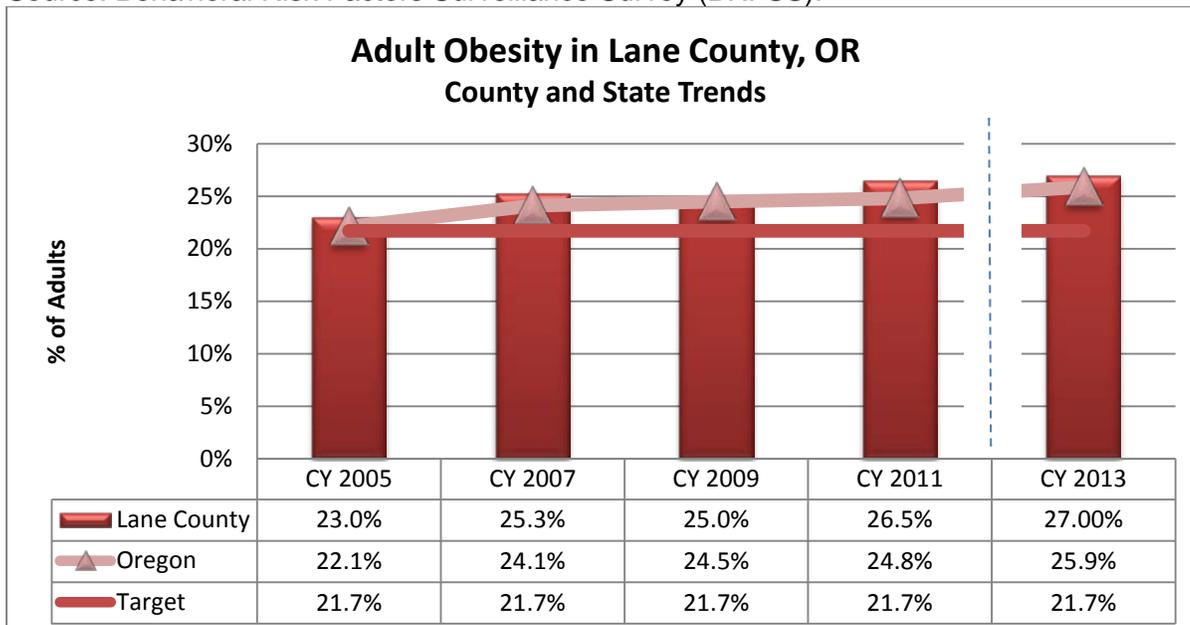
Indicator 2: The percentage of adults in Lane County who smoke. The national Healthy People 2020 target is 12%. The Lane County rate is slightly lower than the national rate and it has gone down marginally but it is still 50% higher than the national target and higher than the average for all of Oregon. A new statistical method was used to produce estimates of adult health in Oregon counties starting in the 2010-2013 period. Because of this change, 2013 data should not be compared with previous years, but it does provide a good estimate of likely current rates of smoking.

Source: Oregon Behavioral Risk Factors Survey (BRFSS).



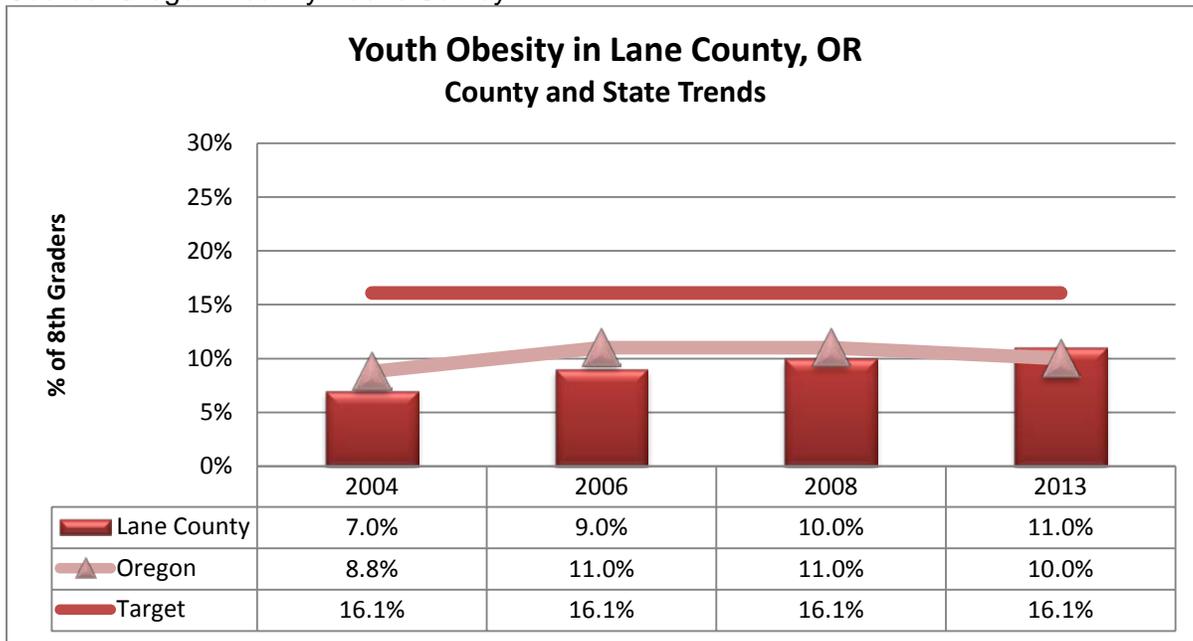
Indicator 3: The percentage of adults in Lane County who are obese (have a body mass index of 30 or higher). The Lane County rate is lower than the national rate and worse than the Oregon state rate. Historically, rates have been steadily increasing. For Lane County, the target is 21.7%. For the United States the target is 30.6%. A new statistical method was used to produce estimates of adult health in Oregon counties starting in the 2010-2013 period. Because of this change, 2013 data should not be compared with previous years, but it does provide a good estimate of likely current rates of obesity.

Source: Behavioral Risk Factors Surveillance Survey (BRFSS).



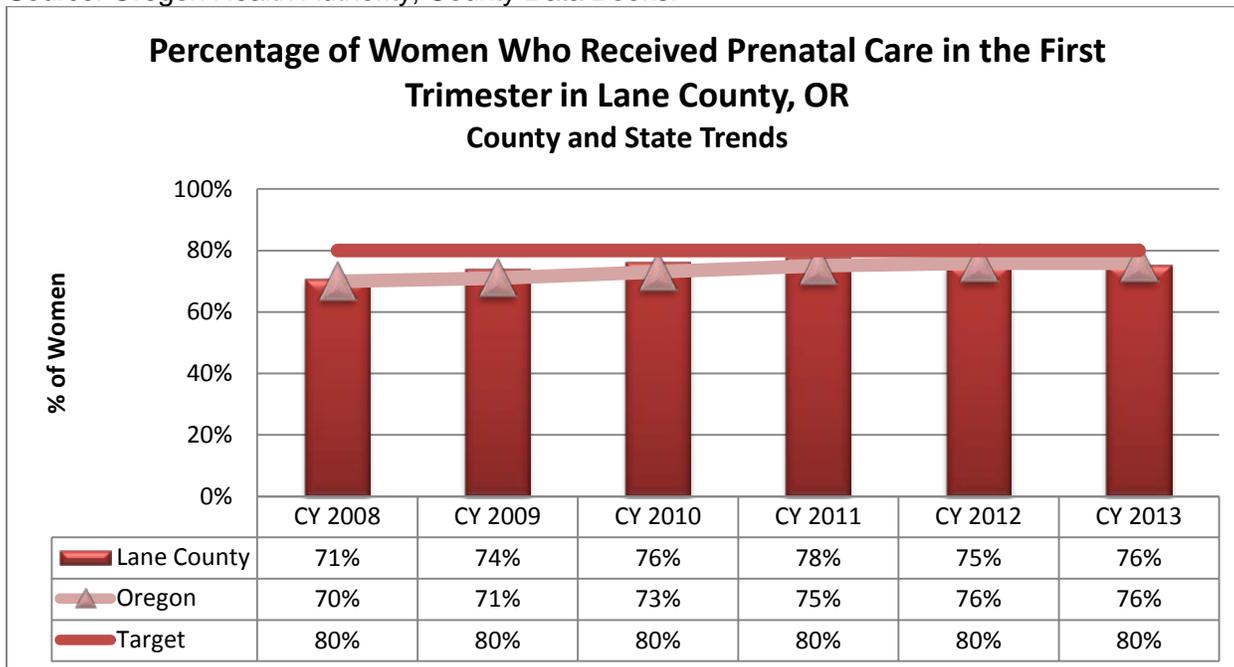
Indicator 4: The percentage of children in 8th grade who are overweight or obese. The national Healthy People 2020 target is a 10% reduction from the 2008 level. For Lane County that target would be 8.9%. While Oregon has seen a slight decline in childhood obesity Lane County has continued to see a steady increase and has surpassed the state average.

Source: Oregon Healthy Teens Survey.



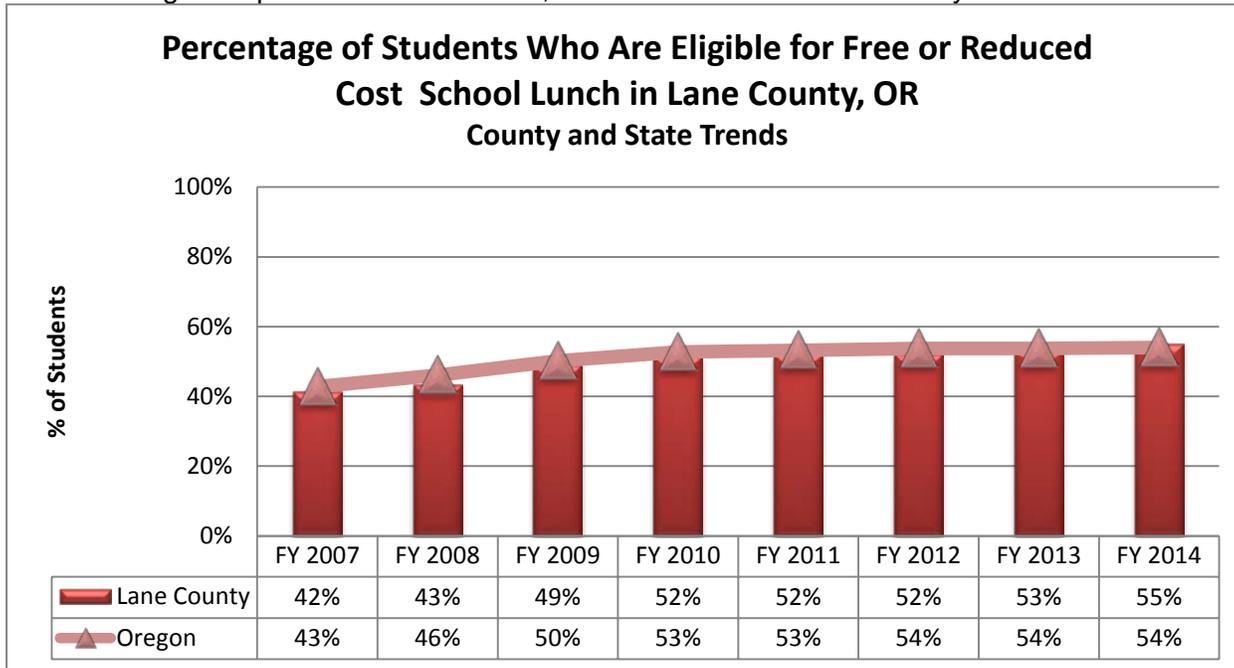
Indicator 5: The percentage of pregnant women in Lane County who receive prenatal care in the first trimester. The national Healthy People 2020 target is 77.9%. The Lane County target is 80%. After several years of declining rates in the early and mid-2000s, the Lane County rate has been trending up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

Source: Oregon Health Authority, County Data Books.



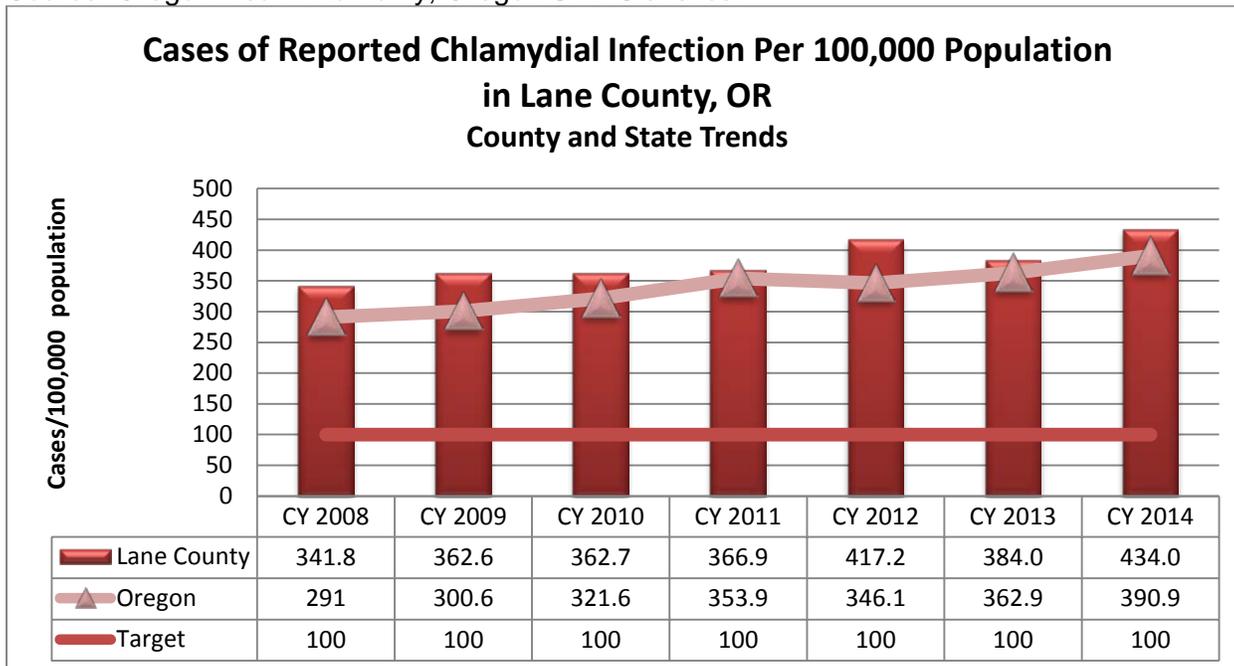
Indicator 6: The percentage of students in Lane County who are eligible for free or reduced cost school lunch. This measure is an indicator of poverty and it has stabilized in Lane County and in the state of Oregon.

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



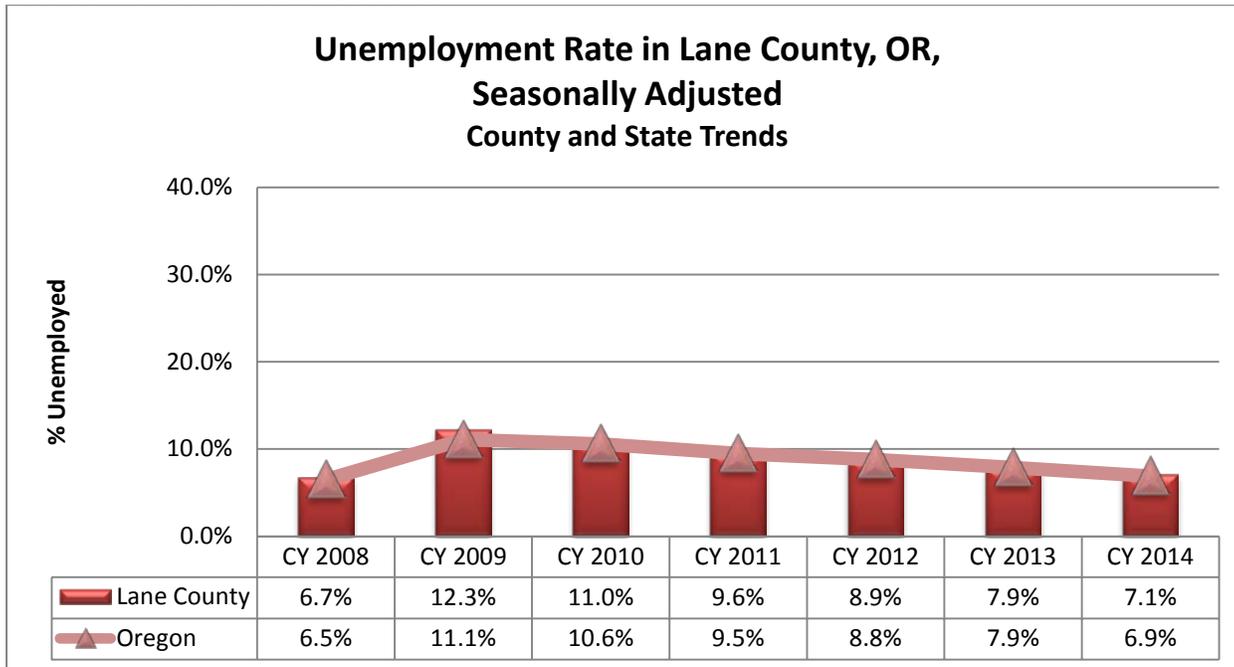
Indicator 7: The incidence of new Chlamydia infections in Lane County. Incidence is measured per 100,000 people. This rate has trended upward and is at approximately 430% of target.

Source: Oregon Health Authority, Oregon STD Statistics.



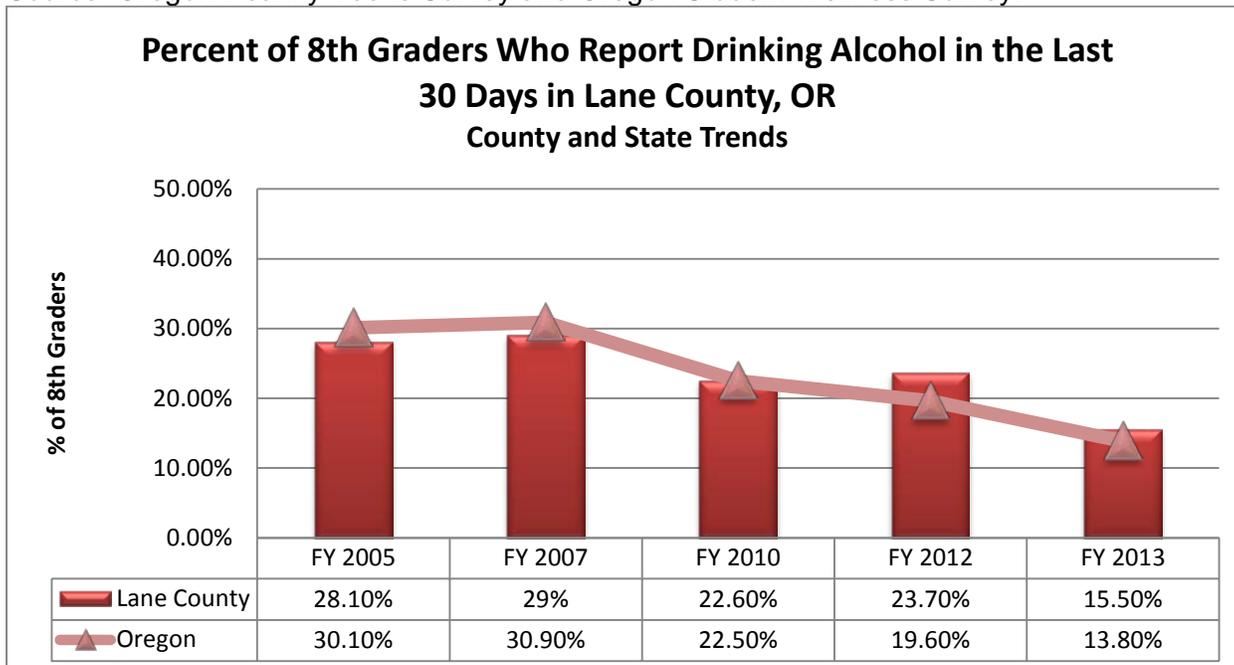
Indicator 8: Unemployment Rate. The unemployment rate in Lane County has followed state and national trends. It has declined steadily since its peak in 2009.

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.

