Agenda Cover Memo

AGENDA DATE: November 29, 2016

TO: Board of Health

FROM: Karen Gaffney, Assistant Director and Public Health Administrator
Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

This report to the Board of Health is focused on a discussion of legislative and state efforts to modernize the Public Health system, followed by brief updates from each of the Department's nine divisions. As always, 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.

A Brief History and Update on Public Health Modernization:

In 2013, the Oregon legislature passed HB 2348 which created a task force to develop recommendations for bringing the public health system into the 21st century, in recognition that a robust public health system is key to the success of the innovative health system transformation underway in Oregon. Currently, Oregon ranks near the bottom for per capita state support of public health and is the lowest among states in our region. Declining and categorical funding has eroded the ability of public health to be proactive in disease and injury prevention, to utilize the most recent scientific evidence, and to respond to local concerns. The Task Force met for nine months and submitted *Modernizing Oregon's Public Health System* to the 2014 legislature. Recommendations included:

- Adopt the foundational programs and capabilities for governmental public health, implemented in waves over time
- Allocate significant and sustained state funding to public health
- Give local public health the flexibility to operationalize the foundational programs and capabilities in new structures as needed
- Structure improvements around quality metrics established by the reconstituted Public Health Advisory Board

In July 2015, the legislature passed HB 3100 which adopted the Task Force recommendations, mandated a statewide assessment of the public health system, and laid out the timeline for modernization over the next three legislative biennia. The Public Health Modernization Manual that details the core functions, roles and deliverables of local and state public health was published in December; the assessment was completed in June; and the first modernization plan will be submitted to the legislature by December.

The public health modernization assessment was derived from the Public Health Modernization Manual. Every state and local public health authority completed the assessment. Overall, findings indicate that there are significant gaps in the governmental public health system and that gaps are not consistent or uniform across foundational programs and capabilities. In fact, no foundational program or capacity is currently implemented at full capacity across the state. According to the assessment, $209M currently represents total annual public health funding and an additional $105M is needed annually to reach full system implementation.

Proposals for 2017-2019

The Oregon Health Authority has proposed an initial investment of $30M in FY 2017-2019 to begin the work of modernization, with a focus on the following areas, as proposed by the Public Health Advisory Board (PHAB):

- Communicable diseases. *Detect and respond to traditional and emerging infectious disease*.
- Environmental health. *Limit environmental risks to human health.*
- Emergency preparedness. *Prepare for and respond to natural disasters and other catastrophic events.*
- Health equity. *Ensure that every state and local public health authority has the capacity to engage communities that experience an excess burden of disease.*
- Population health data. *Ensure that every state and local public health authority has access to timely, accurate and meaningful data needed to understand the health of the community and drive decision-making.*
- Public health modernization planning. *Ensure ongoing support to state and local public health authorities to identify strategies to build an equitable and efficient public health system while developing a workforce equipped to fulfill future needs.*

The priorities for the 2017–19 focus on a subset of foundational programs and capabilities. Full implementation of all programs and capabilities is planned in three phases, to be completed by 2023. Currently PHAB is developing a funding formula and accountability metrics. Evaluation through accountability metrics and updates to the public health assessment will be ongoing throughout all phases.

Next Steps

Ten regional meetings to engage local communities, health and education stakeholders, and local elected officials in public health modernization are being held between October and December with funding awarded to the Coalition of Local Health Officials by the Robert Wood Johnson Foundation. Lane will join Linn, Benton, and Lincoln counties on December 16th for an all-day meeting in Albany to discuss and develop a plan for implementation of public health modernization, including exploring opportunities to improve efficiency and effectiveness through cross-jurisdictional sharing. Development of plans and technical assistance to local health departments will continue through February 2018. Final modernization implementation plans are due by February 2023.

PUBLIC HEALTH DIVISION
Office of the State Public Health Director
Kate Brown, Governor

Oregon Health Authority

800 NE Oregon St., Ste. 930
Portland, OR 97232-2195
Voice: 971-673-1222
FAX: 971-673-1299

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Public Health Modernization: Frequently Asked Questions

Background
The Task Force on the Future of Public Health Services was created by House Bill 2348 (2013) in order to develop recommendations for a modern public health system in Oregon. The Task Force on the Future of Public Health Services met for nine months and submitted final recommendations to the legislature in September 2014 in the *Modernizing Oregon's Public Health System* report.

Legislators used the recommendations from the *Modernizing Oregon's Public Health System* report to introduce House Bill 3100, which was signed into law in July 2015. House Bill 3100 operationalizes many of these recommendations over the period of 2015-2017. Specifically, House Bill 3100:

- Adopts foundational capabilities and programs for governmental public health.
- Changes the composition and role of the Public Health Advisory Board beginning on January 1, 2016.
- Requires the Oregon Health Authority's Public Health Division and local public health authorities to assess their current ability to implement the foundational capabilities and programs; and requires the Public Health Division to submit a report on these findings to the legislature by June 2016.
- Requires local public health authorities to submit plans for implementing the foundational capabilities and programs no later than December 2023.

What does governmental public health do and why is it important?
Governmental public health protects the health of the entire population. The governmental public health system is responsible for:

- Inspecting restaurants, drinking water systems, health care and other facilities in order to mitigate any potential risks to the public;
- Investigating and controlling disease outbreaks so they are not spread across a community;
- Planning, exercising and responding to emergencies, including man-made and natural disasters; and
- Assuring that community members have the support they need to achieve optimal health by monitoring the burden of chronic disease and changing the environment to prevent disease in the first place.

Why modernize Oregon's public health system now?
Oregon's health system transformation has led to a greater focus on the prevention of disease and the elimination of health disparities.

The role of public health is to protect and promote the health of everyone in Oregon. However, the current situation for public health in Oregon is inhibiting its ability to achieve a population-wide focus on prevention. Some of the issues are:

- A large disparity in level of county funding resulting in limited capacity for public health services in many areas;
- A focus on individual service delivery at the cost of providing community-wide interventions;
- Reliance on Federal categorical funding which dictates what programs need to be provided, regardless of community need; and
- Limited state funding for foundational public health capabilities and programs.

Is Oregon currently providing foundational capabilities and programs throughout the state?
Oregon's public health system is not currently able to fully meet this aim due to reliance on federal categorical funding. Further, resources that are invested in public health vary dramatically from community to community.

What will happen next in the effort to modernize Oregon's public health system?
In order for everyone in Oregon to have access to these foundational public health protections:

- A new governance structure for Oregon's public health system, the Public Health Advisory Board, was appointed by the Governor and met for the first time in January 2016;
- Clear, measurable definitions of the foundational capabilities and programs for governmental public health were developed using national best practice research and feedback from stakeholders;
- State and local health departments are assessing the extent to which they currently provide the foundational capabilities and programs, what gap exists, and what resources are needed;
- Findings from the modernization assessments will be synthesized into a final report for the legislature that will include programmatic findings, an estimated cost for statewide implementation of the foundational capabilities and programs, and recommendations for next steps;
- Local health departments will determine the most appropriate governance structure for the jurisdiction they serve, so they can successfully implement the foundational capabilities and programs; and
- With communities, tribes and partners, and with support from the Robert Wood Johnson Foundation and state public health, local health departments will develop plans to implement the foundational capabilities and programs, based on the findings from their assessments.

How does the modernization assessment differ from community health assessments?
The public health modernization assessment is different from a community health assessment. In order to comply with House Bill 3100, state and local public health departments will be responsible for completing a standardized assessment related to the foundational capabilities and programs for governmental public health. The modernization assessment is internally focused on the modernization components contained in House Bill 3100, although health departments may engage their partners to share the assessment findings.

Community health assessments are a requirement that coordinated care organizations (CCOs), nonprofit hospitals and health departments pursuing accreditation share. A community health assessment is a systematic process of collecting data about the health of an entire community in order to identify key health issues and needs. Many CCOs, hospitals and health departments have worked collaboratively on community health assessments over the last few years; some are currently updating their community health assessment.

Where can I find more information?

Contact the Oregon Health Authority's Public Health Division at publichealth.policy@state.or.us or visit www.healthoregon.org/modernization.

2016 Public Health Modernization Assessment Findings

In 2016, state and local public health authorities completed an assessment of our existing public health system, as required under House Bill 3100. This assessment was intended to answer two questions: To what extent is the existing system able to meet the requirements of a modern public health system? What resources are needed to fully implement public health modernization?

Gaps in current public health system

The assessment found gaps between our current public health system and a fully modernized system that meets the needs of Oregonians in every part of the state.

- In more than one third of Oregon communities, foundational public health programs are limited or minimal.
- Oregon ranks 31st in public health state per capita investment: Idaho spends $94.70 per capita on public health, and Oregon spends $26.60.

State	State Per Capita Investment in Public Health	National Ranking
Idaho	$94.70	7th
California	$56.20	10th
Washington	$38.20	23rd
Oregon	$26.60	31st

Priorities for a modern system

Based on findings from the public health modernization assessment, OHA and the Public Health Advisory Board recommends the following priorities for the 2017-19 biennium:

- **Communicable diseases.** Detect and respond to traditional and emerging infectious disease.
- **Environmental health.** Limit environmental risks to human health.
- **Emergency preparedness.** Prepare for and respond to natural disasters and other catastrophic events.
- **Health equity.** Ensure that every state and local public health authority has the capacity to engage communities that experience an excess burden of disease.
- **Population health data**. Ensure that every state and local public health authority has access to timely, accurate and meaningful data needed to understand the health of the community.
- **Public health modernization planning.** Support state and local public health authorities to build an equitable and efficient public health system while developing a workforce equipped to fulfill future needs.

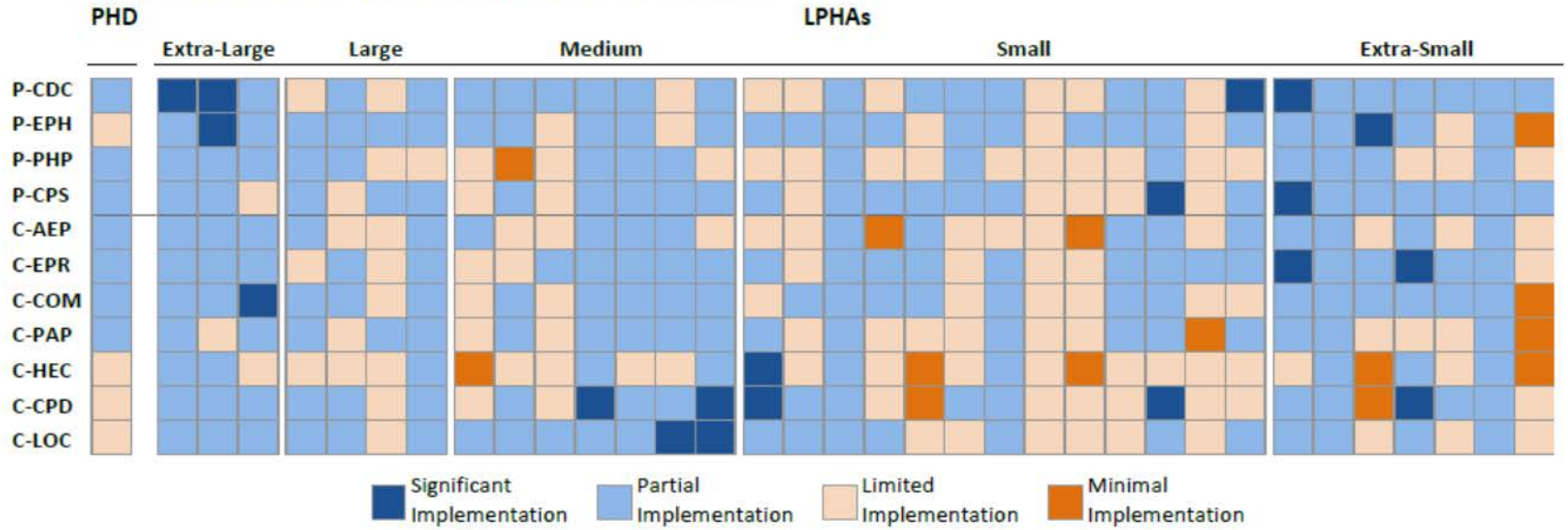
In order to begin the first phase of public health modernization, Oregon would need a baseline investment of $30 million in the 2017-19 biennium.

This is the first step in funding a system that continues to evolve and modernize. This has been a tremendous collaborative effort across the 34 local health authorities, the public health division, and the Public Health Advisory Board. By committing to building a modern public health system, we demonstrate our commitment to ensuring that a healthy life is within reach for everyone in Oregon.

For more information, visit healthoregon.org/modernization.

OVERALL ASSESSMENT RESULTS

Current Implementation of Foundational Programs and Capabilities



Above are the foundational program and capability implementation levels for PHD and a randomized ordering of the LPHAs by size bands.

Each vertical set of boxes represent one public health authority. There are no foundational programs or capabilities that are significantly implemented universally across all governmental public health authorities. There are some areas with a higher concentration of limited and minimal implementation, such as the Health Equity and Cultural Responsiveness capability and the Prevention and Health Promotion program. Additionally, some governmental public health authorities have larger programmatic gaps than others. However, there are gaps across the system in every size category.

Foundational Programs and Capabilities Code Key

P-CDC: Communicable Disease Control
P-EPH: Environmental Public Health
P-PHP: Prevention and Health Promotion
P-CPS: Access to Clinical Preventive Services
C-AEP: Assessment and Epidemiology
C-EPR: Emergency Preparedness and Response
C-COM: Communications
C-PAP: Policy and Planning
C-HEC: Health Equity and Cultural Responsiveness
C-CPD: Community Partnership Development
C-LOC: Leadership and Organizational Competencies

Modernization of Oregon Public Health System

Responding To:

- Limited state funding
- Dependence on federal categorical grants
- Health care transformation
- Changing Public Health practice
- Emerging and changing community health issues
- Variations in local investments resulting in inconsistencies in Local Health Department service and activities

Key Components of Oregon's Modernization Process

- Legislative adoption of Framework for Oregon Public Health Services as recommended by the 2014 Task Force on the Future of Oregon's Public Health System
- Development of Modernization Manual (Completed in 2015)
    - Collaborative state & local process - including public input
    - Manual defines State and Local Health Department roles
    - Defines deliverables and tools needed for implementation of Oregon Public Health Modernization model
    - Linked to national Public Health accreditation standards
    - Will be made official through OAR after legislative review
- Public Health System Assessment
    - Completed by all Local Health Departments and the State in early 2016
    - Assess degree of current implementation at state and local health departments
    - Document current spending
    - Identify additional resources needed to fully implement foundational capabilities and programs
- Creation of new State Advisory Committee (PHAB - State Public Health Advisory Board)
- Development of Funding and Metrics Structure (function of the State Public Health Advisory Board)
- Implementation plans for all Local Health Departments implemented by 2023

Statewide Financial Findings of the 2016 Assessment

- Cost of full implementation $105M (annually)
- Approximate needs = 25% State and 75% Local
- Foundational programs represent 2/3 of total costs
- Three capabilities would require doubling current spending
    - Communication
    - Health Equity and Cultural Responsiveness
    - Policy and Planning

Statewide Programmatic Findings of the 2016 Assessment

- Meaningful gaps across system in all Capabilities and Programs
- Gaps are not uniform across the system
- Implementation should be undertaken in a phased approach
- Shared resources approaches need further development

Development of Modernization Funding Structures

- Funding structure includes three components
    - Base funding metrics
        - County population

        - Burden of disease
        - Health status
        - Racial/ethnic diversity
        - Population impacted by poverty
    - LPH investments
        - Need to develop a uniform methodology for calculations
    - LPH incentives
        - Based on achievement of accountability metrics

Development of Modernization Metrics Structures

- Metrics framework under development
    - Possible required components
        - Promotes health equity
        - Respectful of local health priorities
        - Transformative potential
        - Consistent with state and national metrics
        - Feasibility of measurement
        - Metrics Framework modeled off of work with OHA/CCO's

PHAB (Advisory) Recommended Funding Priorities for 2017-2019

- Foundational Programs:
    - Communicable Disease
    - Environmental Health
- Foundational Capabilities:
    - Emergency Preparedness
    - Health Equity
    - Assessment & Epidemiology (Population Health Data)
    - Leadership & Organizational Competencies (Ongoing Modernization Planning)

Ongoing Work In Progress

Modernization Funding Formula

- Draft models include the following variables:
    - Population size
    - Disease burden
    - Health status
    - Racial & Ethnic diversity
    - Poverty
    - Limited English Proficiency
        - Draft formula also includes matching funds for local investment and a quality pool

Accountability Metrics

HB 3100 requires the use of "incentives" to encourage effective provision of Public Health services. PHAB (advisory) recommends that, to the extent feasible, the final quality measures will align with:

- Statewide Public Health initiatives (SHIP)
- National Public Health initiatives (CDC Winnable Battles)
- Oregon Health Transformation (CCO's)
- Oregon Early Learning (EL) Hubs

2016 Oregon Public Health Modernization Assessment
Percentage of current capacity vs "modernized" capacity

	FTE%	FUNDING %
LANE COUNTY OVERALL	**40.90%**	**38.19%**
Lane Co. Foundational Programs	***28 %***	***28.72%***
Communicable Disease	**21.36 %**	**21.89 %**
CD Surveillance	Limited Implementation (low capacity)	
CD Investigation	Partial Implementation	
CD Intervention & Control	Limited Implementation (low capacity)	
CD Response Evaluation	Limited Implementation (low capacity)	
CD Overall	**Limited Implementation (low capacity)**	
Environmental Health	**41.18 %**	**40.32 %**
Identify & Prevent EH Hazards	Limited Implementation (low capacity)	
Conduct Mandated Inspections	Significant Implementation	
Promote Land Use Planning	Limited Implementation	
EH Overall	**Partial Implementation**	
Prevention & Health Promotion	**30.23 %**	**34.03 %**
Prevention of Tobacco Use	Limited Implementation (low capacity)	
Improving Nutrition & Increasing Physical Activity	Limited Implementation (low capacity)	
Improving Oral Health	Limited Implementation	
Improving Maternal & Child Health	Partial implementation	
Reducing Accident Rates	Limited Implementation (low capacity)	
Prev. & Health Promotion Overall	**Limited Implementation (low capacity)**	
Clinical Prevention Services	**15.64%**	**14.34 %**
Access to Vaccination Services	Partial Implementation	
Access to Preventable Disease Screening	Limited Implementation	
Access to STI Screening	Significant Implementation	
Access to TB Treatment	Significant Implementation	
Access to Clinical Care	Partial Implementation	
Clinical Prevention Serv. Overall	**Partial Implementation**	

	FTE %	FUNDING %
Lane Co. Foundational Capabilities	***57.75 %***	***48.50 %***
Assessment & Epidemiology	**55.51%**	**45.28 %**
Data Collection & Electronic Information Services	Limited Implementation (low capacity)	
Data Access Analysis & Use	Limited Implementation (low capacity)	
Respond to Data Requests & Translate Data	Limited Implementation (low capacity)	
Conduct / Use Community & State Health Assessments	Significant Implementation	
Infectious Disease-Related Assessment	Partial Implementation	
Assessment & Epidemiology Overall	**Limited Implementation (low capacity)**	
Emergency Preparedness & Response	**56.58 %**	**56.81 %**
Prepare For Emergencies	Limited Implementation (low capacity)	
Respond To Emergencies	Partial Implementation	
Coordinate/Communicate Before/During Emergencies	Partial Implementation	
Emergency Prep & Response Overall	**Limited Implementation (low capacity)**	
Communications	**57.33 %**	**34.49 %**
Regular Communication	Limited Implementation (low capacity)	
Emergency Communication	Partial Implementation	
Educational Communication	Partial Implementation	
Communications Overall	**Limited Implementation (low capacity)**	
Policy & Planning	**74.21 %**	**73.86 %**
Develop & Implement Policy	Partial Implementation	
Improve Policy with Evidence-Based Practice	Partial Implementation	
Understand Policy Results	Partial Implementation	
Policy & Planning Overall	**Partial Implementation**	
Health Equity & Cultural Responsiveness	**36.50 %**	**36.50 %**
Foster Health Equity	Limited Implementation (low capacity)	
Communicate & Engage Inclusivity	Partial Implementation	
Equity & Cultural Resp. Overall	**Limited Implementation (low capacity)**	

	FTE %	**FUNDING %**
Community Partnership Development	**81.56 %**	**81.65 %**
Identify & Develop Partnerships	Limited Implementation (low capacity)	
Engage Partners in Policy	Limited Implementation (low capacity)	
Community Partnership Dev. Overall	**Limited Implementation (low capacity)**	
Lane Co. Leadership & Org. Competencies	***45.57%***	***48.12%***
Leadership & Governance	Partial Implementation	
Performance Mgmt / QI / Accountability	Limited Implementation	
Human Resources	Limited Implementation	
Information Technology	Minimal Implementation	
Financial Mgmt / Contracts / Procurement / Facility	Partial Implementation	
Leadership & Org. Overall	**Limited Implementation**	

Key to indicated levels of implementation:

Significant Implementation: Services are mostly or fully implemented.

Partial Implementation: Services are partially implemented however, some gaps remain.

Limited Implementation, Low Expertise: Services are limitedly implemented and, while the governmental public health authority has significant capacity, there are substantial gaps related to a lack of necessary expertise.

Limited Implementation, Low Capacity: Services are limitedly implemented and, while the governmental public health authority has significant expertise, there are substantial gaps related to a lack of necessary capacity.

Limited Implementation: Services are limitedly implemented and there are substantial gaps in capacity and expertise.

Minimal Implementation: Services are mostly not or not at all implemented.

LANE CO. PUBLIC HEALTH FUNDING ASSESSMENT 38.19%

Current Annual PH Funding (per 2016 assessment) = $6.13 m
61.81% assessment-identified gap = $9.93 m
Total Funding Needed for Full Modernization = $16.06 m

Foundational programs ~ approx. **60%** of total LCPH gap = **$5,951,000**

- CD
- EH

Foundational capabilities ~ approx. **33%** of total LCPH gap = **$3,291,000**

- Preparedness
- Population data

Leadership and Competencies ~ approx. **7%** of total LCPH gap = **$684,000**

- Health Equity
- Modernization Planning, Admin/Mgmt

Administration

Administration is a division that provides administrative support to eight direct service divisions within Health & Human Services. This division includes: Fiscal Services, Contracts & Planning, Analytics, Public Information, and Recruitment & Hiring.

Fiscal has completed the year-end grant reporting and will shift into audit season starting with internal auditors followed by one external grantor auditor. In December, fiscal will begin preliminary budget work to include review of PC inventory, phone lines, and fleet expenses. Adjustments will be made to eliminate unnecessary expenses and help managers gather the information they need to create an accurate FY 17/18 budget.

The contracts team will soon begin work on the new requirements resulting from the performance plan between the United States Department of Justice (USDOJ) and the State of Oregon. The plan has been established in order to resolve the USDOJ's investigation into Oregon's compliance with the integration mandates of Title II of the ADA and *Olmstead v L.C.*, 527 U.S. 581 (1999) as they apply to adults with serious and persistent mental illness. Included as part of the performance plan is the requirement for the State of Oregon to enter into performance-based contracts with Community Mental Health Programs (CMHP). As a CMHP, once our contract with the State is amended, Lane County will begin the process of amending contracts with subcontractor's who serve individuals with serious and persistent mental illness in order to pass down required performance expectations and performance metrics.

The analytics team main projects include the following:

- Assisting Behavioral Health in codifying and streamlining workflows in order to maximize both efficiency and effectiveness.
- Putting in place a system to track and report on Oregon Performance Plan metrics.
- Developing and maintaining a "frequent utilizers" list. This list is a key element of the Frequent Users Systems Engagement (FUSE) project. This project brings together law enforcement, health care, and human services to provide enhanced services to individuals who are heavy utilizers of the Emergency Department, Police Services, the Lane County Jail, the court system, and social services.

Recruitment and hiring continue to be an area of focused attention as Administration tries to fill vacant positions. In addition to providing much needed services to our community, many positions in Health & Human Services generate revenue or are grant funded.

Behavioral Health

Lane County Behavioral Health (LCBH) is fully engaged in transformation of the clinic, with a focus on integrating care and improving the lives of those LCBH serves.

Improving Health of Community

- The adult services program finalized the team-based design and is in implementation phase.
- Built an office in the lobby and hired a Nurse to do vital signs for all clients.
- The teams continue to assist clients without health insurance to apply for permanent coverage.
- The clinic completed internal chart reviews in May, July, and October for continuous improvement and recognition of excellent clinical care.
- The clinic integrated critical incident reviews with Quality Improvement/Assurance.
- Leadership and staff are moving forward strategies to be a Trauma Informed Care organization.

Equity and Access

- The adult access team continues to provide comprehensive screening, assessment, and referral services, which has improved access for the community.
- The clinic is now successfully linked to the state run MOTS (Measures and Outcome Tracking System), which enhances the ability to analyze client outcomes data.
- The implementation of NextGen, the new electronic health record, continues to stabilize and new workflows are documented.
- The Methadone Treatment Program selected a new electronic health record and dispensing system.
- The School Based Health Centers, located at area high schools are thriving and providing incredible behavioral health care to students.
- LCBH continues to coordinate with community partners to facilitate complex discharges from the hospital to outpatient care.

Integrated Services

- The integration of behavioral health and physical health is flourishing at the clinic.
- Staff are recruiting an Integrated Behavioral Health specialist to join the integration team.
- The clinic has increased staff trainings, team development, and clinic wide trainings.
- The Behavioral Health Home Learning Collaborative work is ending after three years of consultation and collaboration with this statewide effort.

Supporting Safety in the Community

- The clinic hired an excellent Forensic Supervisor to lead all the mental health and criminal justice programs.
- The newly formed Circuit Mental Health Court has begun after significant collaboration and coordination across the county.
- The Jail Intercept team continues to grow and the collaboration between the clinic and the Jail is successful, with the Jail Intercept program receiving an additional $200,000 in state funding.
- The clinic is working on the Continuity of Operations Plan (COOP) to ensure clinical care would continue in an emergency and/or natural disaster.

Clinical Financial Services

Clinical Financial Services (CFS) provides financial and clinical solutions support services to the Community Health Centers (CHC), Lane County Behavioral Health (LCBH), and Public Health (PH) operating units. These services include ensuring accurate and timely insurance billing and collections, accounts receivable management, payments for services rendered, and clinical software support.

Key issues for this unit for the coming year include the following:

- **NextGen Implementation at Maternal Child Health**
  In order to provide better coordination of care for patients in the Maternal Child Health (MCH) program (a function of Public Health), MCH will be moving their patients off their legacy Employee Health Record (EHR) system and start using NextGen, the same system used by the Community Health Center (CHC) and Lane County Behavioral Health (LCBH). This will allow medical, behavioral health, and public health to share patient data as appropriate to better serve the needs of our populations.

- **Billing Operations Relocation**
  The Billing Team of CFS has been located on the third floor of the RiverStone primary care clinic for many years. However, with the growth of primary care, the administrative office space of RiverStone has been exceeded. In particular, the Clinical Solutions Team (CST) of CFS has been doubling up in offices and working in unsecured shared spaces. In order to utilize County facilities to their fullest, the billing team is now located in empty space in the west wing of the Youth Services facility. The billing team moved in mid-October and CST will be moving into the recently vacated RiverStone space in the coming weeks.

- **Billing Supervisor Vacancy**
  CFS experienced the recent loss of their billing supervisor to a position in a neighboring county. CFS leadership posted the position in early October. The posting has closed and applicants are currently being screened for minimum qualifications. CFS hopes to schedule interviews by the end of October. Management from both LCBH and CHC will partake in the interview process. The ultimate goal is to have this position filled by the end of November.

- **Shared Data Analytics and Reporting**
  With the continued movement towards implementing NextGen in all the operations of our Federal Qualified Health Center (FQHC), shared data analytics and reporting can become a reality. To facilitate this, discussions are underway to assemble a team of analysts that represent all FQHC divisions (CHC, LCBH, and PH) that will develop and implement strategies to streamline report requests, develop shared report repositories, and create reporting dashboards. The ultimate goal of this initiative is to provide better, more complete data to help better manage population health.

- **Fiscal Accountability**
  CFS continues to work closely with the CHC and LCBH division managers to develop and provide operational financial reports and related statistical productivity analytics to provide accurate and timely information on program performance to assist them in their decisions.

Community Health Centers of Lane County

Community Health Centers (CHC) of Lane County provides primary care at six locations in the Eugene/Springfield area. In addition to primary care, the CHC offers prenatal care, dental prevention services, and integrated behavioral health services. CHC provides care to the uninsured and underinsured members of our community. Part of CHC's core mission is to serve homeless members of our community.

In 2015, the CHC provided the following:

- Primary Medical Care: 45,147 visits to 15,139 individuals
- Preventative Dental Care: 16,005 services to 10,762 children and adolescents
- # of Homeless Served: 2,730 individuals

Key issues for the CHC in the coming year include:

Increasing Access to Care

CHC is coming up to the first anniversary of opening the Delta Oaks Clinic last November where services have already been provided to more than 7,600 patients!

CHC is concentrating on expanding access to care for current and new patients. To this end, CHC is:

- Recruiting additional primary care and behavioral health providers to fully meet the operational capacity of CHC's current sites.
- Leveraging CHC's workforce expertise by adding more nurse visits and shared medical visits.
- Developing additional health education services.
- Increasing enabling services to assist patients in addressing food insecurity, housing needs and other social services needs.

Continued Focus on Clinical Improvement

CHC has robust quality improvement processes through which they strive to make continuous improvements on key clinical indictors of individual and community health. Areas of focus include the following:

- Tobacco cessation
- Screening and follow-up for Adverse Childhood events (ACEs), depression, and substance abuse
- Child and adolescent care including developmental screening, immunization rates, and adolescent physical exams
- Adult chronic disease management in the areas of hypertension, diabetes, and cancer.

Focus on Efficiency Improvements

The CHC team is working on standardizing and streamlining key processes throughout the organization. This standardization improves efficiency in staff workflows, while also often improving clinical outcomes.

Developmental Disabilities Services

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for over 1,700 children and adults with intellectual and developmental disabilities living in Lane County. Lane County is the second largest county community developmental disabilities program in the state.

Within the division, case management services are separated into three distinct teams, older adult, high school transition, and children's services. Services Coordinators on the older adult team (ages 25 and over) 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 high school transition team was created in January 2016, and provides case management services for children and young adults ages 16-24. This team focuses on case management of transition from high school to post-secondary opportunities and employment services. They are responsible for monitoring health and safety, and ensuring that individuals are supported to meet their individualized support needs in order to be productive citizens of Lane County.

The children's unit (ages birth - 15) is responsible for monitoring the health and safety of children with an intellectual and/or developmental disability who live in their family homes, foster care homes and other group home settings. Services for children who live in their family home focus on providing appropriate resources that support the child in their family home. The children's team is now specializing in early childhood and school-age age groups.

Lane County DDS is responsible for many other duties including intake and eligibility determinations for every applicant interested in accessing services. DDS also includes a specialized team 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 DDS services. DDS is also the designee of the state for licensure of both adult and children foster care homes.

Current highlights:

- Implementation of the new electronic health record (EHR) – CaseWorthy. CaseWorthy is a much more robust and efficient tool for accessing information for the individuals served as well as for billing purposes. The new EHR will allow for better data tracking and quality assurance reporting. The Go-Live date for Caseworthy is scheduled for April 2017.
- A state audit was conducted in August 2016 and DDS is currently working on remediation efforts from the audit results. DDS did well overall but continues to focus efforts on monitoring of individuals' services both at home and in the community. The Oregon Administrative Rules continue to change so DDS continues to update policies and procedures in order to comply with state and federal guidelines. The state office is providing DDS with additional training as well.
- The DDS management team has developed a mission and values statement as well as shared vision goals in the areas of communication, collaboration, efficiency, quality, technology, staff development, budget health, and staff contentment. The DDS management team is committed to meeting the goals in their shared vision plan this fiscal year.
- DDS continues to partner with Pearl Buck Center, Peace Health, Vocational Rehabilitation and the State of Oregon with the Project Search grant. This grant allows individuals with Intellectual/Developmental Disabilities (I/DD) to gain valuable work experience through internships at Peace Health. DDS is very excited about this collaboration.

Human Services Division

Family Mediation (FM): 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, FM will provide parent education and mediation orientation to 1,600 parents, direct domestic relations mediation services to 700 parents, and supervised visitation services to more than 30 families. Through funding from Trillium, FM will provide Family Check-Up services to over 200 youth and their parents. Through a partnership with Youth Services, FM will provide restorative justice diversion services to 20 Springfield youth and to those directly impacted by their behaviors. FM also offers custody and parenting time evaluations, open adoption mediation services, and a Small Claims Clinic.

Energy Program: Energy Program is generally stable, but did experience a significant funding reduction in the federal Low Income Home Energy Assistance Program (LIHEAP) this year. In Program Year 15, Lane County received and distributed $2,506,000 in program funding. In Program Year 16, Lane County received and distributed $2,140,000, a decrease of about 15%. The energy conservation and bill payment management program continues to produce positive results. With seven years of impact analysis completed, consistent patterns were seen of reduced energy usage and improved bill payment behavior in program participants. The Low Income Weatherization program is on track to complete 125 weatherization jobs in Lane County this year.

Housing and Human Services: The Poverty and Homelessness Board (PHB) finalized its 2016-2021 Strategic Plan regarding housing, shelter, and services, homelessness and poverty prevention, and public awareness and advocacy. The PHB's October 2016 retreat focused on first year priorities and specific action steps. $1.1 million in new state funds was allocated for FY 16-17 for diversion services for families, unaccompanied youth, the Frequent Users Systems Engagement Project, and the Landlord Partnership Program. Funds support "Dusk to Dawn", an enhanced winter response plan with additional shelter for singles (60 beds), families (30 beds) and 10 safe parking spaces. A HUD Continuum of Care grant was awarded for $3.3 million, the largest grant yet given for homeless housing and services, funding 14 community projects.

Veteran Services: Lane County Veteran Services continues to work with veterans of all military service eras and their survivors who are seeking or just have questions about their possible VA benefits. As the largest cohort of veterans – those that served during the Vietnam era – transitions to fixed income retirement, more and more of them are coming in to see about accessing VA health care, disability benefits and help with long-term care costs. Additionally, clients continue to increasingly take advantage of walk-in hours as visits have increased by 6% in FY16 over FY15 (4,102 visits vs. 3,866). Lane County regularly leads the state in total VA compensation and pension benefits received. In Federal FY2015, Lane County Veterans and their survivors received $139,201,000 in VA benefits, while the next county, Multnomah, received $132,140,000.

Workforce Services (WS): For the program year: 72 new people were placed with employers with the On-the-Job Training (OJT) program; 92 earned over $12/hour with benefits; 62 earned over $15/hour with benefits; 21 earned over $20/hour with benefits. WS started working with 10 new businesses. 54 Training Scholarships were awarded. An average of 47 people a month were placed in Voluntary Work Experience placements. An average of 294 people a month were participating in Job Search services. An average of 32 people a month were in paid internships. A total of 776 Lane County residents were placed into employment with the assistance of Workforce Services' Employment Specialists during this time.

Public Health

Lane County Public Health (LCPH) ensures basic public health protections critical to the health of all people in Lane County and future generations, including protection from communicable disease and environmental risks, health promotion, prevention of diseases and injury, and responding to new health threats. To ensure a robust and proactive public health system, LCPH is engaged in statewide and national efforts to modernize the governmental public health system. A modern public health system will advance health system transformation efforts in the state and improve the health of all Oregonians.

In July 2015, the Oregon legislature passed House Bill 3100, which outlined the steps to modernization. One key step, completed in June 2016, was the public health assessment that provided information on the extent to which the existing system is able to meet the requirements of a modern public health system as specified in the *Public Health Modernization Manual*. Results from the assessment were used by the Public Health Advisory Board (PHAB) to identify priority areas for the next biennium, specifically *communicable disease control*, *environmental health*, *emergency preparedness*, *health equity and cultural responsiveness*, *assessment and epidemiology,* and *leadership and organizational competencies*. PHAB is currently developing a funding formula that will include matching funds for local investment and a quality metrics pool. PHAB is also developing quality measures to assess the provision of public health services.

Overall, findings from the assessment indicate that LCPH has considerable expertise in most areas; however, like counties throughout Oregon, LCPH does not currently have the capacity to deliver the full foundational programs and capabilities. LCPH is now using findings from the assessment for internal planning and to prioritize these efforts. For example, LCPH partnered with the Community Health Centers of Lane County (CHC) to seek funding through the state's Safety Net Capacity Grant Program. The CHC was awarded funding to provide primary care safety net services to children who do not qualify for federal insurance programs and LCPH was awarded funding to conduct outreach and education in communities throughout Lane County, to assist families in enrolling and accessing safety net services for their children. LCPH is enthusiastic about this opportunity because it directly increases capacity to address health inequity within the realm of access to primary care services. LCPH is also pleased to have a new opportunity to partner with and learn from colleagues at CHC. In addition, the Public Health Equity Committee is exploring additional initiatives, such as adopting the CLAS Standards, and an LCPH supervisor, CA Baskerville, has recently completed a year-long leadership training that included a special project on addressing health literacy within LCPH.

LCPH applied for and was awarded funding to support our accreditation efforts by the National Association of City and County Health Officials (NACCHO). The standards are closely aligned with modernization roles and deliverables. The NACCHO funding will be used to develop a new strategic plan that aligns with the County's and HHS's strategic plans, as well as with the new Community Health Improvement Plan (CHIP). A comprehensive strategic plan, as well as documentation on its development, are required for accreditation. Also, a new Accreditation Coordinator has been hired who brings over a decade of experience in local and state governmental public health.

Other major highlights in Public Health include the completion of the work plans for the CHIP leadership teams, that will move our CHIP efforts to the next stage (implementation); the hosting of five regional meetings (Florence, Eugene, Springfield, Cottage Grove, and Oakridge) to solicit resident input on a proposal to increase the legal tobacco age to 21; and, in collaboration with the Oregon Health Authority, a new media campaign (SyphAware) aimed at expanding awareness among health care providers and the general public of the increasing rates of syphilis in the county.

Trillium Behavioral Health

Lane County contracts with Trillium Community Health Plan (Centene) as a partner in the Coordinated Care Organization (CCO). The contract will continue for Trillium Behavioral Health (TBH) to manage the behavioral health system for Centene. TBH will remain an essential member of Trillium committees and the CCO management team. The role of TBH in the management of the Oregon Health Plan (OHP) benefit is greatly appreciated by the management team.

The transition for OHP to the Centene platform effective July 1, 2016 was not as smooth as hoped. There were difficulties with contracting, set up and claims payment. TBH has worked with Trillium and Centene to address system issues and to manage contractor concerns and needs.

TBH Behavioral Health Care organizational structure has changed. The Team is expanding and has added a new supervisor and three Community Service Workers. New functional teams are being created, one for prior authorization and utilization management, and the other for care management. There is a compliance need for documentation of member interactions, developing policies and procedures, and modifying workflows.

Centene has also purchased HealthNet, a large insurance plan with many members on the west coast and about 100,000 in Oregon. The Trillium Medicare membership has expanded by 11,000 new members in Lane County. If TBH participates in the future oversight of behavioral health services for these new Medicare members, as planned, this will require significant planning and expansion of staff. Trillium is currently integrating the Trillium OHP product with the HealthNet Medicare product and is developing an integrated management team. This has generated some cultural complications as the two organizations work together.

There is an expectation that funding will decrease for CCOs in 2017 and that allocations to pools may change, perhaps reducing funding for behavioral health services. This may require contract changes and tighter management of authorizations and utilization.

The county received state funding for two care coordination specialists to work with older adults with behavioral health concerns. These positions were assigned to TBH and have been filled. TBH has developed and is implementing a strategic plan for engaging system service providers to develop a more coordinated and efficient behavioral health delivery system for older adults.

TBH staff is actively leading the community effort to transform the delivery model and integrate physical and behavioral health. TBH is providing significant support to the eight funded integration projects, has created an active learning community, and is addressing alternative payment approaches. Trillium has received good publicity statewide for these projects.

TBH has worked with two providers and will be submitting applications for two additional Assertive Community Treatment teams to serve challenging adults with a serious mental illness. TBH has helped Trillium establish contracts with three Applied Behavioral Analysis providers. TBH expects that pain management and new rules for prescribing opioid medications will have a profound effect on members and will be distressing for contractors.

The Trillium Health Equity Officer is a TBH supervisor and she has worked closely with the State and Lane County Health & Human Services to advance initiatives to improve care for members that are disadvantaged and typically are more challenged to access appropriate care.

Youth Services

Administration

In April 2016 Nathaline Frener was hired as the new Division Manager when the previous Division Manager and Assistant Manager retired from the County. The Assistant Manager position was eliminated in the last budget process. Top priorities for this fiscal year include: 1) Division-wide development and reorganization of Policies & Procedures to ensure consistent application of best practices across the division; 2) Continue working with Lane County Family Mediation to provide restorative processes for Springfield youth through the Springfield Restorative Justice project and other services; 3) Explore options for strengthening the therapeutic environment at the Phoenix residential program, including relocation from a detention pod into a designated treatment facility on campus.

Supervision

The Supervision unit continues to work with low-, medium-, and high-risk youth in the community. The unit recently divided into two teams that concentrate on providing services to either high- or low-risk youth. Separating into two teams has allowed staff to concentrate on a specific risk group and provide services that are appropriate and coincide with the youth's risk to the community. The Supervision unit also hired their first ever full-time Victim Advocate to support victims of juvenile crime. As with all services provided, the aim is to reduce juvenile crime in the community, provide useful life and coping skills to youth and families, and hold youth accountable for their behavior while providing opportunities for them to repair the harm that they have caused in the community.

Detention

Detention has used a trauma-informed lens to update several areas of practice: modifying the suicide risk level to reduce the use of smocks, as appropriate; aligning with trauma-informed best practice interventions; implementing a search policy to include youth who identify transgender and intersex. A full-time nurse was hired this year, which enhances the delivery of medical services to youth in secure programming after years of having multiple temporary and on-call nurses. Detention is expanding the placement of cameras to allow for increased levels of safety and security in addition to added levels of monitoring youth with suicidal ideation. Group Workers accept custody of youth brought into the facility to allow for continuity of secure program services.

Phoenix Residential Treatment Program

For the past six months, there has been a gradual shifting to unlocking the bedroom doors in Phoenix. The expectation was to eventually have the bedroom doors unlocked 24 hours a day and that transition was completed as of September 23. Staff have been working to adjust the program expectations to operate in this environment. With their newfound "freedom", the youth are more challenging and are displaying higher levels of defiance. Thus, staff are learning to increase vigilance and intervene at an earlier stage when youth are struggling.

Educating Adjudicated Youth on the Serbu Campus

Youth Services' campus education programs currently offer year-round credit recovery, GED prep, transition services, and vocational training to YS clients. Youth Services instructors continue to scaffold lesson-planning and curriculum in the Detention Phoenix and MLK Education Center classrooms to best suit the varying levels and needs of YS clientele. MLK programming provides opportunities for youth to develop skills needed to be successful in school, work, and the community. MLK focuses on core curriculum and hands-on education offering onsite vocational programs in horticulture and culinary arts.