

Agenda Cover Memo



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TO: Board of Health

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Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

In this Board of Health report, we are presenting a snapshot of population health in Lane County as illustrated by a selection of health indicators. Two types of indicators were chosen. The first set represents a life course perspective with a focus on the prenatal period through young adulthood. Risk factors, protective factors, and early life experiences affect people's long-term health and disease outcomes. A public health approach emphasizes the promotion of early and effective preventive strategies and interventions to maximize optimal health development and underscores why many governmental public health programs serve pregnant women and children. The second set of indicators are special topics, that is, areas of increased local activity or interest that deserve specific attention.

Life course focus: prenatal through young adulthood

Low birthweight: Low birthweight represents two factors: maternal exposure to health risks and an infant's current and future health status, as well as premature risk of death. After peaking at 7.4% in 2013, the proportion of children born with a low birth weight has declined and is currently 6.3% of all births. Additionally, clear disparities are evident. Persons of color are more likely than Whites to be born with a low birth weight.

Infant mortality (rate per 1,000 births): Infant mortality is a strong predictor of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birthweight, Sudden Infant Death Syndrome (SIDS), and maternal complications during pregnancy. Infant mortality rates had been on the rise since 2010, but have improved slightly since 2013. In Lane County, infant mortality rates are lower among those of Hispanic/Latino ethnicity than those of non-Hispanic/Latino ethnicity.

Immunization rates for 2-year olds: Vaccines protect against many common childhood diseases, many of which are recommended by the age of two. In Lane County, the proportion of children who have been fully vaccinated has increased. Currently, 3 out of every 4 two-year old children have had the recommended series of vaccines. Despite the positive trend, it is important to note that vaccination rates in Lane County are lower than needed to ensure communities are protected against some disease outbreaks.

Child abuse/neglect: As with other adverse childhood experiences (ACEs), abuse and neglect can have lasting effects on individuals, increasing risks for a wide range of physical and mental health

concerns throughout a person's life. Abuse and neglect can also have lasting effects upon affected families and communities. Reports of abuse and neglect have been rising in Lane County and are higher than the state average.

Asthma among youth (Grade 11): In Lane County, rates of asthma in children are notably higher than in Oregon overall and they have been on the rise. Asthma can range in severity from mild to life threatening. Those affected may lose sleep and miss school, work or other regular activities. Tobacco use, indoor and outdoor air quality, and obesity are all connected with higher rates of asthma locally.

Obesity (Grade 11): Obesity affects quality of life and puts individuals at risk for developing many diseases such as heart disease, stroke, diabetes and cancer. The percentage of children in Lane County who are obese has been on the rise for more than a decade and has outpaced Oregon overall.

Smoked cigarettes past 30 days (Grade 11): Tobacco use is a major health concern for Lane County. It is the single most preventable cause of death and disease. Although previously declining, tobacco use rates have begun to rise again. Nearly 1 out of every 10 high school juniors report having smoked in the past 30 days.

E-cigarettes use past 30 days (Grade 11): Use of e-cigarettes mimics cigarette smoking and also contains the same addictive ingredient, nicotine. Instead of smoke from burning tobacco, people who use e-cigarettes inhale aerosol, or vapor, containing nicotine and other additives. Evidence suggests that electronic cigarettes encourage youth smoking initiation. In Lane County use of e-cigarettes has risen quickly and is now used more commonly than cigarettes among 11th graders.

Marijuana use among youth (Grade 11): Marijuana use in Lane County has been rising among youth and is higher than the state average. One out of every five 11th graders reported using marijuana in the past 30 days. Marijuana, like many other drugs, can be dangerous for children and can affect a person's reaction time and ability to think clearly. Marijuana can also affect healthy brain development.

Alcohol use among youth past 30 days (Grade 11): Alcohol remains the leading drug of choice among youth in Lane County. While use has been declining in recent years, nearly one out of every three high school juniors report having used alcohol in the past 30 days. Underage use of alcohol is associated with increased likelihood of abuse later in life, and can worsen conditions such as depression.

Prescription drug use without a doctor's orders (Grade 11): Abuse and misuse of prescription drugs has been rising among youth in recent years. Most recently, 9% of 11th graders in Lane County reported having used prescription drugs without a doctor's orders in the last month. Misuse and abuse can lead to serious injury and death. In Oregon more drug poisoning deaths involve prescription opioids than any other type of drug.

Suicide among youth (age 10-24 years) (rate per 100,000): Suicides, a largely preventable public health problem, have been consistently higher in Lane County and in Oregon than the national average for more than 30 years. Rates have slowly increased over the last decade and suicide is the second leading cause of death among youth. Suicide affects survivors and entire communities, and the effects are devastating and long lasting.

Special topics

Opioid overdose deaths (rate per 100,000): In Oregon more drug poisoning deaths involve prescription opioids than any other type of drug. While a slight decline in overdose deaths has been observed in Lane County, the rate remains higher than the state average.

Syphilis (rate per 100,000): Syphilis, a sexually transmitted infection, can cause long-term complications, including neurologic impairments, if not treated correctly. It can also be spread from an infected mother to her unborn baby and can cause miscarriage, stillbirth, or neonatal death. Although the syphilis rate remains below the state average, there has been a dramatic rise in the spread of syphilis in Lane County. In 2010 there were 5 cases and in 2016 there were 57 cases, an increase of over 1000%. Lane County has also had a larger proportion of cases among women than is typically seen, 40% in 2016.

Flu vaccine uptake (all-ages) (estimated): Influenza is a contagious disease caused by the influenza virus. It can lead to pneumonia and can be dangerous for children and people with heart or breathing conditions. The seasonal influenza vaccine can prevent serious illness and death. Vaccination rates in Lane County have remained flat in the last few years. During the 2016-17 flu season an estimated 2 out of every 5 Lane County residents received the vaccine. Among all healthcare workers, 70% received the vaccine. Among staff in skilled nursing facilities, 63% received the vaccine.

Health Indicator	Trend	Lane	Oregon	Year(s)
<u>Life course focus: prenatal through young adulthood</u>				
Low birth weight ²	↓	6.6%	6.4%	2015
Infant mortality (rate per 1,000 births) ¹	↓	4.2	4.3	2016
Immunization rates for 2-year olds ³	↑	74%	75%	2015
Child abuse/neglect ⁴	↑	15.4%	12.1%	2015
Asthma among youth (Grade 11) ⁵	↑	16.6%	13.1%	2015
Obesity (Grade 11) ⁶	↑	16.9%	14.4%	2016
Smoked cigarettes past 30 days (Grade 11) ⁶	↑	10.1%	7.7%	2016
E-cigarettes use past 30 days (Grade 11) ⁶	↑	17.7%	14.0%	2016
Marijuana use among youth (Grade 11) ⁶	↑	20.0%	18.9%	2016
Alcohol use among youth past 30 days (Grade 11) ⁶	↓	31.8%	29.8%	2016
Prescription drug use without a doctor's orders (Grade 11) ⁶	↑	8.8%	6.2%	2016
Suicide among youth (age 10-24 years) (rate per 100,000) ¹	→	10.9	12.4	2014-16
<u>Special topics</u>				
Opioid overdose deaths (rate per 100,000) ⁷	↓	8.7	6.9	2012-14
Syphilis (rate per 100,000) ⁸	↑	10.6	14.1	2015
Flu vaccine uptake (all-ages) (estimated) ⁹	→	38%	41%	2016-17

Key: Green = improving Orange = worsening Black = no change

Sources

¹ Oregon Death Certificates, Oregon Center for Health Statistics, Oregon Health Authority

² Oregon Birth Certificates, Oregon Center for Health Statistics, Oregon Health Authority

³ Oregon ALERT Immunization Information System (ALERT IIS), Oregon Health Authority

⁴ Child Welfare Data Book, Oregon Department of Human Services

⁵ Oregon Healthy Teens Survey, Oregon Health Authority

⁶ Oregon Student Wellness Survey, Oregon Health Authority

⁷ Prescribing and Overdose Data for Oregon, OHA Public Health Division, using Oregon Death Certificates

⁸ HIV/STD/TB Prevention Program, Public Health Division, Oregon Health Authority

⁹ Flu Bites 2016-17 Season, Oregon Health Authority, Feb 3, 2017

¹⁰ Behavioral Risk Factor Surveillance System

Administration

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

Contracts and Planning: In 2013, the State moved a significant amount of the County's Mental Health (MH) and Alcohol & Drug (A&D) money out of specific services elements into what they referred to as "flexible funding" or SE 37. This was to allow Counties to be flexible with their MH/A&D allocations to meet the needs in the community. However, the state also included specific grant funds that were not flexible into SE 37.

For the 17/19 biennium, the State is moving the allocation back to specific service elements and doing away with flexible funding. This change will better align allocations with the funding requirements and will ensure services funded by Counties assist the State in achieving the requirements of the Olmstead Act. Staff are working to separate out the funding streams in order to start the contracting process for next fiscal year.

Public Information: For the calendar year 2016, Health & Human Services had just over 2,000 earned media placements, which includes all news wire stories, reprints, morning show appearances and ongoing talk show appearances.

The communications team facilitated over 30 public appearances to various Rotary Clubs, Lions Clubs, City Club of Eugene, University of Oregon School of Journalism, University of Oregon Ducks After Dark, Oregon State University, University of Oregon Allen Hall School of Public Relations, University of Oregon Law School, South Eugene High School, the Health Communicators of Oregon and various other community groups and organizations. Topics ranged from professional expertise and experience to vaccination.

In-house production of Health Matters had 36 original episodes taped and recorded and is now being offered syndication from a national source.

Internal communication efforts for 2016 include the design and production of an updated new employee orientation training program, the Strategic Plan communications team, and the LINK Team, which aided in the production of a number of videos and other communications materials.

Data and Analytics is one of the four pillars of the H&HS Strategic Plan. Goals under this pillar include improving systems for gathering and processing data across divisions, applying data in actionable division-specific ways, and investing in data collection and system improvements.

H&HS Administration Analytics is playing a leading role in the data component of the Frequent Users Systems Engagement (FUSE) project, which involves (1) identifying frequent users of the criminal justice, health care and human services systems and, as they are engaged in an array of stabilizing services leading to permanent housing, and (2) tracking their use of and cost to these systems. FUSE projects in other states have documented significant reductions in arrests, jail stays, and emergency department visits. The data component of the project has been successful as partner organizations have provided data to create and manage the FUSE list using the Human Services Management Information System (HMIS).

In addition, the Analytics team provides process improvement, survey research, and reporting support across H&HS divisions.

Behavioral Health

Lane County Behavioral Health continues to improve access and quality of care for the community.

Access to Services

- Adult access team is fully functional and systems are in place for improved access to care.
- Continue to create bridges to care with other community providers when applicable.
- Work to develop an algorithm to determine appropriate level of care for all adult clients.
- Infuse trauma-informed and recovery focus into assessment and treatment plans.

Creating a Safer Community

- Completed hiring of full-time Mental Health Specialists to work in the County Jail.
- Increasing outreach to courts and law enforcement to ensure that eligible people get treatment.
- Creating plan to implement the Columbia Suicide Severity Rating scale.
- Creating clinical workflow to follow up after administration of Adverse Childhood Event screening.

Integration of Primary Care and Behavioral Health

- Hired a full-time Integrated Behavioral Health specialist.
- Created Lead Nurse position to coordinate nursing services.
- Nursing team developed a new health/wellness screening tool.
- Setting up agreements to gain access to the Emergency Department Information Exchange to assist in after-care planning once clients have been to the emergency department.
- Created "Fast Pass" for CHC clinic to gain easier access for shared clients.

Quality Improvement & Assurance

- Completed the annual Strategic and Continuous Improvement plan.
- Formed the Trauma Informed Care committee.
- Implementation planning underway for rolling out Trauma Informed Care clinic-wide.
- Quality Improvement/Assurance committee is productive and active.
- Continuous updates of key policy and procedures.
- Team-based care on the adult team is advancing and they have begun meeting regularly.

Clinical Financial Services

Clinical Financial Services (CFS) provides financial, clinical solutions and other support services to the Community Health Centers (CHC), Lane County Behavioral Health (LCBH), and Public Health (PH) operating units. These services include credentialing, electronic health record support, medical billing, and financial analysis.

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

- **New Billing Supervisor**

CFS leadership posted the vacant position in early October and hired Lisa Willis who joined CFS in December 2016. Lisa comes to CFS with a wealth of experience in medical billing, receivables management, and supervision from medical practices in Arizona.

- **Client Care Software Implementations for the Maternal Child Health and Methadone Treatment Programs**

In order to provide better coordination of care for patients in the Maternal Child Health (MCH) program (a function of PH), MCH will be moving their patients off their legacy Employee Health Record (EHR) system and start using NextGen, the same system used by the CHC and LCBH. This will allow medical, behavioral health, and public health to share patient data as appropriate to better serve the needs of our populations. Additionally, an RFP was issued in 2016 to replace the County's legacy software program used at the Methadone Treatment Program. The vendor NetSmart was selected as the successful bidder. County staff have spent several months working with NetSmart consultants to implement the new software which is expected to improve integration of methadone dispensing, client records management, and related service billings, as well as provide more accuracy and speed to the dispensing process. CFS anticipates this will go live in Spring of 2017.

- **Grant Funding of the NextPen Implementation in the Dental Program**

The CHC received a grant from the Health Resources and Services Administration (HRSA) that is being used to implement "NextPen". NextPen is a digital pen that captures data from pen and paper and automatically populates patient records with intake data, notes, and other information into NextGen, the County's electronic health record, without scanning or transcription. The CFS Clinical Solutions Team is working closely with the CHC to implement NextPen in the dental program to improve efficiency and accuracy within that program.

- **Shared Data Analytics and Reporting**

With respect to the goals of the Strategic Plan, shared data analytics and reporting is becoming a reality at H&HS. Assembly of a team of analysts representing all the Federal Qualified Health Center (FQHC) divisions (CHC, LCBH, and PH) is nearing completion. The team's directive is to implement strategies for streamlining reporting needs, build repositories for data warehousing and shared reports, create end-user dashboards, and share the reporting knowledge base. The team's ultimate goal is to deliver accurate, secure and comprehensive information to stakeholders across the FQHC, hoping to 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, preventive dental services, and integrated behavioral health services. CHC provides care to the uninsured and underinsured members of our community. Part of the core mission is to serve homeless members of our community.

In 2016, the CHC saw 23% more patients than in 2015. CHC provided the following services in 2016:

- Primary Medical Care: 57,862 visits to 18,605 individuals
- Preventative Dental Care: 17,818 services to 11,548 children and adolescents
- # of Homeless Served: 2,906 individuals

Key issues for the CHC in the coming year include:

Monitoring Potential Changes to Medicaid Funding

CHC is closely monitoring potential changes to Medicaid funding at the federal and state levels. The majority of CHC's program revenue is for services to patients with Medicaid coverage. As such, significant reductions in funding would have an adverse impact on program revenues. CHC has implemented a number of strategies to mitigate risk, including limiting expansion plans for new sites, closely monitoring the need for new hires, and continuing to improve program efficiency.

Increasing Access to Care

CHC continues to concentrate 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 CHC strives to make continuous improvements on key clinical indicators of individual and community health. These factors are also important to CHC's fiscal security since a portion of Medicaid payments are tied to achieving clinical metrics.

Focus on Efficiency Improvements

CHC's 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 2,000 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 DDS, 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 which 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's services. DDS is also the designee of the state for licensure of both adult and children foster care homes.

Current highlights:

- Implementation of DDS's new electronic health record (EHR) – CaseWorthy. CaseWorthy is a much more robust and efficient tool for accessing information for the individuals served by DDS as well as for billing purposes. DDS's new EHR will allow for better data tracking and quality assurance reporting. CaseWorthy is slated to Go Live in April 2017 and DDS is moving towards a paperless office.
- DDS staff climate survey was very positive about the work environment and continues on a positive trend over the last six years.
- Completion of all Home & Community Based Settings requirements for Adult/Children Foster homes in Lane County.
- DDS was one of the divisions in the county to participate in the countywide internship program where the project focused on increasing access for underserved populations in Lane County, specifically the Native American population.
- The 2016 audit follow-up will all be completed by March 31, 2017 ensuring that all staff are trained and all file corrections are made.

Human Services Division

Energy Program: Last year, Lane County received \$2,139,340 in federal Low Income Home Energy Assistance Program (LIHEAP) funding. Of this amount, \$80,000 was reallocated from another Oregon county struggling to spend out its LIHEAP allocation. This year, due to the extreme weather, there is great demand for energy assistance state-wide. As of March 2017, Lane County has received \$2,107,000 in LIHEAP funding. This is 90% of the total amount of the federal allocation. Typically, the federal government releases the final 10% to the states around March. This year, there is concern the federal government may not release the last 10%. This winter, in response to the extreme weather and ice storms, EWEB provided an additional \$100,000 in EWEB Customer Care energy assistance funding. The Human Services Division's (HSD) Low Income Weatherization Services program, operated by Housing & Community Services Agency, is on track to complete 125 weatherization jobs this year.

Housing and Human Services: The Poverty and Homelessness Board's Shelter and Supportive Housing Development Committee is working on Strategic Plan Goal 1.2: to create additional emergency shelter and respite care for homeless individuals, youth and families with children awaiting housing by 2021. HSC's new Emergency Housing Account State funds focus on services for families, unaccompanied youth, the Frequent Users Systems Engagement project, and the Landlord Partnership Program. All programs are all working at full capacity. "Dusk to Dawn", our winter response plan with additional shelter for singles, families and safe parking spaces, are at full capacity with a significant wait list. Recruitment is underway for five new positions on the newly expanded Poverty and Homelessness Board.

Mediation and Restorative Services: Mediation and Restorative Services (M&R) primary focus is to provide services to families experiencing upheavals relating to separation and divorce. In February 2017, M&R moved to the Juvenile Justice Center and is housed in the Youth Services Division. Over the course of the next fiscal year, M&R 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, M&R will provide Family Check-Up services to over 130 youth and their parents. M&R received additional funding to continue restorative justice diversion services to 50 Springfield youth and to those directly impacted by their behaviors.

Veteran Services: In the last six months, 490 clients of the Veteran Services programs have received a positive decision regarding their claim for VA benefits. This was out of a total of 672 decisions for a nearly 73% success rate. These new awards resulted in \$2.55 million one-time retroactive benefits and nearly \$370,000 in on-going monthly benefits. Additionally, VA recently released a report on total recipients of VA benefits, broken down by County, for Federal Fiscal Year 2014. According to that report, 23.42% of Lane County Veterans receive some level of VA compensation or pension benefit. For comparison sake this was over 3.5% greater than the next county with a veteran population over 25,000 (Multnomah County at 19.81%).

Workforce Services: For the program year 16/17, 102 people have been placed in On-the-Job Training (OJT) with 27 businesses who participate in the program. Of the 102 participants, 37 earn at or over \$12/hour with benefits, 41 earn at or over \$15/hour with benefits, and 20 earn at or over \$20/hour with benefits. Training scholarships have been awarded to 43 participants. A majority of the awarded scholarships are in the healthcare industry. A total of 75 participants have been placed in voluntary work experience placements with 46 participating businesses/organizations. 47 participants have been placed in paid internships with 18 participating businesses. A total of 542 Lane County residents were placed into employment with the assistance of Workforce Services' Employment Specialists thus far this program year.

Public Health

Lane County Public Health (LCPH) ensures 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, emergency preparedness, and responding to new and emerging health threats. Public Health continues to advance the goals of public health modernization. Below are highlights from each LCPH section for 2016.

Maternal and Child Health (MCH): MCH hosted a community meeting to share County Health Rankings data specific to maternal and early childhood health in Lane County and to recruit members for a new Community Advisory Board (CAB). The CAB has representation from a broad range of service organizations as well as members of the faith and business communities and alumni of the home visiting programs. CAB activities include planning the first Client Appreciation Event in July 2017 to celebrate graduates from MCH services and encourage client families to connect with other families.

Women, Infants, and Children (WIC) Special Nutrition: WIC is engaged in a quality improvement effort to improve use of breastfeeding drop-in sessions, with the goal of improving breastfeeding duration in Lane County. These sessions provide lactation consultation, additional screening for infant weight gain and opportunities for education and referrals. Plans for boosting attendance have been implemented and are being evaluated. In addition, WIC services at RiverStone Clinic are now well established one day per week. In 2016, WIC benefits redeemed at local food vendors (grocers, farmers markets, farm stands) amounted to over \$4.2 million.

Prevention: Lane and Douglas counties are participating as a pilot region in the CDC-funded Prescription Drug Overdose Prevention program. Goals are to increase participation by providers in the Prescription Drug Monitoring Program (PDMP) and to implement community and health systems interventions to reduce overdose deaths. Interventions include implementation of a Naloxone rescue program in cooperation with public safety and other local partners; increased use of drug “drop-off” boxes; regional stakeholder summits to develop plans for coordination of patient care and participation in the PDMP program; conducting regular provider education; and timely dissemination of data and reports to stakeholders and the community on prescription drug prescribing, hospitalization and deaths in the region.

Communicable Disease (CD) and Immunization: In response to increasing STD rates and a high rate of no-shows for appointments, CD implemented the Just Checking Clinic on Tuesday afternoons to provide low-cost STD screening to walk-in clients. In 2016, the CD team provided 3,426 immunizations and 913 flu vaccinations.

Environmental Health (EH): EH and CD implemented a new approach to investigations of gastrointestinal, food- and water-borne outbreak investigations, known as Epi Team. EH also developed and distributed a Norovirus toolkit to senior care facilities and school districts and hosted a webinar on prevention measures with the CD supervisor and Health Officer. In the drinking water program, the 3 Gallon Emergency Water Storage Project was developed to cultivate a culture of preparedness. EH successfully piloted HealthSpace, a new inspection software program, which is being launched throughout the state. The EH team conducted 4,230 inspections in 2016; notably, there were no outbreaks or incidents at mass gatherings, including the Oregon Country Fair or the US Olympic trials.

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 remains an essential member of Trillium committees and the CCO management team.

TBH has had a vacancy in the Medical Director position for six months. Recruitment for this part-time position has been very difficult.

The Oregon Health Authority (OHA) sponsored Behavioral Health Collaborative completed recommendations for improving health care in Oregon, targeted toward enhancing collaborations between the county Local Mental Health Authority (LMHA), Public Health and CCOs. If adopted, these recommendations will serve as a framework for developing enhanced, coordinated programming between County programs and CCOs.

The transition from Trillium to the Centene data platform, effective July 1, 2016, was not as smooth as hoped. There were difficulties with contracting, system set up and claims payment. TBH has worked with Trillium and Centene to address system issues and to manage contractor concerns and needs. In January TBH was approved to modify the system set up to work better for staff and contractors with changes to be implemented by April 1, 2017.

TBH organizational structure continues to change in response to health plan changes. The Team is expanding and has added a new supervisor and three Community Service Workers. TBH anticipates an increase in care management responsibilities and a decrease in utilization management and are restructuring staff roles. There is a compliance need for documentation of member interactions in the Centene systems that require additional staff training. TBH has several vacant Care Coordinator positions, and is recruiting to fill those.

Centene has purchased HealthNet, a large insurance plan with many members on the west coast and about 100,000 in Oregon. Trillium is currently integrating the Trillium Oregon Health Plan (OHP) product with the HealthNet Medicare product and has built an integrated management team. This has generated some cultural complications as the different organizations work together.

The future of health care is unclear with potential federal and state impacts that might significantly change funding and service delivery. There is an expectation that funding will decrease in 2017-2019, perhaps reducing funding for behavioral health services.

The county received state funding to work with older adults with behavioral health concerns. TBH has successfully implemented a strategic plan for engaging system service providers to develop a more coordinated and efficient behavioral health delivery system for older adults. Oregon Health Authority views TBH's implementation of this program as a model for the state.

TBH staff are actively leading the community effort to transform the delivery model and integrate physical and behavioral health and are addressing alternative payment approaches.

Trillium was awarded additional funding for an expanded Assertive Community Treatment team to serve challenging adults with a serious mental illness living in rural communities. TBH has helped Trillium establish contracts with three Applied Behavioral Analysis providers. TBH is preparing for new rules for prescribing opioid medications which will have a profound effect on members and will be distressing for contractors.

Youth Services

Administration

As committed to in 2016, Youth Services (YS) embarked on a division-wide development and reorganization of policies and procedures. Youth Services is in the home stretch of completing this goal with only Detention policies and procedures remaining to review. With a reallocation of priorities and funding, YS was able to add a full-time Victim Advocate position and a full-time Nurse position. These additions allow YS to continue offering needed high quality service to victims of youthful offenders and provide excellent health care to those youth who are in care and custody at YS.

Supervision

Supervision continues to provide formal and informal services to low, medium and high risk youthful offenders that reside in Lane County. Services to low and medium risk youth include diversion options and Formal Accountability Agreements that provide services and interventions without involving them in the court system. Formal interventions for higher risk youth includes probation ordered by court and includes intervention and services provided in the community where the youth and family reside. Supervision has also been updating their Program Services Matrix that outlines appropriate level of service and interventions for youth that have engaged in criminal behavior in the community.

Detention

Detention continues to see increased numbers of youth enter with high levels of mental health needs including high levels of suicide ideation. Detention relies heavily on one full-time Mental Health Specialist to provide mental health services to these youth and support staff. Detention continues to use a trauma-informed lens to update areas of practices. Detention policies and procedures are being updated to include a review of unit programming allowing for trauma-informed practices whenever possible. The 24 hour Intake facility continues to allow continuity of secure program services.

Phoenix Residential Treatment Program

Youth Services continues the transition toward making Phoenix a more therapeutic environment. YS is moving Phoenix into an unlocked facility on the Serbu Campus in August. This will allow the youth to have more access to the community and participate more frequently in a broad range of community events. It will provide youth more access to their families and will create separate living spaces for the males and females so that they can be provided more gender-specific services.

MLK Education Center

The MLK Education Center continues to provide year round academic and vocational programming for YS clients. Students earn high school credit, community service hours, provide restitution towards victims, and also have the opportunity to earn an academic stipend for a high degree of attendance and participation in the program. MLK partners with a variety of local agencies to provide mentorships, tutoring and internships for youth at YS.

Mediation & Restorative Services (formerly known as Family Mediation)

Mediation and Restorative Services' (M&R) primary focus is to provide services to families experiencing conflict relating to separation and divorce. In February 2017, M&R moved to the Juvenile Justice Center and is now housed in the Youth Services Division. M&R provides parent education and mediation orientation to 1,600 parents, domestic relations mediation services to 700 parents, and supervised visitation services to more than 30 families. Through funding from Trillium, M&R continues to provide Family Check-Up services to over 130 youth and their parents. M&R received additional funding to continue restorative justice diversion services to 50 Springfield youth and to those directly impacted by their behaviors.