BOARD of HEALTH

Agenda Cover Memo

AGENDA DATE: November 8, 2006

TO: Board of County Commissioners

FROM: Rob Rockstroh, Director
Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

The following report to the Board of Health is a summary of recent or current health and human service highlights and possible future directions. It is designed to keep the Board advised of the status of health and human services in Lane County.

The report deals with each program area separately, although as a health and human service system, services are integrated to the greatest degree possible to ensure our support of Lane County citizens' health in an effective and efficient manner.

I. SPECIAL SERVICES / ADMINISTRATION

Department-wide Issues

Software Selection

The department continues to make progress in selection and implementation of a new software application package for practice management, electronic medical records, and billing. Department staff are working with IS staff and an outside consulting firm to draft specific requirements for the new system, with the goal of releasing a Request for Proposals by the end of the calendar year. This system will be a significant investment of resources, designed to replace the currently inadequate billing system, and yield significant efficiencies in the way services are provided to clients throughout the major divisions of H&HS. This application will also allow for better access to data about services provided, increasing the department's ability to do data-driven decision making, and to use performance management strategies.

Public Health Building

The work on the master plan for the new Public Health building has made great progress during the last six months, and the Operations Team is on schedule to

complete its work on the plan by the end of the calendar year. The master plan will include recommendations related to programs to include in the new building, some general design concepts, as well as issues related to site development and financing.

Prevention Program: (Karen Gaffney, Assistant Department Director)

The purpose of the prevention program is to promote and coordinate effective community-based prevention strategies aimed at creating healthier communities, particularly in the areas of substance abuse, problem gambling, and suicide prevention. The program supports multiple strategies, targeting efforts prenatally, in early childhood, in adolescence, and for the larger community. Highlights from the last six months include work in the following areas:

Suicide Prevention

This project is new for the prevention program, and presents and excellent opportunity to bridge both public health and mental health services in the county. Lane County was picked as one of four trial sites in Oregon, as part of the Garrett Lee Smith Memorial Act, to support the development and implementation of statewide youth suicide prevention and early intervention strategies. The expected short-term project outcomes include: increased referrals to care, increased linkage to care, decreased barriers to care, increased knowledge among clinicians, crisis response workers, school staff, youth, and lay persons, and increased social support for survivors. This three-year project is just beginning.

Prevention Education

Providing research-based prevention education is a cornerstone of the prevention program. This currently includes parenting education programs, as well as collaborating with local schools on Reconnecting Youth. Parenting programs were offered through Junction City Family Resource Center, where "Make Parenting a Pleasure" was offered in both Spanish and English, and a total of 25 parents completed the course last fiscal year. The program also supports "Our Families: Parenting between Cultures" through Centro LatinoAmericano. A total of 15 parents completed this twelve-week session. Finally, the Reconnecting Youth school-based program was delivered to a total of 63 students enrolled at Siuslaw High School, Elmira High School, and the Martin Luther King Education Center at Department of Youth Services. Evaluation results for these students indicated an increase in language arts and math grades, as well as a decrease in referrals and self-reported alcohol and drug use.

Public Awareness

- ***Television simulcast Media United Against Drugs***: Work on the eighth annual televised town hall is underway as four Lane County high schools (Pleasant Hill, Junction City, South Eugene, and Springfield) team up with individual television stations to showcase what local young people experience related to alcohol, and

what they need from adults and peers to help them make safe, healthy choices. Last April, the evaluation of this ongoing project showed that media members reported their involvement in this project has impacted their reporting by increasing their own understanding of youth substance abuse and the local problem, and has also impacted the reporting throughout the represented stations by increasing access to expert community resources, and building awareness of the issue.

- ***Assets in Lane County newspaper articles*:** Lane County H&HS Prevention staff has been coordinating a bi-weekly series of assets-based articles in the Register Guard written by fellow Assets Champions in Lane County. Since September 15, 2005, 26 articles have been published. You can view the published articles at www.lanecounty.org/prevention.

- ***Gambling prevention:*** The gambling prevention website, www.lanecounty.org/prevention/gambling received 9,376 distinct visits from April through August 2006. In total, through presentations, media events, and other activities, the program reached more than 10,000 Lane County citizens between April and September 2006. The "Know the Rules of the Game" public service announcements were the first known problem gambling prevention ads aimed toward parents of youth who may be interested in gambling.

Work with Communities

- ***Underage Drinking Strategies:*** The Lane County Coalition to Prevent Substance Abuse has formed a subcommittee to work with the University of Oregon to address the issue of alcohol at collegiate sporting events. The group is currently recruiting participants from Oregon Liquor Control Commission, University of Oregon, Eugene Police Department and community members. Additionally, the prevention program is continuing its collaboration with Oregon Research Institute to evaluate five combined intervention strategies to reduce youth access to alcohol and underage drinking. Ongoing work will again focus on Marcola.

- ***Problem Gambling Advisory Committee:*** Lane County prevention staff facilitates this body of experts and community members dedicated to reducing the harm caused by problem gambling in Lane County. The committee is working on a variety of awareness and policy projects, including Problem Gambling Awareness Week, and social gaming ordinance policy change efforts.

- ***Support local anti-drug coalitions:*** Lane County prevention staff continues to provide technical assistance to two local prevention coalitions, in addition to the Lane County Coalition to Prevent Substance Abuse. The local coalitions allocated funds supporting research-based prevention programs to reduce risk factors and increase protective factors in their community.

II. DEVELOPMENTAL DISABILITIES SERVICES (Rick Hammel, Acting Program Manager)

Lane County Developmental Disabilities Services (DDS) provides an array of community-based services and supports for individuals with developmental disabilities and their families. The program currently offers lifespan case management for 1527 individuals who meet state-mandated eligibility criteria. In addition to case management, DDS directly provides crisis services for children and adults and family support services. DDS also subcontracts with seventeen local agencies to provide residential, transportation and employment services for adults. DDS authorizes funding and collects licensing information for 97 foster providers for adults and 29 foster providers for children. DDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

Services provided by Lane County DDS are grouped into three areas: services for children, services for adults living in group homes or foster homes, and services for adults who live independently or with families. DDS staff are organized in three teams to meet these specialized needs: the children's services team, the comprehensive team and the support services team. In addition to these 3 teams, DDS has a family support program, a crisis program and a quality assurance program. The following narrative highlights significant activities and issues in each of these areas during the past 6 months.

Services for Children

This year our caseloads have continued to grow in number and complexity. We have added 70 new children to our combined caseloads since January of 2006. Aside from typical developmental disabilities we are now providing services for children whose diagnoses include mental illness, sexual offending, and fetal alcohol syndrome. In addition, many of the children in our services display behaviors related to post traumatic stress disorder, reactive attachment disorder, and other effects of early childhood abuse or abandonment. Perhaps our most difficult recent challenge is the greatly increasing number of children with sex offending behaviors. This population requires special treatment and we will need additional training to be successful with them.

Responding to crises for children in need of residential or foster placement continues to be an area consuming a great deal of our time and attention. We are always in need of new providers with skills in the areas of behavior management and, increasingly, sex offending behavior. This is a particularly risky group to place in foster care and maintain the safety of everyone in the environment.

Children turning 18 that have received foster or residential supports are entitled to continuing supports after they become young adults. In the past this was a fairly routine process but now requires many months of lead time in order to insure adequate financing and placement. There are many steps in this process and we work to

complete all the tasks for the significant number of 18 year olds we are transferring to adult services.

Family Support

Family Support services encourage and strengthen flexible networks of community-based, private, public, formal and informal, family-centered, and family directed supports. These supports are designed to increase families' abilities to care for children with developmental disabilities and to support the integration and inclusion of children with developmental disabilities into all aspects of community life.

Lane County DDS continues to manage family support services in fiscal year 06-07 with funds that have been significantly reduced compared to previous biennia. The available funding provides necessary support for over 80 children under the age of 18 living in their family home. This funding is used to reduce the incidence of out of home placement. Funding constraints dictate that family support services are not available to all eligible children who are enrolled in case management services so a waitlist is maintained by program staff. Family support services provide supports such as family training, behavior consultation, respite care, environmental accessibility adaptations, community inclusion, and other supports as needed for the individual with developmental disabilities and their family. Respite care is the most requested service by the majority of families.

Comprehensive Services

Lane County Developmental Disabilities provides comprehensive services to 450 adults who live in group homes, foster care, supported and independent living programs, and who participate in vocational and community inclusion programs. These programs, given the current economic environment, continue to struggle with recruiting and maintaining direct care and first line supervisory workers. Group home and employment providers were given a six cent per hour wage increase effective July, 2006 and a 1.5 % COLA was granted to all providers including foster providers effective April 2006. These increases are small in comparison to the increases in the actual cost of services delivered.

The DDS foster home system in Lane County has expanded and currently provides foster care for 219 adults. Foster providers are increasingly asked to provide services for individuals who have complex support needs. Discussion regularly occurs regarding how to train and support providers of these services. On October 19, 2006 we will hold Lane County's first DDS Foster Provider and Caregiver Conference. This conference will offer trainings on psychiatric issues, psychotropic medication issues, autism, and community teams for attending foster providers and caregivers.

Comprehensive case managers continue to implement monthly monitoring visits to group homes and foster homes. Additional staff hours have been assigned to this task and the percentage of visits has increased accordingly. Case managers collect

valuable information regarding individuals and the operation of the homes during these visits. A residential data base tracks information collected on the visits and this information is periodically reviewed by the DDS quality assurance committee. It is anticipated that funds from the Staley lawsuit which established the brokerage system statewide in 2000 will be available to add an additional 12 people to the comprehensive system in 2006.

Support Services

The DDS support services team works with adults who live on their own or with family members and do not have a comprehensive service or people who have been referred to the Full Access Brokerage (FAB). Currently support services team case loads approach 140 per FTE. There is great concern over the high caseload sizes and the amount of service we can actually provide to people in these circumstances. Characteristics of the people who receive case management from the support team are varied and include, but are not limited to, parents who are cognitively delayed, people with mental health or substance abuse issues in addition to DD, autism, or people who may be severely physically disabled and living with family. In many cases, support services staff assist people in dealing with issues of poverty, poor health, poor decision making skills and issues that arise from domestic violence.

We work hard to provide competent and complete information and referral to other local service providers. The majority of case management time is spent in crisis management services and supports. Sometimes, we are able to access crisis diversion monies for people. Other times we work with families and community partners to secure supports needed. In partnership with the state office of Seniors and People with Disabilities, we utilize a small Medicaid program called Personal Care Services. This program provides for up to 20 hours a month of defined service paid for by Medicaid. We support clients to hire providers and monitor those services. We are currently looking at some restructuring ideas on our team, and looking forward to hiring a new full time high school transition specialist to better support families whose children are aging out of high school.

Approximately 50% of the individuals on support team caseloads are enrolled in the Full Access Brokerage (FAB) for support services. Brokerage referrals are the major component of the Staley Settlement. Our team handles the referral waitlist and process. People remain on DDS caseloads after brokerage referral, but the brokerage assumes primary coordination duties. DDS is involved with FAB cases for plan approvals and annual Title XIX waiver reviews and during crisis. During crisis, staff may be looking for foster placements, working with local health care professionals to attempt to find the best possible supports available, and coordinating with many community partners to resolve a crisis. The support services team meets with Full Access Brokerage staff regularly to maintain open communication and good service provision. In the 06/07 fiscal year, we will refer 66 individuals to FAB from Lane County. The bulk of these people will be young adults who are turning 21 and aging out of high school eligibility.

We continue to have a long waitlist of people for brokerage services, but have restrictions on how many people can be referred monthly.

The support services team also manages In-Home Support plans for 17 individuals who live at home and whose services cost over $20,000 a year. Case managers create comprehensive plans with these families and provide on-going service monitoring. This is a time of intensive service, as staff work with individuals, their families and fiscal intermediaries, using Oregon Administrative Rules as a guide. The program allows families to keep their family member at home instead of moving to a more restrictive setting such as a foster home or group home.

For the past four years the support team has managed a small program called Homespace which is a component of the Human Service Commission's homeless grant with HUD. This is a collaborative grant with St Vincent de Paul of Lane County and Mainstream Housing, Inc. In July 2006, this program moved its administrative functions to Mainstream Housing, Inc. They continue to provide services and support to the people in this program. We continue to provide primary case management to these families and work closely with Mainstream Housing.

We are currently working to complete the transfer of people in Semi-Independent Living Program, to brokerage services or supported living programs. This is another feature of the Staley Settlement implementation.

In addition to this project, we are also involved in the Comp 300 project, another feature of the Staley Settlement. We are working to identify 12 individuals in Lane County to receive new non-crisis comprehensive services. This is an exciting project, as there is seldom the opportunity for non-crisis service development.

Quality Assurance

The quality assurance program oversees the DDS Serious Event Review Team (SERT), which meets monthly to review "serious events" involving people with developmental disabilities in state-funded services such as group homes, foster homes, and employment services. Types of critical incidents that are reviewed include allegations of abuse and neglect, death, medical crises, hospitalizations, and other emergencies. Actions taken and appropriate follow-up activities are documented and tracked using a standardized format. This information is linked to a statewide database from which we can analyze trends at both state and local levels. SERT is an important quality assurance process for assuring the health and safety of service participants. Over the past year, Lane County DDS has reviewed 324 serious events. We are pleased to have exceeded our target by accomplishing an 86% compliance rate with our SERT reviews.

Crisis Services

Lane County DD Services participates in the delivery of regional crisis services with partnering counties, Deschutes, Crook, Jefferson, and Lake. Deschutes County

operates as the fiduciary lead. Program coordination is overseen from, and the program coordinator is employed by, Lane County. During this reporting period, diversion funding has continued to operate under monthly spending caps; however, the number of people going in to crisis and the average cost per case continue to increase. The current funding shortfall was partially addressed in the April 2006 legislative Special Session. Funds were allocated to help address the increased needs for children's services; but no additional funding was applied to adult services. We are projecting statewide deficits in all mandated caseloads (Turning 18 and Turning 21: adult transition funding, day support funding for children in 24 hour care and exiting school services, and adult long term diversion). The Cascade Region has made great efforts to improve data collection and reporting to Department of Human Services, for future funding projections.

As mentioned in the section on services for children, the DDS service delivery system continues to struggle with a population of young adults who exhibit challenges related to fetal alcohol/drug effect, mental health issues, autism/asperger's syndrome, alcohol/ drug abuse, and increased incidents of serious criminal behavior. In addition, we have a population in care which is aging and has increased needs that are accessing resources at a greater rate than before. We also have a significant increase in aging caregivers, who are unable to continue to support their family members in their homes. Current community capacity is ill equipped to expand services or provide the level of service that these new challenges present. Funding streams have not allowed for adequate training or oversight of providers to meet the needs of the population accessing comprehensive services. Adult foster care is expanding and supporting some of the most challenging of individuals in our services. Group home and vocational providers struggle with turnover rates of roughly 65%. Recruitment and retention issues within our infrastructure are having a direct impact on our ability to provide adequate resources for the needs being presented. Finally, federal Medicaid rules make portability of funding for services across programs such as DD and mental health challenging, if not impossible.

Funded children's residential programs are at capacity, and movement is slow due to lack of resources that may allow the transition of a child into another setting. The state has allowed for development of local children's residential services, yet funding to develop these services is not readily available. Increased efforts to partner with outside agencies have been critical in meeting the needs of our children. Access to state operated facilities for adults is also faced with the same challenges. The crisis delivery system has worked collaboratively and creatively with county and state partners to meet the needs of individuals needing services despite our funding and resource limitations.

DDS Manager Lynn Greenwood retired on September 15. Lynn gave eight years of dedicated service to Lane County Developmental Disabilities Services and oversaw major technological as well as organizational changes to strengthen the program. Her energy, knowledge and leadership will be a big loss for DDS. She plans to continue advocating for people with developmental disabilities as a consultant to the State's Seniors and People with Disabilities program. Currently DDS Supervisor Rick Hammel is acting DDS Manager and interviews for a new DDS Manager were held on October 6.

III. FAMILY MEDIATION PROGRAM (Donna Austin, Program Manager)

During the last six months, the Family Mediation Program completed a total of 188 court-referred mediation cases. These cases involved open legal actions concerning child custody and/or parenting time disputes. The parents in these cases were parties to a Lane County dissolution, legal separation, modification, or (if unmarried) legal action to establish or modify child custody or parenting time.

A total of 582 parents attended the Family Mediation Program's "Focus on Children" class during the six-month period. The court requires that parents attend this, or a similar class, if they are involved in a current Lane County dissolution, legal separation, or legal action to establish child custody or parenting time.

IV. HUMAN SERVICES COMMISSION (Steve Manela, Program Manager)

Human Services Commission Restructuring

In June 2006, the Human Services Commission and the top administrators of Lane County, the City of Eugene, the City of Springfield, School Districts 4J and 19 agreed to support an analysis of options for strategic restructuring of Human Services Commission and School District Health and Human Services to discover ways to better maintain and expand commonly supported services into the future. The intent is to build a foundation for the future on the successful 34 year history of the HSC as an Intergovernmental partnership. The HSC is governed by an ORS 190 Intergovernmental Agreement to provide human services on behalf of the cities of Eugene and Springfield and Lane County. The following are the goals of this effort:

- Make the organizations' services significantly more financially stable.
- Insure employee satisfaction, compensation, benefits, and access to professional training and continuing education for staff.
- Maintain and add meaningful service capacity over time, in a manner that limits financial risk, while expanding community access to appropriate levels of services.
- Streamline governance, featuring a possible board structures that build collaboration, streamline decision making, improve oversight and unify a planning structure.
- Organize to engage an increased level of community support, including ability to build upon and forge cooperative arrangements with major institutions and service providers in the community.
- Improve care coordination for consumers through integration of social services, behavioral health, and primary care services, improving care management of clients with multiple needs and/or diagnosis.

As a catalytic organization HSC has the potential to expand its services to people in need. With new state and federal grant funding we can expand medical, dental, behavioral health, energy, and veterans services. Local funding partners could also help with the homeless initiative, health care, and the energy program. By next fiscal year HSC will have an organization with 65 permanent FTE and a budget of almost 16 million. Through our community partnerships we have the ability to bring in more support for the organization.

HSC Governance under Review

The Human Services Commission (HSC) organization has four layers of governance through which to process any business; the Community Action Advisory Committee, the Community Health Council, the Human Services Commission, and finally the Lane County Board of Commissioners. Each board has similar but different missions and focuses, and no effective integrative process among the boards currently exists. Managing three boards and processing business through the County Board of Commissioners requires significant staff time. It is an inefficient use of staff energy since every issue presentation must be made to multiple groups. This multi-layer form of governance is complex and slows the decision making process. It is not easy to respond quickly to market changes and emerging issues. In addition to these public sector boards, a private non-profit 501(c)(3) resource development board, the Human Services Coalition of Lane County, d.b.a. Safe and Sound, receives staff support from HSC. Over the course of the past 34 years, the HSC has revised its governance based on adding federal funding that has requirements for boards, committees and who must be involved in community planning processes.

The HSC Board is administered by seven members consisting of public officials under an ORS 190 Intergovernmental Agreement between the cities of Eugene and Springfield and Lane County. Membership is based on the proportion of general fund contributions. Representatives include at least one elected representative from each jurisdiction. The City of Eugene has three seats and Lane County and the City of Springfield each have two public officials seated on the Board. In 1994, the Community Action Advisory Committee's charter was modified to reduce committee size from 21 to 15; and to add the requirement that public officials include three HSC members or their appointees and a member of each jurisdictions Community Development Block Grant Advisory Committee. This change was made to encourage the linkage with the other boards and make the size of the committee more manageable. In November 2003, the Community Health Council was added with federal 330 Community Health Center grant funding.

The HSC's efforts to develop and implement regional integrated health and human services would be strengthened through adopting a broader collaborative partnership form of governance. To this end, we would build expanded stakeholder participation of the organization's governance on the established foundation of the HSC's 35 year successful ORS 190 Intergovernmental Organization. A broader consortium partnership based on a 190 entity with an expanded Intergovernmental Agreement could meet all

the evaluation criteria of a successful restructuring. Under this approach, a consortium organization would be established and run jointly by the broader funding partners and community stakeholders. This design would help ensure long-term shared leadership, financial and organizational ownership and collaboration. It would require partners to be involved in multiple aspects of the collaboration on an ongoing basis.

This type of collaboration could, over time, involve structural changes in how the organizations work together and are involved, including potential financial and personnel allocations. Effective resource management and allocation and mutuality of interests are the basis for the broader partnering structure. This approach could affect the long-term use of resources to improve efficiency, flexibility, expanded resources, expanded markets, a sense of interdependence, and an opportunity for community and personal gratification. The restructuring effort will take time and will require careful attention; this is essential to creating strong, viable, sustainable partnership that can produce lasting impacts.

There is no prescription for the ideal size or design of a redesigned leadership group. However, in many communities 15 – 21 member committees with a two-tiered approach to governance helps partners balance the need for broad oversight with practical considerations. An executive committee (5 - 9 members) could be developed to respond quickly to immediate organization concerns, while the balance of the committee (10-12 members) could be, involved meeting periodically to consider long-term issues and ensure diverse representation. Permanent sub-committees could be formed to address such critical implementation issues as financial management, quality assurance, performance data and evaluation, communication, marketing, and advocacy. A local example of this is the oversight committee of the Lane Workforce Partnership, which has 33 members who break into subgroups. Representatives from all of the stakeholder groups also participate in a 12-member executive committee to provide ongoing policy direction.

The board could be structured in two ways that would meet federal grant requirements.

Option 1: A single Board that meets all federal requirements and is the federal/state grant recipient. This board would be composed of 1/3 public officials or designees, 1/3 low-income residents, and 1/3 community members. Fifty-one percent of board members would use a sponsored health service at least once a year. A single Board would unify the overall mission of HSC and integrate authority into one governing body. The challenge is how to be inclusive and keep board size to a reasonable level. With this arrangement, the county could remain the recipient of the federal grants and the new single board would be the co-applicant for the Federally Qualified Health Center.

For example, membership on the restructured board of directors could be limited to fifteen representatives:

- Five of these seats are reserved for persons who are elected or appointed public officials from the three jurisdictions represented on the Board of Directors (Eugene, Springfield, and Lane County).
- Five seats are filled by community members including representatives of local hospitals, private health care, public school districts, Lane Community College, University of Oregon;
- Five seats are reserved for persons representing low income concerns;

Eight of the non-public official board members mentioned above must use a sponsored health service at least one-time a year.

Option 2: Two-Board Option This structure would allow more flexibility in how the board is structured and who represents the intergovernmental entity board. A second combined co-applicant board would meet both anti-poverty and health center requirements. The downside of this option is that it separates and dilutes the authority between the two boards. If the 190 entity were to at some point become separate from the County, a further complication would be the possibility that the federal and state grants would have to be transferred to this new governmental entity to meet federal requirements.

County/City of Eugene Homeless Service Partnership

Through a partnership with the City of Eugene the following efforts to improve conditions for homeless people were made in the spring and summer of 2006.

- Increased prevention resources and services to low-income households to reduce the number of individuals and families entering the homeless service system.

- Increased access to library services, local transportation and computer access for people who are homeless.

- Conducted problem solving meeting to identify and plan for eliminating barriers between people who are homeless and living on the street and who are attempting to access both mainstream services and permanent housing.

- Coordinated efforts with City of Eugene Staff, Housing Policy Board, and local service providers to address myths and misconceptions surrounding homeless prevention and intervention as described in Register Guard. The local newspaper featured a community education article on ending homelessness in Lane County authored by the City of Eugene Staff, Housing Policy Board and local service providers.

10 Year Plan to End Chronic Homelessness

HSC staff will have coordinated over 30 community forums and presentations on the 10-Year Plan to End Homeless. These events have generated consumer input from

homeless individuals, homeless youth, and homeless families. They have increased knowledge of public officials surrounding service gaps and innovative strategies to address homelessness. During the month of October, staff will give this presentation to at least 16 groups in all, including individuals who are homeless, elected officials, services providers, faith community leaders, Rotary members, United Way directors and members, and finally to the Lane County Board of Commissioners for approval of the plan on November 8, 2006.

The key components of our Ten Year Plan include these strategies:

- Create new permanent housing beds for chronically homeless persons
- Increase the success rate of homeless persons becoming employed and staying employed.
- Work collaboratively to stop discharging vulnerable populations into homelessness due to a lack of safe options.
- Collect accurate data to improve system-wide effectiveness in preventing and ending homelessness.

The federal definition of "chronic homelessness is long-term or repeated homelessness accompanied by a disability. Many chronically homeless people have a serious mental illness like schizophrenia and/or alcohol or drug addiction. The definition of chronic homelessness includes homeless individuals with a disabling condition (substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability) who have been homeless either 1) continuously for one whole year, or 2) four or more times in the past three years.

Homeless Management Information Project

Lane County Human Services Commission (LCHCS) developed a system infrastructure to improve access to housing and services.

More than 9,000 unduplicated client records were entered in the Oregon Housing and Community Services (OHCS) Homeless Management Information System (HMIS) Analytical Database. Lane County, in partnership with OHCS and statewide CAP agencies, uses the state's OPUS system for collecting client data. 146 intake workers and case managers at 16 Lane County's sub-grantee agencies have been trained in the use and security of OPUS since April 2005.

Monthly reports and special requested reports by agencies help to verify their data as a matter of quality assurance and service management.

User accounts are reviewed weekly for security and to analyze data and maintain a secure database.

Community Health Centers

Human Service Commission's Community Health Centers of Lane County clinics provided 8,147 low-income people with 19,318 visits between January 1, 2005 and December 31, 2005. Of these patients, 1,748 were homeless. Ninety-six percent of those served were below 200% of the Federal Poverty Level. Preventive dental services were provided for approximately 3,890 preschool and elementary children.

In August the HSC was awarded a $441,667 federal grant to expand access to health care through its Community Health Center of Lane Center clinics to serve more migrant and seasonal farm workers and people who are homeless in Lane County. Beginning next fiscal year this grant will add an additional $500,000 to the base $653,202 five-year annual continuation grant awarded to the Community Health Centers in June 2006.

This grant will expand the capacity to serve more than 10,000 patients with more than 25,000 visits including 1,000 migrant and seasonal farm workers and their families and 1,500 homeless families and individuals. The expanded healthcare access will build capacity at existing RiverStone Clinic, Churchill and Springfield School health centers, and Safe & Sound Homeless Youth clinics at New Roads and Station 7. Hours of services will be expanded on evenings and weekends. Renovations to existing clinics will be made to accommodate new staff and services. Clinical and outreach staffing will increase by 12 full-time positions.

A new outreach program, *Caminos de la Salud/Pathways to Health*, will provide culturally appropriate and community-centered services to farm laborers and their families in the field, in homes and at churches and to homeless families, individuals, and youth at shelters and day programs.

In August the Community Health Centers began its low-cost pharmaceutical program providing access to medications to the patients of Community Health Centers of Lane County (CHCLC). The program assists patients who cannot afford medications (low income, uninsured, under-insured, "working poor" and homeless people) to obtain them by coordinating a comprehensive program including:

- 340B Pharmacy Program – The program will allow CHCLC clinics to access medications at greatly reduced prices. CHCLC will contract with a local pharmacy to dispense medications and charge patients a nominal fee. This federal program enables community health centers to purchase pharmaceuticals at substantial discounts from wholesale prices, often 50% or more. As a result, access to medications is significantly expanded for low-income people. Up to 43,155 prescriptions will be provided through the CHCPP 340B program.

- Patient Assistance Program (PAP) – PAP will help patients' access free medication from pharmaceutical companies and manage the ongoing renewal process for a nominal fee. Up to 3,600 Patient Assistance Program requests will be filled.

- Voucher Program – Medical providers will have discretion to grant a limited number of vouchers for patients who cannot afford any fee. These vouchers will be used for

drugs not available through free samples. 1,440 medication vouchers will be given to patients.

- Special Projects Program – CHCLC will provide free prenatal vitamins to pregnant women and testing strips to diabetics to improve health outcomes for these special populations.

- Free Pharmaceutical Company Samples and Donations - CHCMP has a formulary and manage a limited in-house inventory of pharmaceutical samples to dispense to patients for short term treatment.

New Low-Income Energy Grant

HSC will be implementing a variety of additional energy education activities to low-income households with a new $287,491 grant received from the State of Oregon. These activities will include the following training sub-recipient volunteers and intake staff to provide energy education, and teaching energy education in workshops and in-home settings.

- 10 hours of in-depth energy conservation training will be provided to committed volunteers and intake staff. These volunteers and staff will then provide energy conservation education in conjunction with energy assistance appointments.

- Energy conservation workshops will be conducted to households expressing interest on the mail out application, and to households receiving education during energy assistance that would like more conservation education. In addition, so called "natural communities" such as low income housing projects, senior centers, and mobile home communities will be targeted for energy education workshops. All income qualified households will receive a kit of energy-saving devises to install in their home, or will have an in-home visit if assistance is required to install the kit items.

- Energy education will be provided in the home for households that are unable to attend a workshop due to scheduling conflicts or accessibility issues, or who have unusually high energy use that requires more intensive and tailored education.

V. MENTAL HEALTH SERVICES (Al Levine, Program Manager)

Outpatient Mental Health Clinic

The last fiscal year was characterized by another "hold-the-line" approach in which we continued to serve a large number of clients without adding back many new staff, due to concerns about the ongoing availability of restored funds and lack of clarity over what size budget hole we were going to have to cover for Lane County Psychiatric Hospital. Happily, the Legislature did end up restoring much of the previously reduced funding

and the Lane County Psychiatric Hospital budget hole proved to be far smaller than feared (likely a result of the decision to close the facility when we did), and since we hadn't budgeted for that, we are able to carry forward some funds that has allowed us to increase staffing to meet demand. We intend to proceed slowly and carefully, with a clear desire to meet the demand for services but also maintaining a reasonable prudent person reserve to cushion us against potential fiscal hard times ahead.

Lane County Mental Health is currently serving over 1,300 adults and 450 children and families at any given time. We have already added 3 FTE of additional Child Mental Health Specialists to manage very large caseloads and to assist us in the provision and coordination of Intensive Community Treatment Services for Children and Adolescents. We have also added 12 additional hours per week of contracted child nurse practitioner time and 2 additional adult clinicians as well. We are unable to keep pace with demand for services with some of the new and restored funding from the Addictions and Mental Health Division. The City of Eugene funded a Mental Health Court program for Eugene Municipal Court offenders. That program is now going strongly, with 30+ individuals currently enrolled.

We have contracted out almost $200,000 in funding to the adult serving mental health agencies to increase their capacity to serve clients who lack Oregon Health Plan. These funds were to be used with priority access for services given to referrals from Transition Team. This includes funding for eight additional "transitional beds" through ShelterCare to provide a longer period of housing stability than current lengths of stay allow in crisis respite programs. It also included funding for a "dual diagnosis bed" at Buckley House with funding to WhiteBird to provide mental health support and consultation to Buckley staff. These new beds will give priority access to clients referred from the Transition Team, and clients can live in these units, with intensive case management supports for four to six months.

LCMH's Child and Adolescent Program has been working hard to gear up for the implementation of the Children's System Change Initiative, which is restructuring how high intensity child services are managed and delivered. LCMH serves as the system gatekeeper for Oregon Health Plan eligible children who are not under LaneCare and need either intensive psychiatric residential treatment services or intensive community based treatment services and children in our community (uninsured or under-insured) who meet clinical criteria for intensive psychiatric residential services and extended hospital level care (formerly Oregon State Hospital beds). We have added additional staff with funds provided for this purpose to conduct level of need determination for appropriate levels of care and placement. In addition we conduct plan of care staffing, develop child and family teams, develop and implement service coordination care plans in collaboration with our system partners. Lane County Mental Health is fully credentialed as a Intensive Community Treatment Services provider and have enrolled 46 children into intensive community based care since the implementation of the Systems Change Initiative (October 05).

In addition we continue to maintain a robust and active children's outpatient program, averaging 350+ enrolled children on any given day and provide a wider array of services of child and family interventions. While many of the children seen at LCMH offices have moderate to severe psychiatric disorders we are providing individual and family work, attending Individual Education Plans, developing and participating in child and family teams, coordinating care across multiple health providers and system partners, and providing overall psychiatric management and oversight of needed services.

We have successfully recruited an Administrative Services Supervisor to assist us in managing our business support staff and to provide a higher level of business and financial expertise to our management team. Ron Hjelm joined LCMH as an Administrative Services Supervisor over a year ago, and he comes to us with years of experience and formal training in healthcare financing and business management. He has assisted us in identifying workflow process improvements and potential for revenue enhancements. He is currently focusing on improving our accounts receivable process, identifying process improvements that will allow us to capture revenue for a higher percentage of our billed charges. Ron is working closely with the H&HS administrative staff to accomplish this.

We have successfully completed recruitment for a Clinical Services Supervisor for the Adult Outpatient Clinic, a position formerly held by Dean DeHeer, who retired. We have added Walter Rosenthal as the new supervisor, and he comes to Lane County with a wealth of clinical experience in both mental health and substance abuse treatment. He will be focusing this year on enhanced clinical development for our clinical staff, as well as finding a way to have LCMH lead the way in the hiring of consumer peer support specialists.

The past few years we have co-located both family support services and consumer operated services in our location. The Lane County chapter of the National Alliance for the Mentally Ill has leased office and library space from us, and provides a wide array of complementary family support services, education, and system advocacy to our clients and their families. Oregon Family Support Network (a similar family support program aimed at families of younger children) has also moved into 2411 Martin Luther King, Jr. Blvd, housing both their Lane and statewide chapter offices in our building. We have leased space off our lobby to SAFE, Inc., a consumer owned and operated entity that provides a wide range of activities, advocacy, support, and other services to mental health consumers. SAFE intends to use this space as a Consumer Community Access Center for clients in the mental health system. They have it staffed daily since November 1, 2004. Our clinic site has become a true community resource for our clients.

Residential Programs

Lane County Mental Health continues to provide mental health services at three residential programs.

The Paul Wilson Home (PWH) located at 525 S. 57th Place, Springfield is operated in conjunction with Elder Health and Living. Elder Health and Living (EHL) provides the residential care services (e.g., food services, medical care) and LCMH staff provide mental health services to the residents. This 10-bed facility is a secure, residential treatment center for individuals with severe and persistent mental illness who are in need of placement from state psychiatric hospitals. The PWH tends to run at capacity throughout the year. The mental health services that are provided are Medicaid covered services and are billed to the state Office of Medical Programs of on a fee-for-services basis.

The Bender Home (TBH) located at 622 S. 57th Place, Springfield is another joint venture between LCMH and EHL. This home is a four person home designed to serve a particularly difficult population of women with complex mental health and physical health conditions, as well as challenging behaviors who have spent long stays in the State Hospital. The residents of this program are targeted to be Lane County residents who are returning to the county after a lengthy period of hospitalization at a state hospital. This program has now been operating for more than a year and has been very successful in maintaining very challenging residents in the community avoiding costly stays at a state hospital.

The Enhanced Care Facility (ECF) is located at 622 N. Cloverleaf Loop, Springfield, Oregon. This program is operated in conjunction with Gateway Living incorporated. This facility replicates a home-like environment with support from both mental health staff and nursing care staff. This is a secure, 16-bed, co-ed unit for individuals who have a severe and persistent mental illness as well as a significant medical condition. Gateway Living provides the residential and medical care services and LCMH staff provides mental health services. Most placements come from state psychiatric hospitals or other ECF programs around the state.

The ECF program has an after-care component to assists the residents to transition into more integrated community placements as their skill and independence allows. This Enhanced Care Outreach Services (ECOS) program is operated by LCMH staff and currently serves a census that varies between seven and nine individuals.

Acute Care Services

As reported in the past few Board of Health Reports, with the closure of the Lane County Psychiatric Hospital, the County, in cooperation with PeaceHealth, the Addictions and Mental Health Division, and other system stakeholders created a transition team. This team is modeled after a number of very successful programs in other states and is considered an evidence based practice, and will provide for a better overall level of service to individuals either coming out of the hospital or being diverted from an admission. The Transition Team works with these individuals for 8-12 weeks until they can be transitioned into whatever their ongoing care would need to be (back to primary care, less intensive services through another provider agency, or to Lane County Mental Health's outpatient clinic).

The Transition Team consists of three Qualified Mental Health Professional level (Master's or above) clinicians (contributed by PeaceHealth as in kind support to this program), two Qualified Mental Health Associate level staff paid for by LaneCare and hired by PeaceHealth, a psychiatrist (Dr. Paul Helms, former Medical Director of LCPH), and a business support staff and clinical supervision provided by the County. We contract with three or four community providers to provide mobile crisis support, in home services, linkage to peer supports. These providers have had funding added to their existing contracts so they can have adequate capacity to serve Transition Team clients, who will, for the most part, be indigent. The team did expand its staffing with LaneCare funding to begin serving LaneCare members who have impacted the hospital system. The team is housed at the LCMH clinic. Lane County Mental Health will also add additional psychiatric time and business support to the team, funded as well by LaneCare.

A planned annual review of how the Transition Team has done in meeting its mission has been undertaken, and preliminary analysis seems to indicate that they are providing a high quality and effective service to the target population. The average time of Transition Team involvement is ten weeks, and they have successfully prevented most of the clients served from needing to be readmitted to the hospital. At the present rate, Transition Team will serve around 130 clients in the current fiscal year. Data indicates that transition team has reduced inpatient days for the clients it serves by an average of 1.5 beds per day for an entire year. That translates to almost 550 bed days saved, and since this team has been targeting primarily indigent clients, that is a considerable savings to PeaceHealth in non-reimbursed care and thus has resulted in a continued commitment from PeaceHealth to remain in partnership in this successful venture with their contribution of the costs of three QMHP staff (over $200,000).

With the closure of LCPH, the County again became financially responsible for the costs of indigent county residents placed on emergency psychiatric holds (this has always been the case, but Lane County had a gentleperson's agreement with PeaceHealth that the County would not be charged for such patients on the Johnson Unit as long as LCPH remained operational). We have negotiated what we believe to be a reasonable "cap" on such reimbursements with PeaceHealth that will allow Lane County to be able to budget funding for the Transition Team and other alternatives in the next fiscal year.

Obviously Lane County would continue to be financially responsible for any such costs incurred in out of area hospitals when the local beds are full, as well as transport costs. Clearly it is critical that this team be successful in keeping local beds available and out of area admits to a minimum. Since the closure of Lane County Psychiatric Hospital on March 31, 2004, we have already seen a dramatic increase in out of area admissions. This creates not only potential financial concerns, but also adds to the already heavy burden of civil commitment investigations, which must occur within required timeframes with patients now in out of area hospitals and limited ability to bring them back. We have increased our FTE devoted to commitment to stay compliant with the statutory requirements and to bring that service back up to historical staffing levels. In addition,

we have learned recently that Lane County receives the lowest funding Regional Acute Care dollars per capita of any County in the state. Discussions are underway with the Addictions and Mental Health Division of the State to correct this significant inequity.

A final area of significant planning and development is for crisis system enhancements to help create alternatives to expensive inpatient care and to allow earlier intervention where possible. On the child side, a comprehensive, county-wide crisis response system has been developed, provided by a partnership of three child-serving agencies (SCAR-Jasper Mountain, Looking Glass, and Child Center) which has mobile crisis outreach and support 24/7, in home crisis respite, foster care based crisis respite, and facility based crisis respite for children and adolescents. This serves the entire County from Florence to Oakridge and McKenzie Bridge and from South Lane to Coburg. Funding for these enhanced services is from increased state crisis funds provided by OMHAS and LaneCare reinvestment funds. This program has now been in operation for over a year, and is proving to be well utilized and highly effective in reducing referrals to area emergency rooms and in resolving crises at an earlier point than previously possible.

A one year evaluation report has been prepared and distributed which highlights the accomplishments of this program, compares the program favorably to nationally recognized best practice guidelines, and does this at a fraction of what similar programs have cost in other states. Planning is currently underway for ways of enhancing the adult crisis system. We have essentially given up on expanding CAHOOTS at this time, and we are focusing our efforts on developing some urgent care psychiatry hours, as well as developing some additional respite and step down beds.

VI. LANECARE (Bruce Abel, Program Manager)

LaneCare represents the County's effort at managing a capitated component of the Oregon Health Plan (OHP), the mental health "carve-out," while integrating community mental health responsibilities in partnership with provider agencies. LaneCare continues to contract with a range of non-profit providers to offer a full continuum of services, to ensure access to services, and to maintain consumer choice.

Change and instability continue to challenge the mental health system and LaneCare. The past couple of years have been fraught with budget reductions and other destabilizing situations. LaneCare received a significant budget reduction effective January 1, 2006. This is based on reductions in capitation rates or the amount LaneCare is paid for each member we provide coverage. The LaneCare budget reduction was approximately $2,500,000, representing 17% of our previous budget.

Despite the unpredictability of funding over the past years, legislative budget reduction packages, and the increasing service demands, LaneCare has managed to maintain the highest utilization and penetration rate in the state, preserving a vibrant continuum of

services, and remaining fiscally sound. LaneCare is drawing upon reserves to manage the service impact of a funding reduction of this magnitude.

It is clear however that LaneCare must plan for service reductions in the future. Demand for mental health treatment continues to increase, particularly for psychiatric services. LaneCare is establishing a planning process to assure that future budget allocations are in line with community values, client need, and service priorities.

LaneCare and LCMH continue to develop and fund innovative mental health services. Last year we funded the child crisis network that is providing crisis response services to families whose children have a significant mental illness. This service provides phone support, mobile outreach, in-home crisis stabilization services, and brief residential placements. After six months of operations this program is successfully meeting the communities' needs for crisis support for children with a mental health crisis.

LaneCare is continuing our efforts to move the system toward evidence-based practices and has sponsored several trainings to help providers develop new skills. LaneCare contracted with a local agency to provide trainings by and for consumers that will lead to a certification of completion and opportunities for employment as peer support coaches or mental health aids. This first class graduated in March, 2006 and the second class is currently being recruited.

In October 2005, intensive Treatment Services funds for children were contracted by the state to LaneCare. LaneCare is now responsible for managing these resources and subcontracting for services. This is a positive change and is in-line with the pilot project proposals that we have presented to the state over the years. LaneCare has successfully negotiated contracts with six programs to provide intensive community based treatment and with five programs to provide residential treatment services.

LaneCare is supporting this system change initiative at a county level by supporting several meetings each month to plan, implement and monitor the local changes associated with the system change initiative. These meetings include schools, parents, child welfare, juvenile justice, local mental health providers, state mental health providers, and other interested parties. Planning is ongoing.

There are several areas of concern that LaneCare is dealing with. These will be briefly described below.

- Psychiatric hospital rates and utilization: The primary provider of psychiatric hospital services in Lane County is PeaceHealth at the Johnson Unit. We recently approved a $100 per day rate increase. This has increased annual costs by several hundred thousand dollars. PeaceHealth is stating the rate is still not sufficient.

- PeaceHealth and Lane County Mental Health are the primary providers of psychiatry in Lane County. LaneCare currently pays the highest reimbursement for these

services by a public entity in Oregon. We are being told by both organizations our rate is well under the cost of providing the services.

- LaneCare is newly capitated for Intensive Child Mental Health Services. We do not yet know whether we are managing to the funds we have received or whether we are over target. There has been massive confusion in enrollment of kids in Mental Health Organizations across the State and many kids have entered residential treatment through other avenues and their cost may revert to LaneCare.

- Consumer operated services provide demonstrated benefit to individuals with a mental illness but the Medicaid system is not set up to easily reimburse providers of peer-to peer consumer support activities. LaneCare is taking a lead in the state trying to make these support services available.

VII. PUBLIC HEALTH SERVICES (Karen Gillette, Program Manager)

Communicable Disease Service

Immunizations: The Lane County Public Health (LCPH) immunization program has provided 1,308 immunizations and 1,386 tuberculosis skin test in the past six months. In addition, the 11 LCPH immunization delegate clinics have provided 2,402 immunizations in the same time period. An adolescent and adult combined tetanus, pertussis, diphtheria (Tdap) booster shot became available to LCPH and delegate immunization clients in February of this year. Since then 350 such immunizations have been given in these clinics. This effort is expected to play an important role in the prevention and control of outbreaks of pertussis which can have severe effects on very young children. In May, the LCPH Immunization program, with the funding assistance of the Oregon Department of Human Services, sponsored a continuing education program on Adolescent Immunizations for health care practitioners from our communities.

Tuberculosis: In 2001, Lane County had 25 cases of active tuberculosis. At least two thirds of those cases were associated with a homeless shelter outbreak.

In March of 2002, LCPH, in conjunction with the leadership of the Eugene Mission instituted a firm policy requiring tuberculosis testing and screening and provision of medication to those newly infected with tuberculosis as a condition of residency or work at the Mission. Since then LCPH nurses have provided daily on-site tuberculin skin testing and referral for every resident and worker. In 2004, with support from the Center for Disease Control and Oregon Department of Human Services, ultraviolet lights were installed in the ventilation system which serves the common areas and dormitories at the Mission. LCPH reviews the monthly maintenance logs and checks the lights every six months.

Numbers of tuberculosis cases and converters has continued to decline in Lane County. Currently there is just one active case of tuberculosis in Lane County and that case is not associated with a homeless shelter. In the past six months, there has been just one person whose tuberculosis skin test has converted from negative to positive associated with the Mission. We are gratified that unified public health efforts and collaboration with the shelter is yielding such positive results in preventing the spread of tuberculosis in our community. We have received requests from county health departments in various parts of the country for information about our model of prevention and control of tuberculosis in a homeless shelter.

The homeless population is one of the high risk populations throughout the country for this disease. Partly because this population is so mobile and partly due to chronic poor health within this population, it is essential to continue to be vigilant in order to prevent new cases and spread of the disease.

Other reportable communicable diseases: Between April 1, 2006 and September 30, 2006, LCPH has investigated 571 reportable communicable diseases including confirmed, presumptive, and suspect cases. Of note, there were just seven reported cases of pertussis within that time period with a total of 13 for the current calendar year. This compares to 123 cases for the first nine months of calendar year 2005. There was just one reported case of Hepatitis A in the past six months. This continues the trend toward lower numbers of cases. Sometimes it is important to note what DID NOT happen and reflect on effective public health prevention activities including immunization.

This last six months also contained an episode named "the-disease-formerly-known-as-mumps." Beginning the end of April, Lane County saw a marked increase in an illness characterized by parotitis (swollen parotid glands), fever, and fatigue. Cases were seen in healthcare workers and among college students and their contacts as well as various members throughout the community. Cases were mostly seen in adolescents and young adults but there were also a few young children and a few elderly people. Some people had been fully immunized against mumps and others had not. This was happening at a period of time when large outbreaks of mumps were occurring in other parts of the country.

Cases were initially confirmed by testing at the Oregon state Public Health Laboratory. Advanced follow-up testing of the originally "confirmed" cases did not support most of the diagnoses of mumps. Since May 2006, Lane County has had, under current laboratory confirmation and Oregon disease reporting guidelines, 13 cases of mumps.

Public Health steps that have occurred as a result of the renewed focus on mumps include the following:

- As of July 1, 2006, Oregon has rejoined the rest of the country making mumps a reportable communicable disease.
- Immunization recommendations have been revised to improve prevention

Sexually Transmitted Diseases: Lane County Public Health has twice weekly STD clinics and provides examination and treatment services for clients at risk for or diagnosed with chlamydia, gonorrhea, or syphilis. A Disease Information Specialist (DIS) provided by the state is based in Lane County and provides case investigation and education for cases reported to LCPH from providers throughout the county. The DIS works in the clinics with the STD nurses and the Public Health Officer to assure adequate treatment and follow-up to prevent the spread of these diseases. Chlamydia rates in both Oregon and Lane County continue to be recorded at unprecedented levels. From February through July 2006, the latest six months for which figures are available, Lane County had 508 cases of chlamydia reported. Lane County's chlamydia rate for 2005 was 265 cases per 100,000. Gonorrhea cases are significantly increased this year over 2005 and 2003 levels. With five months left to report in 2006, Lane County has had 65 cases of gonorrhea, more than the total of all gonorrhea cases in 2005 but still well below the total of 147 seen in 1991. Oregon became designated a high morbidity state for syphilis in 2004 and Lane County is not immune. This year we have five cases reported thus far which is slightly ahead of recent years.

HIV and Hepatitis Prevention Program: Lane County Public Health strategically provides evidenced-based interventions and services to members of our community who are most at-risk for infection or transmission of HIV and Hepatitis. In Oregon and Lane County, gay and bisexual men (and other men who have sex with men) continue to make up 70% of all new HIV infections. Injection drug users account for 15% of all new HIV infections and 70% of all Hepatitis C infections. Both of these populations are also at increased risk for Hepatitis A and B, which can cause complications to HIV or Hepatitis C infections. We use this data as well as recommendations from the CDC and Oregon DHS to guide our prevention work.

The CDC estimates 25% of HIV-positive individuals do not yet know their status. LCPH has been strategically offering HIV-testing services to reach these individuals so they can receive the benefits of medical care and prevent spreading the infection. Between March and August 2006, LCPH provided 881 HIV tests which included risk-reduction counseling. By offering targeted services and subcontracting testing services with HIV Alliance: 235 HIV tests were given to male to male sexual risk (MSM), 357 to those with injection drug risk (IDU), and 564 to individuals whose partners were MSM, IDU, or HIV-positive.

In collaboration with HIV Alliance and local private providers who care for HIV infected patients, LCPH is providing a Social Network Recruitment program. In this program, LCPH works with gay and bisexual men who are HIV-positive or at high-risk to refer members of their social network and partners to LCPH for rapid HIV testing. This is an incentive-based program which helps to increase the number of referrals and those who present for testing. This program is funded by Oregon DHS and is based on CDC intervention shown to find more positives than conventional testing programs.

In July, 2005 LCPH added state-funded Hepatitis C testing to the health and prevention services for injection drug users. Clients who were already seeking needle exchange services, HIV testing, and Hepatitis A and B vaccination could now test for the disease most common among injectors, Hepatitis C. To date, LCPH has provided 140 tests for hepatitis C with a 30% positive rate. This is good news for public health, as this preliminary data indicates that local infection rates within this self selected, high risk population tested may be half of the national average.

LCPH works closely with private and public partners in stopping the spread of infectious diseases and blood-borne pathogens among injection drug users and their families. We have taken a leadership role on the Lane County Harm Reduction Coalition which works to reduce the impact of injection drug use and other substance abuse on public safety, community health, and individual health. Coalition members include Sacred Heart and McKenzie-Willamette Hospitals, HIV Alliance, Buckley Detox Center, Community Health Centers of Lane County, LIPA, Lane County Adult Corrections, and drug treatment and social service agencies. LCPH's work with the coalition has helped leverage new health services for injection drug users.

Environmental Health

The purpose of the Environmental Health Program is to give quality inspection services to facility owners and to protect the health of residents and visitors in Lane County as they use any of our 2,887 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 5.25 FTE Environmental Health Specialists that are responsible for 4,706 total inspections throughout the county. The following are the types and numbers of facilities licensed and regularly inspected by the EH staff: full service and limited service food facilities (926), mobile units (123), commissaries and warehouses (34), temporary restaurants (870), pools/spas (283), traveler's accommodations (106), RV parks (66), schools, day cares, organizational camps and others (484). EH continues to work closely with the Communicable Disease (CD) teams and Preparedness Response teams as needed to ensure safe food and tourist accommodations for everyone in Lane County.

Environmental Health continues to receive grant monies to fund a portion of an Environmental Health Specialist to work on preparedness procedures and exercises. This position continues to assist in conducting training sessions and presentations on preparedness. As the possibility of pandemic flu increases in the USA, there will be more demand for pandemic type emergency response activities from this position.

Testing and certification of food handlers in Lane County continues to be a priority, as a preventative measure against food-borne illnesses. EH issues approximately 6,000 Food Handler Cards annually. The program continues to work with Chemeketa Community College to offer Food Handler Card testing through an on-line "e-commerce" program. The program also offers in-office and worksite and testing in both English and Spanish. Since January of 2005, 5,645 food handlers' cards have been issued through our on-line testing service. The on-line testing site is accessed from the

www.LaneCounty.org website. We are currently exploring the possibility of partnering with Lane Community College for provision of these on-line services.

Environmental Health licensing fees have recently been increased in order to keep pace with costs. The Oregon Restaurant Association was made aware of the need for increased fees and we received no negative feedback for the upward adjustment.

During the summer, the EH Program again conducted West Nile Virus public education and testing of dead birds. Environmental Health Staff collect and ship state approved specimens to the state laboratory for testing. Mosquitoes were also trapped, identified and tested. To date we have had one crow test positive for West Nile Virus in Lane County.

We continue to utilize the new data collection system that was created with the Environmental Public Health Tracking (EPHT) "mini-grant." The database is being fine-tuned and further developed. GIS mapping functions have been added as well. to date we have shared the fruits of this project with Deschutes, Jackson, Douglas, Sherman, Gilliam and Morrow Counties. We will be requesting additional funds to expand this data-sharing project as the opportunity presents.

The EH team continues to work closely with the CD nurses to better coordinate investigations on food-borne illness. EH and CD recognize the importance of having the two disciplines working together in the on-going effort to curb the number of food-borne illness outbreaks.

The EH Program has initiated an Internship Program in cooperation with Oregon State University Health Studies Program. We have recently completed a project with a second intern from OSU and are looking forward to continuing and expanding these internship opportunities.

In conjunction with the State Food Program and other counties, the EH Program has committed to becoming standardized through the FDA Standardization Project. We have recently completed three of nine FDA standards.

Family Planning

On July 1, 2006, LCPH Family Planning services moved from Public Health to the Community Health Centers of Lane County, under the Human Services Commission. The transition was coordinated by leadership and key staff of both divisions within the Department of Health and Human Services. The staffing changes resulted in a loss of six public health positions.

LCPH continues to have a role in the coordination and facilitation of family planning services throughout the county. We remain the state designated Family Planning Coordinator and as such are a communication link between state programs, such as the Family Planning Expansion Project (FPEP) and Title X and clinics which provide

services under these programs. Implementation of the new citizenship verification requirements for the FPEP program is currently generating increased activity for both the state and affected programs.

Maternal Child Health

The goal of the Maternal Child Health (MCH) program is to optimize pregnancy, birth, and childhood outcomes for Lane County families through education, support, and referral to appropriate medical and developmental services. MCH direct services for pregnant and postpartum women and for young children and their families are provided through the following program areas: Prenatal Access, Maternity Case Management, Babies First, CaCoon, and Healthy Start.

Prenatal Access: The Prenatal Access program helps low income pregnant women access early prenatal care. Program staff determine eligibility for Oregon Health Plan (OHP) coverage during the perinatal period and directly assist with the completion and submission of the OHP application and verification of coverage. The program helps pregnant women schedule their first prenatal visit by providing prenatal health care resource information. Improving access to care is the most effective means of increasing the percentage of women who receive first trimester prenatal care, and early and comprehensive prenatal care is vital to the health and well being of both mother and infant. Studies indicate that for every $1 spent on first trimester care, up to $3 is saved in preventable infant and child health problems.

Maternity Care Management: The Maternity Case Management program provides ongoing nurse home visiting, education, and support services for high-risk pregnant women. Community Health Nurses help pregnant women access and utilize needed and appropriate health, social, nutritional, and other services during the perinatal period. Perinatal nurse home visiting has been shown to: increase the use of prenatal care, increase infant birth weight, decrease preterm labor and extend the length of gestation, increase use of health and other community resources, improve nutrition during pregnancy, and decrease maternal smoking – all of which increase positive birth and childhood outcomes.

Babies First!: The Babies First program provides nurse home visiting, assessment and early identification of infants and young children who are at risk of developmental delays and other health conditions. Early detection of special needs leads to more successful interventions and outcomes. Nurses provide parental education regarding ways to help their child overcome early delays, and they provide referral to appropriate early intervention services. Other benefits of nurse home visiting are: improved growth in low birth weight infants, higher developmental quotient in infants visited, increased use of appropriate play materials at home, improved maternal-child interaction, improved maternal satisfaction with parenting, decreased physical punishment and restrictions of infants, increased use of appropriate discipline for toddlers, decreased abuse and neglect, fewer accidental injuries and poisoning, fewer emergency room visits, and fewer subsequent and increased spacing of pregnancies.

CaCoon: The CaCoon program provides services for infants and children who are medically fragile or who have special health or developmental needs by helping their families become as independent as possible in caring for this child, and by helping families access appropriate resources and services. CaCoon stands for Care Coordination and is an essential component of services for children with special needs. CaCoon provides the link between the family and multiple service systems and helps overcome barriers to integrated, comprehensive care.

Healthy Start: Healthy Start offers support and education services for first-time parent families in Lane County through voluntary home visiting services. The central administrative core of the program is part of Lane County Public Health, and the home visiting portion of the program is provided through contracting agencies. Healthy Start is funded through the Oregon Commission on Children and Families. Healthy Start home visiting has been shown to effect positive changes in the lives of families and children. Positive outcomes tracked in the yearly Oregon Healthy Start status report demonstrates a lower rate of child abuse and neglect, a higher rate of utilizing well-baby care by a primary care provider, decreased emergency room use, and an increased rate of childhood immunizations. Additionally, data indicates that families who participate in Healthy Start read to their children more than the general population, and parents report that the program was helpful to them in their parenting.

Challenges and Opportunities: During this past year, Public Health MCH and Health & Human Services Administration have worked together to address Lane County's disturbingly high rate of fetal-infant mortality. The Perinatal Periods of Risk (PPOR) approach was used to identify and analyze relevant data. Data collected reflects an overall high rate of fetal-infant mortality (higher than the U.S., Oregon, and comparable Oregon counties). Additional data will be collected and analyzed, and efforts to inform and engage the community will continue. The PPOR approach suggests effective preventive strategies and interventions based in four categories: maternal health/prematurity, maternal care, newborn care, and infant health. In addition, a Fetal Infant Mortality Review (FIMR) process will be initiated. The FIMR will help identify factors associated with individual deaths and help determine if factors represent community-wide problems. Current community prevention efforts will focus on interventions that have been proven to lower fetal-infant mortality. The Health Advisory Committee has chosen the reduction of fetal-infant mortality as their focus for 2006.

Preparedness

Public Health Services is currently in the fifth year of funding for public health preparedness. In the past year our focus has been on exercising emergency plans, exercising with our response partners and community education on Pandemic Influenza. In spite of significantly reduced preparedness funding this year we were also able to purchase some new equipment for our lab. The new lab equipment will improve daily lab efficiency, improve lab safety and allow Lane County Public Health to provide leadership with regard to handling lab samples in a health emergency. In September of

this year, Elizabeth Miglioretto, the public health preparedness coordinator of the past five years, accepted a new position as the regional coordinator with the State of Oregon. To fill the vacant position, Public Health Services has hired Brian K. Johnson to assume the role of preparedness coordinator.

Community Education on Pandemic Influenza: With the supplemental funding for Pandemic Influenza planning, which came very late and with many complicated restrictions, we were able to hire an intern from Oregon State University to completely redo Lane County Public Health's web site. We were also able to host a summit for education and planning in response to Pandemic Illness. The summit was very well received. Attendance to the summit included a broad array of community leaders from wood products businesses, banking, health care, voluntary agencies, faith based organizations, agencies supporting public infrastructure, and many others.

Exercises and Training Completed: This year we changed our focus from drilling and exercising within our agency to planning, organizing, and participating in full-scale exercises with multiple agencies.

- November 2005 – Mutual Aid with Douglas and Coos County Public Health
- December 2005 – Intentional Chemical Release
- June 2006 – Biological Contamination of the Gateway US Post Office sorting facility.

Formal mutual aid in Public Health is very new. The November exercise was the first time Lane County and its southern partners have attempted to assist one county in a way that requires staff to travel to another county. We often work on outbreaks together, which does not require any one to travel outside of their own county.

The planning process for a full-scale exercise is quite extensive. Planning for the full-scale exercise with the City of Eugene Emergency Management, Emergency Medical Services, Airport and Law Enforcement, Lane County Emergency Management, McKenzie Willamette Medical Center (MWMC), and Sacred Heart Medical Center (SHMC) began in March of 2005. LCPH and MWMC conducted a table top exercise of the medical response in October to prepare for the larger exercise in December.

The December 7, 2005 full-scale exercise provided staff an opportunity to use the knowledge and skills gained through the various trainings and for the Department to use the tools and documents that have been developed. Sixty-nine high school students, from four local high school health occupation programs, participated as Sarin gas exposed victims of varying degrees of severity that were dispatched to the two local hospitals. Some of the same students also participated as callers from the community to test the capacity of Lane County Public Health's phone system to receive a large number of phone calls without overloading the system.

The June 20, 2006 exercise was the culmination of five months of planning. LCPH was the lead agency in organizing the exercise. The U.S. Postal Service (Gateway facility)

is a mail sorting facility. This facility installed devices for the detection of Anthrax one year ago. Many of the participants involved in the emergency planning process, LCPH, Region 2 HAZMAT, and Springfield Police, were eager to test our plans. This exercise involved a complete evacuation of the facility, actual decontamination of a few individuals, and retrieval of lab samples from the detection device by the USPS HAZMAT team, and preventive treatment of all potentially exposed individuals. This full scale multi-agency exercise was the first to be conducted at such a comprehensive level within the state of Oregon.

After action reports from all exercises LCPH has participated are available by request from the Public Health Preparedness Coordinator.

Future work in public health emergency preparedness will concentrate on revision of emergency plans in response to the gaps identified by previous emergency drills and exercises, and our annual State review. Additionally LCPH will continue to assist individual and our community improve emergency preparedness in case of a Pandemic Illness. Lastly, LCPH will continue to work with our emergency response partners as we prepare as a community to host the 2008 Olympic Trials. LCPH participated in a tabletop exercise for the Olympic Trials in early September 2006. This was the first of several exercises scheduled over the next two years.

Wellness Programs

Breast and Cervical Cancer Program: Due to changes in CDC and Oregon BCCP program priorities, the local Breast and Cervical Cancer Prevention (BCCP) program closed as of July 1, 2006. This valuable local screening program for low income, under-served women will be missed. BCCP helped women who would not otherwise have access to breast and cervical screening, access those services. Most health care providers in Lane County agreed to serve BCCP clients with a reimbursement schedule based on the Medicaid rate. In an effort to cut state-wide program costs, the Oregon BCCP program decided to contract with a single provider for the statewide BCCP services that had been provided by local health departments and to contract directly with local health care providers around the state to provide screening services. Although not yet set up, this transition was to have been completed by September 1, 2006. At this time, the Oregon BCCP program has not been able to provide a firm date for completion of the transition. Local Public Health staff have worked with local providers and the Oregon BCCP program to assure that providers have been paid for services and clients with urgent needs have been served during the interim.

Oral Health: Funded by a grant from the state's Office of Family Health, the Lane County Early Childhood Cavities Prevention (ECCP) Program improves oral health in the community by providing: dental health education and prevention services to pregnant women and children, changing public health practices related to dental care, and coordinating and advocating for community changes to improve access to dental care.

Oral health efforts with this population are particularly important for a number of reasons. For example, a pregnant woman's oral health problems can increase the risk of miscarriage, so improving oral health also improves pregnancy outcomes. In addition, dental cavities are an infectious and communicable disease. The bacterium that causes cavities can spread from mother-to-baby and dissolve the enamel on the surface of the baby's teeth. This leads to increased childhood cavities. Furthermore, preventing dental cavities in pregnant women reduces the chance harmful bacteria is transmitted from mother to child. Educating parents also prepares them to teach their children how to care for their teeth. Finally, helping parents access a dental provider improves the chance that the whole family will receive future dental care.

Lane County' Public Health Educator for Physical Activity and Nutrition and Oral Health coordinates the ECCP program efforts with community members, dental professionals and other healthcare organizations. In addition, Lane County's Maternal Child Health Nurses deliver direct oral health services to clients and children during home visits including screening and educating adult clients on strategies to improve their dental health and that of their children. The Maternal Child Health nurses also screen and assess infants and children in MCH programs for risk of oral health problems, apply a fluoride varnish to children at high risk for cavities, encourage and help parents to make regular dental appointments for themselves and their children. During FY 05/06, Lane County's Maternal Child Health Nurses helped 348 low-income pregnant and postpartum women access essential oral health services through local dental providers. They also identified another 280 children as eligible for services.

Physical Activity and Nutrition: Physical activity and good nutrition are essential to maintaining health and quality of life. A grant from the state's Public Health Division funds Lane County Public Health's Worksite Wellness program. Since the program's inception in late 2005, the Public Health Educator for the program has been facilitating efforts to make it easier for Lane County employees to increase their levels of physical activity and fruit and vegetable consumption.

The "Walking Challenge" is one of the ongoing physical activity efforts for Lane County employees. There are currently over 400 Lane county employees participating in this program component. Many of these staff members are reporting their total steps walked to the Public Health Educator on a monthly basis. The Public Health Educator has been tracking employees' progress in walking around the globe since February of 2006. Monthly walking reports have taken staff members from Eugene, Oregon to St. Kitts in the Caribbean, to Delhi, India, to Perth, Australia, to Taipei, Taiwan, to Kenai, Alaska, to Antigua, Guatemala and on to our current location of Montevideo, Uruguay.

Other program components include the efforts of the county's Wellness Team in looking at our county worksite environments and policies. These discussion have now lead to the Public Health Educator's drafting of a new Lane County Physical Activity and Nutrition policy which will, in October of 2006, be considered for inclusion in the county's formal Administrative Policy Manual.

In addition, early this fiscal year, the program began to expand to provide support to other large Lane County employers with their own Worksite Wellness programs. Continuing throughout the end of this fiscal year, Lane County's Public Health Educator for Physical Activity and Nutrition will provide training and technical support to six large county employers including Lane Community College, Hynix, the Register-Guard, Jerry's Home Improvement Centers, Head Start of Lane County and Royal Caribbean Cruise while continuing to support worksite wellness efforts for Lane County employees.

Tobacco Prevention: The Lane County Tobacco Prevention & Education Program (TPEP) continues to reduce tobacco-related illness and death in Lane County by reducing exposure to secondhand smoke, creating smoke-free environments, decreasing youth access to and initiation of tobacco use, and increasing access to cessation services. Highlights from the last six months include work in the following areas.

- Laura Hammond, MPH, Certified Health Education Specialist joined Lane County Public Health as the new TPEP Public Health Educator in April, 2006.

- In collaboration with the American Cancer Society (ACS), Tobacco-Free Oregon Coalition (TOFCO), and the Department of Health Services (DHS), members of Tobacco Free Lane County (TFLC) Coalition participated in an Oregon Indoor Air Monitoring Project. Activities included using the TSI SidePak Personal Aerosol Monitor to record the particulate matter in a number of randomly selected bars and restaurants as well as recording other pertinent information for the study. After submitting the data, it was analyzed by DHS and a media event was coordinated by ACS and TOFCO to release the findings. TFLC members participated in the news release and responded to press inquiries regarding the study and its implications. This project was directly related to our efforts to reinforce the importance and effectiveness of the strong clean indoor air law in Eugene and to promote stronger policies throughout the county in order to protect more people from exposure to secondhand smoke - specifically workplace exposure. The purpose of the activity was to raise awareness on at least two issues. First, it demonstrated the dangerous level of air pollution that customers and especially workers are exposed to at establishments where smoking is permitted. Second, by comparing the level of indoor air pollution between cities it clearly demonstrated the effectiveness of clean indoor air laws like those passed in Eugene and Corvallis

- The TFLC Coalition and the TPEP Public Health Educator are continuing to work with PeaceHealth to support and prepare for the implementation of their smoke-free hospital campus policy at all PeaceHealth Oregon Region locations in Lane County on November 16, which is the date of the Great American Smokeout. TFLC has also begun working with the Board of Directors at McKenzie Willamette Hospital to adopt a similar policy that would go into effect in the summer of 2007.

- TPEP staff and TFLC members have been working with the University of Oregon's Environmental Health & Safety Committee to move the UO towards being a tobacco-free campus. This activity aligns with the work plan objectives that focus promoting tobacco control policies at the UO over the next three years. By working with the Environmental Health & Safety Committee, TFLC will hopefully influence the University to ban smoking within 25 feet of its buildings and to take steps that reduce the visibility of smoking on campus. Both of these measures will denormalize smoking as a "college-age" activity which has been shown to lead to reduced initiation of smoking by the student population. The policy recommendations were drafted in March and April of 2006, revised with input from the TFLC in May, and presented to the Committee in June. The recommendations have recently been accepted by the Committee.

- TPEP staff continues to observe the IGA between county and state DHS by responding to complaints generated by the public, state DHS, or local coalition assessment activities regarding violations of the State Clean Indoor Air Law. TFLC members also continue to monitor business compliance with Eugene's Clean Indoor Air Law and City of Eugene staff response to complaints of violation.

- The TPEP Public Health Educator met with local State Employment Department Child Care Division staff to learn about their role in educating/enforcing health and safety standards in childcare settings. TPEP staff has also begun consulting with staff from Lane Family Connections (local childcare resource/referral service) to determine how they screen childcare providers for inclusion in their list of smoke-free childcare providers. A survey tool to assess compliance with state and local laws among regulated childcare providers is in development.

Women, Infants and Children (WIC)

The WIC Program serves pregnant and postpartum women, infants and children under age 5 who have medical or nutritional risk conditions. Clients receive specific supplemental foods and nutrition education to address their individual risk conditions. In August 2006, the WIC Program was serving 7,881 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 7,268. The assigned target vouchered caseload level is 8,022 vouchered participants per month for this program year. The program is maintaining at 90.6 percent of this assigned caseload due to vacant positions and new state procedures that have affected caseload. The state WIC Program anticipated that the new voucher procedures would cause a decrease in vouchered participants while clients are becoming accustomed to increased requirements for class attendance.

A cooperative arrangement was made to allow for specific clinic days for teen parents attending Springfield Alternate Education Program. The school district now transports

these teen parents and their children to the WIC clinic, which facilitates service delivery, reduces school absences for WIC appointments and increases the WIC show rate for these clients. These clinics are now arranged on a quarterly basis.

The program continues to provide a small number of clinic days in Cottage Grove, Florence, and Oakridge. These rural clients often wait up to 4 weeks for appointments for the limited WIC clinics in these outlying areas. As a result of the new state procedures, more classes are now scheduled in the rural clinics as well as the in Eugene WIC office. This has impacted the number of WIC appointments offered in the rural clinics.

The WIC program issued Farmers' Market coupon booklets to 2,148 clients during the months of June – September, 2006. These $20 coupon booklets are used to purchase fresh fruits and vegetables from Farmers' Market and farm stand vendors. WIC families who received coupons were educated about the nutritional value of fresh fruits and vegetables and the benefits of shopping with local farmers.

Lane County Public Health Strategic Plan: The strategic planning process began in the summer of 2004 and by early 2005, a plan was completed. Each staff member was involved in the process of developing the plan as well as participation by the Health Advisory Committee. Staff recognize that strategic planning is a living process which requires their continual listening, learning and innovation. The goal committees established in the plan have continued to meet through 2005 and 2006, with reviews of the objectives and strategies first written to see progress completed and new ones identified.

The foundation for the strategic direction for Lane County Public Health began with the discussion of the Ten Essential Public Health Services. Those services are:

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce.
- Evaluate the effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems.

The public health staff have continued to work in the following goal committees to further strengthen and support their commitment to providing effective and quality public health services: Facilities, Leadership, Communication, Strategic Balance, Human Resources, Fiscal Sustainability.

VII. SUPERVISION AND TREATMENT SERVICES (Linda Eaton, Program Manager)

Methadone Treatment Program

The Methadone treatment staff have incorporated two different evidence-based practices (EBP) in the last several months. One is called contingency management, which is a reward system for positive behaviors. The program is using gift certificates as "rewards" for attending group and having negative urine drug tests (UAs). Some of these are small certificates (coffee shops, Subway sandwiches, etc.) for achieving a negative UA after a period of drug use. On a quarterly basis, names are put into a hat for a drawing, for those who have attended groups consistently for the past three months. The winner receives a $25 gift certificate to a local store or mall. This kind of reward system is beginning to have some promising results, in terms of reduced or eliminated drug use, although no specific data has been kept to date.

The other EBP being implemented is the development of a "motivational track" for clients who are poorly motivated for treatment, and who have continued to use drugs in spite of regular program interventions. This treatment track will use the "stages of change" concept to assess an individual's motivation for change, and work with them at their current motivational level. The stages of change, from least motivated to most motivated, are pre-contemplation, contemplation (considering making a change), preparation, participation (taking action), and maintenance. Patients are rated using a Readiness for Change Assessment Scale. The resulting scores are then used to determine which motivational level the patient most closely identifies with. Currently the principals of the motivational track are being implemented via monthly topic groups available to all patients. These topic groups include; an introduction to the stages of change, defense mechanisms, the disease and recovery process, irrational beliefs (using a beliefs inventory) and other curriculum designed to move the client through the change process.

In the coming months the program will consider creating a "pilot" motivational track to specifically address problematic behaviors and continued use/abuse of illicit drugs, in particular the use of benzodiazepines, which is a serious health concern. This track will incorporate restrictions (natural and logical consequences) as well as rewards to further assist patients who are having continued difficulty.

Sex Offender Treatment Program

The Sex Offender Treatment Program continues to admit clients based on the level of offender risk. This evidence-based practice was affirmed in April of this year during the programs Department of Corrections site review using the Correction Program Checklist (CPC). This was an extensive evaluation that examined: Program Leadership & Development, Staff characteristics, Offender Assessment Protocol, Treatment Characteristics, and Quality Assurance. The final report indicated we received an

overall program rating of 63%; this score falls into the "very satisfactory" category. Scores and ratings for the 5 CPC domains were:

Program Leadership/ Development	86%	Very Satisfactory
Staff characteristics	73%	Very Satisfactory
Offender Assessment Protocol	87%	Very Satisfactory
Treatment Characteristics	50%	Satisfactory
Quality Assurance	25%	Unsatisfactory

Recommended improvements included:

1. Improve the system of internal quality assurance and measure program effectiveness.

2. Create or obtain new curriculum that includes core interventions based on skill building, modeling of those new skills, and allowing clients to consistently practice the new skills.

3. Improve the system of rewards/consequences in order to promote positive behavioral change.

Since the CPC review the sex offender treatment program has increased its practice of client skill acquisition through role plays and modeling behaviors. The program has also recently purchased treatment curriculum workbooks specifically for its women's group. The program is currently in the planning stages of implementing a contingency management program.

At the suggestion of the CPC evaluators our program requested that the Department of Corrections research the recidivism rate of 41 clients who had graduated from our program since 1989. We were informed that of the 41 graduates since 1989, only two had re-offended, and only one of the offenses was a sex offense. This is an overall recidivism rate of 5% and a sex offense recidivism rate of 2.5%.

The sex offender treatment program currently has 37 offenders in treatment, four clients in aftercare and three clients on the waiting list. Since the last reporting period the program has continued to operate smoothly and provide quality treatment for clients.

DUII/Offender Evaluation

The DUII/Offender Evaluation Unit served 962 new Driving Under the Influence of Intoxicant cases and 71 other corrections cases between April 1, 2006 and September 30, 2006. This represents a decrease of 18 DUII cases over the previous six-month reporting period (10/05 – 3/06). The Evaluation Unit saw a slight decrease in other corrections cases (five) over the previous six-month reporting period (10/05 – 3/05) with an overall increase in the number of domestic violence cases. Of the 71 total

corrections cases during this reporting period, 37 of those cases were domestic violence evaluations. This number represents the first increase our office has seen in referrals for domestic violence evaluations in the last year. The Evaluation Unit's Occupational Driver's License program (ODL) has seen a reduction over the last reporting period and is currently serving 12 clients.

The Evaluation Unit has experienced a staff shortage with the retirement of Camie Brown, a dedicated and experienced longtime employee with the alcohol/drug/offender program. The office was fortunate enough to recently find a candidate who will be able to fill Camie's position in the coming weeks. Despite these staff changes the office continues to maintain positive outcomes and foster its collaborative relationship with the courts, treatment providers and other agencies within Lane County.

Adult Parole and Probation

In the last few months, staff of Parole and Probation have attended trainings on evidence-based correctional practices (EBP). Several staff, including officers and a supervisor, attended a two-day training on EBP, including risk assessment, motivational interviewing, responsivity to individual needs, etc. Three officers are attending a two-day training on motivational interviewing, presented by one of the best trainers on that topic in the northwest. In November, three of our four supervisors will attend a two day leadership seminar for supervisors and "mid-managers" in community corrections. Several EBP topics will be presented, including data-driven decision-making.

Four programs funded with community corrections dollars have been evaluated in the last two years by the Department of Corrections, using an assessment tool called the Evidence-Based Correctional Program Checklist (CPC). The CPC ascertains how closely programs meet known principles of effective intervention. Assessed programs are rated as either Very Satisfactory = 61% or higher; Satisfactory = 51-60%; Needs Improvement = 40-50%; Unsatisfactory = less than 40%. The Lane County programs and their CPC scores are as follows:

Endeavor Drug Treatment Program	3/3/05	61%	Satisfactory
Bridge Drug Treatment/Cognitive Skills	2/28/06	45%	Satisfactory. but needs improvement.
Sex Offender Treatment Program	4/19/06	63%	Very Satisfactory
Drug Court Treatment Program	5/12/06	57%	Satisfactory

The state DOC has assessed over 35 programs across the state. The average CPC score thus far is 56%. The average score for the four Lane County programs above is 56.5%. Nationally, the average score for the 404 programs assessed as of April 2006 was 47%. A higher CPC score indicates that a program has more of the elements associated with reducing recidivism. Those elements include client risk assessment, individualized treatment, gender-specific treatment groups, small group size, and qualified staff.