

Agenda Cover Memo

AGENDA DATE: Nov 9, 2007

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. ADMINISTRATION (Karen Gaffney, Assistant Department Director)

PREVENTION PROGRAM

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: Funding from the Garrett Lee Smith Memorial Act continues to fund an excellent opportunity to bridge both public health and mental health services in the county. Since its implementation in 2006, project outcomes have focused on: increased knowledge among clinicians, crisis response workers, school staff, youth, and lay persons. Now entering its second year the program is expanding its goals to include bereavement support, and screening and assessment tools.

As a function of the grant Lane County's Suicide Prevention Steering Committee (SPSC) continues to facilitate understanding and support among stakeholders on how youth suicide prevention services are to be implemented throughout Lane County.

Recently, the SPSC has gathered and reviewed data pertaining to over 20 years of registered suicides within Lane County. This has led to the production of GIS mapping completed by both volunteers and Lane County's Public Works. This mapping, combined with statistical analysis of both our county and its communities will assist in both data driven decision making and defining of key areas of need.

Furthermore, this project remains committed and focused upon increasing the training capacity and overall awareness in the community about issues of suicidality. Training sites are throughout the county, focused on both internal county staff, and staff from both small and large partner organizations including Lane Community College and Peace Health.

Healthy Brain Development: Following the success of the March 2007 conference, *Substance Use & Brain Development: Impacts and Interventions*, Health & Human Services staff and the community-wide planning team decided to provide a second conference next year. The *Healthy Brain Development: Key Impacts and Interventions* conference is scheduled for October 22-24, 2008 at the Valley River Inn in Eugene. Planning for this conference is already underway with coordination being coordinated by Health & Human Services staff. Representatives from several community agencies are once again serving on the Conference Planning Committee. The goals for this conference are: (1) to present current research and prevention science on brain development of children ages zero through early adolescence, and (2) to provide evidence-based strategies and tools to promote healthy brain development aimed at children ages zero through early adolescence and their families who are challenged by risk factors such as substance use, trauma, environment, violence and poverty.

Problem Gambling Prevention: Lane County's problem gambling prevention program continues to be a statewide leader in the field. Innovative youth presentations and other activities have helped increase the awareness among youth and families about the growing issue of problem gambling. Eighty-two percent of all participants (middle, high school, and college students) scored 80 percent or above on program posttests during the 2006-07 school year. The Lane County problem gambling prevention website, www.lanecounty.org/prevention/gambling, received 23,261 distinct visits from January through September 2007 (an average of over 2,500 visits per month). Lane County continues to be the only region in Oregon with a gambling-specific advisory committee, the Lane County Problem Gambling Advisory Committee. Staff serves as a facilitator to this committee, which addresses issues of import to Lane County communities, including local policies and public awareness campaigns.

Underage Drinking Strategies: The prevention program continues to engage local rural communities by utilizing the nationally recognized "Communities That Care" research-based model for community mobilization and action. Both Junction City and McKenzie Bridge are in the implementation stage of building local community coalitions aimed at addressing key risk factors within their communities. Once formed, the Communities That Care framework will be used to engage the entire community in

assessing levels of risk and resource for children in the community, and implementing evidence-based strategies to improve lives in the community.

Lane County's Underage Drinking project was recently acknowledged for its work supporting the enforcement of underage drinking laws, and its partnering with the Lane County Sheriff's Office, Oregon Research Institute, and the Pacific Institute Research and Evaluation.

Annual Prevention Celebration: The Lane County Coalition to Prevent Substance Abuse hosted the 7th annual prevention dinner and celebration September 26, 2007. This year's keynote speaker, Dr. Magda Peck, helped provide the inspiration and context for continued partnership in community based prevention. Additionally, three local individual and one organization were honored for their work in prevention: **Craig Smith, City of Eugene**, was honored as an "Assets Champion"; **Sarah Kerr-Daly**, health teacher at 4J's Monroe Middle School, was honored as 'Educator with Heart'; **Richard Meyers, city manager of Cottage Grove**, was honored with a 'Mentor with Heart' award for his mentorship of the Youth Advisory Council, and the **Substance Abuse Prevention Program** at the University of Oregon, was honored for 'Growing the field of Prevention.'

II. ANIMAL SERVICES (Mike Wellington, Program Manager)

DIVISION OVERVIEW

The Lane County Animal Services Division has gone through substantial changes during this period. A name change from Lane County Animal Regulations to Lane County Animal Services is currently awaiting Board approval. The name change (visually and mentally) encompasses in a less threatening tone, all the services within the division.

During this time period, the division moved from the Management Services Department to the Health and Human Services Department. This move has greatly enhanced administrative support for the division. A new position of Volunteer Community-Outreach Coordinator was approved by the Board to further develop and solidify the increasing volunteer program. This program will assist the division in the placement of adoptable animals and increase revenue opportunities through public events, corporate sponsorships, grants and public relations. The Board appointed a "Save Adoptable Animals Task Force" to assist by recommending ways to further improve adoptions of adoptable animals.

Comparison Statistics at a glance

This report period compared to prior report period (% are overall)

Animal Impounds	+22%	Return to Owner	+5%
Dog from 853 to 794		Dog 290 to 308	
Cat 487 to 946		Cat 11 to 9	

Adopted (shelter) + 8%
Dog 218 to 207
Cat 90 to 126

Offsite Adoptions +4.5%
Dog 0 to 10
Cat 66 to 59

Transferred -25%
Dog 167 to 118
Cat 52 to 46

Euthanasia
Non-Adoptable -85%
Dog 104 to 57
Cat 212 to 619(222 feral)

Lack of Space +38%
Dog 5 to 14
Cat 5 to 02

Treatable
Dog Unk. To 02
Cat Unk. To 10

License Sales
Dog 5,641 to 5,526

Current licenses
Dog 21,203 +10% From prior FY

Field Officers first contacts 2757 to 2102
Neglect / Abuse Invest. Avg. 300 per report period

III. DEVELOPMENTAL DISABILITIES SERVICES (Karuna Neustadt, 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 1580 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 98 foster providers for adults and 12 foster providers for children. DDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

PROGRAM SERVICES

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 is 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 six-months.

SERVICES FOR CHILDREN

This year our caseloads have continued to grow in number and complexity. DDS has added 33 new children to our combined caseloads since January, 2007. 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 DDS 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 time and attention. DDS is 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 staff works to complete all the tasks for the significant number of 18 year olds who 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 2008 with funds that have been significantly reduced compared to previous biennia. The available funding provides necessary support for almost 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. To that end, Lane County DDS has contracted with LifeSpan Respite, to develop a database of active respite providers.

SERVICES TO ADULTS

Comprehensive Services: Lane County Developmental Disabilities provides comprehensive services to 473 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 2.1% COLA effective July, 2007 and an additional 2.1% COLA effective July, 2008. Although needed, 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 227 adults and 39 children. There are 98 adult foster homes, and 12 children's foster homes. 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. In 2006 we held Lane County's first DDS Foster Provider and Caregiver Conference, with 98 participants. This conference was such a success, that we will hold the second conference in October, 2007. This conference will offer trainings on post-traumatic stress disorder, developmental disabilities and aging, and stress management for attending foster providers and caregivers.

Comprehensive case managers continue to implement monthly monitoring visits to group homes and foster homes. 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 estimated that 32 new individuals will be added into the comprehensive service system in 2008, including 6 individuals through T-18 (turning 18 years old); 14 individuals added through the Long Term Diversion Crisis system; and 12 people, who will be entering the brokerage system with funds from the Staley lawsuit, which established the brokerage system statewide in 2000.

Support Services: The DDS support services team works with 707 adults who live on their own or with family members and are not in a comprehensive 24 hour service (such as foster or group home). Currently support services team case loads approach 140 per FTE. There is great concern over the high caseload sizes and the amount of service that can actually be provided to individuals when caseloads are so high. Characteristics of the people who receive service coordination 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, people who may be homeless with no financial means of support. In many cases, support services staff assists people in dealing with issues of poverty, poor health, poor decision making skills and issues that arise from domestic violence.

The majority of case management time is spent in crisis management services, providing information and referral, working to secure community supports, and advocating for DD individuals with other agencies, such as Social Security. DD individuals are experiencing increasing difficulty qualifying for Social Security or SSI. This is of grave concern, as these people are often homeless with no means of financial or medical support and for the most part, are unable to work. If people have no family to help them, they often end up at the mission, or on the streets, and vulnerable to others. This can end up costing the larger social service system, as people use emergency rooms for medical care, end up in jail, or worse.

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. The Support Services 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 brokerage 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 07/08 fiscal year, we will refer 49 individuals to FAB and, additionally, to a second brokerage, Mentor Oregon Brokerage (MOB), which will begin accepting referrals in January, 2008. 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 team looks forward to working with Mentor Oregon Brokerage, as the Full Access Brokerage will soon reach capacity. Individuals transferring to brokerage services will have some level of choice as to which brokerage they want to serve them. Some of the specifics of our referral process may change as we welcome MOB to our county.

Other services provided by the Support Services team include:

- The Personal Care Services program, through Medicaid. This program provides for up to 20 hours a month of defined service paid for by Medicaid.
- High school transition, which focuses on high school transition. Two service coordinators who work with these individuals are especially knowledgeable about the issues facing students and families as they prepare to enter the adult world.

- Managing in-home support plans for 12 individuals who live at home and whose services cost over \$20,000 a year. Case managers create comprehensive plans with these families and provide intensive monitoring 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.
- Primary case management for families and individuals who are part of the Homespace program, and meet monthly with program staff.
- A project close to completion is the first phase of the Comprehensive 300 project, another component of the Staley Settlement. This involved identifying 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. There will be another phase of this project in the next biennium.

Crisis Services: Lane County DD Services participates in the delivery of regional crisis services with partnering counties, Lake, Crook, Jefferson and Deschutes. Deschutes County operates as the fiduciary lead; however, program coordination is overseen from, and the program coordinator is employed by Lane County. The Cascade Regional team assists counties to access long term funding from four mandated caseload streams. The most utilized funding streams are adult and children's crisis services, or long term diversion. In addition, the region facilitates access to funds for children in residential care who are turning 18 and adults who are exiting school entitlement programs at age 21, who remain in residential services. Additionally, we partner with other counties and regions to identify available resources statewide, assist and facilitate funding for State Operated Community Program entries and exits, nursing home and residential step down activities, and access to forensics dollars for individuals being released from the department of corrections.

During the last reporting period, monthly spending caps were imposed statewide to assure that regions stay within the caseload allocations. The Region was able to meet basic needs within this new funding guideline; however, the process did put added pressure on local crisis funding. A concerted effort was made to improve data collection and reporting to DHS, to provide accurate information for future funding projections. In addition, the Region continued to partner with community programs to continue with development efforts despite funding constraints.

The service delivery system continues to struggle with a population of children and young adults who exhibit challenges related to fetal alcohol/drug effect, mental health issues, autism/ Asperger's, alcohol / drug abuse and increased incidents of serious criminal behavior. In addition, a population in care, which is aging and has increased needs, is accessing resources at a greater rate than before. As a result, there have been increased incidents of civil court commitment statewide for DD clients, which include mental health commitments. Current community capacity is ill-equipped to expand services, or provide the level of service that these new challenges present. Legislation is pending that would allow increased wages for our provider community,

which could address some of the capacity and retention issues facing our agencies. . The team is also examining the need for community training and how to support our providers through increased access to training. In addition, a pending new service element may address the need for a different delivery model, adult proctor care.

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 to 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 322 SERTs, and has accomplished an 84% rate of compliance with state timelines, just 1% below the target. This is a solid performance outcome for our department, and reflects a statistically insignificant decrease of only 1% in compliance from last year’s rate for reviewing serious events which impact the health and safety of the people we serve.

Emerging Issues:

- **Current Fiscal Challenges** –Though a portion of the Secure Rural Schools funding was received for the current fiscal year, its future is uncertain. Lane County is still facing potential budget reductions, which would result in the prioritization of services with general fund dollars. For the DDS program, this could mean a potential loss of more than \$100,000, which could result in the loss of 1 FTE DD Specialist. The program has already eliminated any “extra help” positions, which provide needed client monitoring activities required by the state. This has resulted in an increased workload for the remaining staff, decreasing their ability to adequately ensure the health and safety of DD individuals receiving services. To respond to this potential change, management and staff are analyzing the program’s structure, considering reorganization scenarios, and prioritizing work tasks.
- **Development Issues** – The crisis and crisis-diversion systems are overburdened with the number and severity of individuals with complex issues requiring support. This reflects the changing needs of individuals entering the developmental disability service system. In addition, a sizeable portion of individuals now being served by the comprehensive services system have autism, criminal backgrounds, mental health issues, mild and moderate intellectual disabilities, serious medical conditions, and/or difficult behaviors, and, therefore complex needs. At the same time, the demand for comprehensive services for children and adults with developmental disabilities is growing. Appropriate situations for individuals with complex needs are becoming scarce. It is critical that the system develop strategies to address capacity building, and increased training and technical assistance resources. To that end, the Lane

County DDS program has begun a series of conversations and planning activities with stakeholders to begin addressing these issues.

- **Sex Offenders** - One fast-growing client population is comprised of sex offenders. Though the individuals served by DDS are DD sex offenders, this trend is being seen nationally in a number of social service agencies, including those serving children and seniors. There are a number of issues which need to be addressed in a proactive, planful manner, including appropriate service planning, development of additional residential settings, access to specific training; and community communication and education. With the impending listing of all convicted sex offenders on the Internet, interagency planning and discussion is needed. DDS meets regularly with other programs that serve DD sex offenders, in order to develop a more complete picture of the issues involved, and to develop interagency strategies.
- **Aging and Individuals with DD** - The DD population is aging, and we are beginning to see a population in care which has increased needs and is 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.
- **Provider Issues** - Low provider pay, and inadequate training and provider oversight provide a constant challenge in meeting the needs of the population accessing comprehensive services. High provider turnover rates and lack of adequate respite providers are ongoing issues for the DD population. 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. Federal Medicaid rules make portability of funding for services across programs such as DD and mental health challenging, if not impossible.
- **Behavioral Issues** - 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.
- **Children's Residential Services** - 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.

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

During the last six months, the Family Mediation Program completed a total of 177 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 497 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.

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

Human Services Commission

During the past fiscal year ending June 30, 2007, the Human Services Commission accomplished the following:

- Expanded integrated health care program that provides low-income and high risk residents at nine clinic sites with primary health care and behavioral health services to include basic preventive, diagnosis and treatment services.
- Received a 5-year renewal of the base grant for the community health center for \$659,000 per year and a \$550,000 federal HRSA award to increase access to health care.
- Continued to expand the number of schools served by the preventive dental program that provides oral screenings and wellness education, fluoride varnishing, and dental sealants to students in Head Start, elementary schools and at the WIC program. Implemented an expanded oral health program to include cleaning and sealant clinics for children and full service dental services to HIV positive persons and others at Lane Community College.
- Developed a partnership with local school districts for administrative, medical management, training and technical assistance services to expand school-based health services programs located at Springfield High School and Churchill High School providing healthcare, education, and referrals to underserved children and adolescents.
- Implemented integrated primary and behavioral health care projects at RiverStone Clinic and the Safe and Sound Clinic, and began program develop for integrated services at Lane County Mental Health.
- Performed a business analysis on the potential to enter into affiliation agreement with Peace Health for Pre-Natal Care services under the Community Health Centers to increase access to health care services for pregnant mothers.
- Implemented outreach and enrollment services for special populations to provide outreach, case management, health care, and education for homeless youth, mentally-ill, migrant farm workers and person at-risk of HIV.

- Awarded grants from the Oregon Community Foundation to increase the number of children enrolled on OHP. A multi-faceted campaign has targeted the Free and Reduced Lunch population in the local School Districts increasing the number of insured children in Lane County.
- Awarded a grant from the Northwest Health Foundation to implement a coordinated 340B pharmacy program that will allow access to medications at greatly reduced prices.
- Implemented a low-cost prescription program through the Community Health Centers' 340B program and pharmaceutical company patient assistance programs.
- Implemented medical services to accompany the HIV Alliance Needle Exchange.
- Implemented chronic conditions programs for pain patients, and patients with diabetes, cardiovascular disease, and depression.
- Performed long-term facility space planning and resource development for a RiverStone Clinic replacement and a Eugene clinic.
- Participated in the United Way of Lane County 100 percent Access Initiative.
- Expanded services for County veterans returning home from the wars in Iraq and Afghanistan with new State revenues. Lane County Veterans Service Office files more claims, per Veteran capita, than any other county, state or National Service Organization office. Lane County Veterans also receive one of the highest average benefit payments of any county's Veterans in Oregon.
- Successfully implemented EWEB's Energy Share and Energy Share Plus programs.
- Adopted and implemented a 10-year plan to eliminate chronic homelessness in Lane County.
- Received an unprecedented federal HUD award of \$2,037,251 to impact homelessness.
- Worked with local jurisdiction through the Housing Policy Board to encourage development of more supportive housing with coordinated services.
- Performed resource development, submit public and private foundation grants, and implement services to maintain and expand access to and availability of preventive, primary, behavioral (substance abuse/mental health) and oral health care services, supportive housing and other human services.
- Maintained the funding for a network of community based programs for families, youth and singles at 20 county-wide locations to provide basic food and nutrition, case management, child development, parenting support, temporary housing, employment counseling and case management support.

The Human Service Commission's service output by the numbers for FY 06-07 was as follows:

- 66,621 individuals in 23,264 low-income households met their basic nutritional needs throughout Lane County received food boxes. 1,814 individuals received hot meals at dinner sites in Eugene and Springfield. 1,200 at-risk seniors received meals on wheels in their homes.
- 50,311 individuals received basic needs services at the one-stop service centers for low-income households living in Lane County. Services include case management, food, shelter, information and referral, utility assistance, and other services as needed.
- 41,023 individuals in 22,824 households received energy assistance and/or energy education from the Lane County Energy Assistance Program.
- 21,956 medical, mental health, and dental office visits were provided to almost 9,000 patients who received services at Community Health Center of Lane County clinics.
- 2,710 households throughout Lane County received case management in supportive/transitional housing programs as a part of each household's action plan to move

to self-sufficiency. 40% of the households receiving these services moved in to stable housing as a result of these services.

- 2,375 applicants were served at Lane County Veterans Services. The Lane County Veterans Service Office advocates for Veterans, their families and their survivors to acquire the benefits which they are entitled to by virtue of their military service. As a direct result of their services over \$5.3 million were awarded to veterans and their families
- 1,200 at-risk seniors remained independent in their homes as a result of in-home care services.

Restructuring

On September 25th the recommendation to consolidate committees and integrate the governance and the operation of the Human Services Commission and the Community Health Center was discussed with the Board of County Commissioners (BCC). Chris Pryor, Nancy Golden, Rob Rockstroh and Steve Manela presented the background information. The goal of that recommendation was to create a blended governance structure that meets the following goals for the organization:

- provides more cost-efficient processing of work through one collaborative community governance board;
- encourages more stakeholder buy-in in decision making to leverage more good will and resources given limited general fund resources;
- improves effectiveness by focusing staff time on resource development, program development, quality assurance and planning and freeing up resources for direct services.
- improves flexibility to respond to change (opportunities and threats) in a timely manner (90 -180 days) in the future, as necessary, through chartering or modifying current 190 organization, so that it can request to be authorized, as needed, to exercise administrative options. Given continuing potential for deficit in primary care and uncertainty of County general funds supporting human services.
- impacts positively the outcomes for people in need of health and human services in Lane County through creating a more cost-effective, financially stable and flexible structure.

As a result of the discussion with the BCC the Collaborative Governance Proposal was set aside and a new recommendation was formulated to have the Community Health Centers become a separate division of the Lane County Department of Health and Human Services, rather than remaining under the Human Services Commission.

The key points that have led to consideration of a new recommendation include:

- BCC members want to have a direct line of authority and accountability for the Community Health Center as long as it is a part of Lane County Government and the County retains the financial liability. A majority of BCC members wanted to keep accountability for public funds to remain with elected officials.
- The Human Services Commission role as an anti-poverty agency and as a planner and funder of community based private non-profit and public human service organizations for the jurisdictions does not change. The operation of an ever growing Community Health Centers organization shifts resources and attention from supporting the broader HSC

human service mission and goals. Any recommendation to be considered would need to have the support of the Human Service Network of service providers.

- In consideration of changing the composition of the HSC or creating a CHC intergovernmental agreement, BCC members voiced a preference for an intergovernmental board that has a majority of elected or appointed officials. Another option discussed was an arrangement like the Metro Wastewater Commission in which the jurisdictions have veto authority if the elected officials are outnumbered by others. A preference was stated that if other major institutions, such as schools, hospitals or utilities, were to be on the HSC they also be funders of health and human service efforts. Some discussion was given to proportional representation based on contributions but no recommendations were made on this issue. Also, rural representation was desired.
- Commissioners voiced a preference to only consider a proposal that had the support of the AFSCME Labor Union, which represents most of the Community Health Center and Human Service Commission employees.
- Support was voiced by Commissioners for moving ahead with the plan to bring Lane County Mental Health Division's outpatient services under the Federally Qualified Health Center scope. This creates an opportunity to increase revenue which could be used to stabilize the Community Health Centers budget and to develop the infrastructure to ensure adequate administrative leadership for the new Community Health Centers as an independent division. The Community Health Center/Lane County Mental Health partnership will promote the coordination and integration of primary care and mental health services. The increased revenue will also provide support to move revenues back that support Human Service Commission administrative positions.

Creating two separate divisions for the Human Services Commission and the Community Health Centers has the potential to strengthen the effectiveness of both missions and bring more attention to both agendas.

Several staff teams have been created to work on a business plan that will include the details on the budget, staffing, and governance components. The Department of Health and Human Service plans on presenting a business plan to the BCC in late November 2007 to include a financial plan that will minimize any financial impact to the Human Service Commission and support the creation of the new Community Health Center division.

VI. LANE CARE (Bruce Abel, Program Manager)

LaneCare is the County's program that manages the capitated mental health component of the Oregon Health Plan (OHP). LaneCare integrates and coordinates community mental health responsibilities in partnership with Lane County Mental Health, provider agencies, system partners, and mental health consumers. 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.

In January 2007, LaneCare contracted with two new mental health providers. Willamette Family has initiated a mental health treatment component of their program.

Valia is a new organization started by mental health consumers and employing mental health professionals, including a psychiatrist. Both organizations are experiencing the challenges of initiating a new program and complying with all state regulations. LaneCare has worked closely with both organizations to encourage their being successful at implementing programs that are compliant with all State requirements.

LaneCare received a significant budget reduction effective January 1, 2006. This was based on reductions in capitation rates (the amount LaneCare is paid for each enrolled member). The LaneCare budget reduction was approximately \$2,500,000, representing 17% of our previous budget.

In January 2007 LaneCare received a 13% increase in our capitation. This increase was much higher than the increases received by other MHOs in different regions. Most MHOs experienced a decrease. LaneCare received this increase based on performance, enrolling a higher percentage of members and providing more services to members than any other MHO for the eighth consecutive year.

LaneCare is in final negotiations for capitation rates for 2008. Currently we are expecting a 6.5% capitation increase. This will result in an additional \$1,200,000 annually for mental health services in Lane County.

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.

In 2006 LaneCare experienced a budget reduction and planned to have expenses exceed our revenues. There were sufficient reserves to cover the additional expense. By subsidizing services over the short term we reduced the impact of budget cuts on services and increased the potential for future budget increases. Current analysis indicates that expenses exceeded revenues by approximately \$1,500,000 in 2006.

Despite the significant capitation and budget increase for LaneCare this year, it is likely that LaneCare will again have expenses that exceed revenues. We have developed a budget for 2007 for expenses to exceed revenues and have allocated sufficient reserves to cover these costs. Current budget analysis suggests that we will draw down on approximately \$600,000 of LaneCare reserves.

LaneCare completed a strategic planning process to assure that future budget allocations are in line with community values, client need, and service priorities. LaneCare developed a budget proposal for 2008 which will continue to draw down on reserves, but to a more limited extent. We will provide more financial support for community based services and we will be able to offer a small cost of living increase to contractors.

Demand for mental health treatment continues to be high, particularly for psychiatric services. LaneCare implemented a plan in 2007 so that contractors would be able to schedule a new client within 2 weeks. We monitored this on a monthly basis and met our goals.

LaneCare is continuing efforts to move the system toward evidence-based practices and has sponsored several trainings to help providers develop new skills. LaneCare has identified this as a focus for 2008.

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

Concern: LaneCare reimbursement increases have not kept up with the cost of organizational operations. Contractors are reporting that deflated reimbursement rates are at risk of reducing the quality of care, increasing the rate of staff turn over, and threatening the survivability of the organizations themselves.

Solution: LaneCare is proposing a rate increase for January 2008. LaneCare is also considering contracting for a cost analysis for mental health services by a consultant. This information would be sent to the state for incorporation in future rate setting analysis.

Concern: Psychiatric hospital rates and utilization: The primary provider of psychiatric hospital services in Lane County is PeaceHealth at the Johnson Unit. Last year LaneCare approved a \$100 per day rate increase, and a 40% increase over the past 4 years. This has increased annual costs for this service by several hundred thousand dollars. PeaceHealth is stating the rate is still not sufficient and may lodge a complaint.

Solution: LaneCare has met with PeaceHealth and will incorporate rate increases for the hospital that match other rate increase for providers.

Concern: 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 an MHO in Oregon, yet is told by both organizations the rate is well under the cost of providing the services.

Solution: LaneCare is offering a cost of living increase for contractors in 2008. LaneCare will increase the standard rate increase for psychiatric providers by an additional 2%.

Concern: Consumer operated services provide demonstrated benefit to individuals with a mental illness. However, the Medicaid system is not set up to easily reimburse providers of peer-to peer consumer support activities.

Solution: LaneCare is taking a lead in the state trying to make these support services available to our members. LaneCare will increase resources dedicated for family

organizations by 30% in 2008. This will bring allocations for family organizations more on par with funding for adult consumer organizations. Many LaneCare contractors are employing consumers as peer advocate and mentors.

Concern: The health care system in the United States is in serious trouble and there are many reform efforts underway both at the State and Federal level to develop improvements. It is unclear what effects these changes may have on Lane County or LaneCare.

Solution: The LaneCare Manager is involved in tracking these issues and is on many committees addressing health care reform. LaneCare has an excellent relationship with LIPA, the fully capitated health plan in Lane County. LaneCare is involved in discussion of expanding the FQHC as a resource in Lane County, especially integrating mental health services. LaneCare and LIPA are coordinating several shared performance improvement activities.

Concern: Increased federal oversight and more rigid application of federal requirements have created an additional administrative burden for LaneCare. In particular, regulations for preventing fraud and abuse are imposing additional levels of monitoring, training, and documentation.

Solution: LaneCare has updated policies and procedures to meet requirements. LaneCare has trained staff and contractors on these requirements.

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

This next year will be a busy year for Lane County Mental Health as we will be engaged in a number of large and important projects. First, we will be rolling out the implementation of the newly purchased UniCare Practice Management Software, including an Electronic Medical Records component. This will position us well for the future of integrated behavioral health and primary care. The second big initiative is to develop the partnership between the Community Health Center and Lane County Mental Health in which LCMH will come under the FQHC provider number and be eligible for the higher Medicaid reimbursement rates afforded to FQHCs. This will serve to both stabilize the funding for LCMH as well as for the Community Health Center. Finally, we have begun a critical recruitment for our new Mental Health Medical Officer, as Dr. Reaves will be retiring in June, 2008. This will be a difficult and challenging recruitment and his shoes will be difficult to fill.

OUTPATIENT MENTAL HEALTH CLINIC

Adult Services: The outpatient clinic continues to serve large numbers of clients and has not returned to former staffing patterns. Access and enrollment data continues to suggest that increasing numbers of uninsured Lane County citizens are seeking services through county programs. Following a steady increase in census, which began

in November of 2006, enrollment in Lane County Mental Health Services has leveled off. The clinic is currently serving 1000 adults at any given time. We continue to hold the eligibility requirements in order to carefully regulate the flow into the clinic, primarily limiting access to those consumers who are at the highest risk of hospitalization, or who are coming out of the hospital, needing to access outpatient services. Unfortunately, we refer more people out than we take in. With community resources tighter this year, many Lane County citizens find themselves with no resources for mental health care.

With no significant negative effect of the current budget, we have not had to make any staff cuts. Recently, we have received additional State monies to enhance core services in a number of our programs. The State has accepted our implementation plan for these additional dollars. We believe that we can best provide these enhanced services directly, as opposed to contracting out these dollars. We will enhance some contracted services, but believe we, as a direct provider, are in a better position to serve the consumer and provide the accountability the tax payers expect. As with prior years, the clinic intends to proceed slowly and carefully in order to continue to meet as much of the demand as is reasonable.

Lane County Mental Health is seeing more consumers with varying involvement with the criminal justice system. We continue to contract with the City of Eugene to provide Mental Health Court treatment services, for misdemeanor offenders in civil court. We are getting increasing pressure from parole and probation services to provide more mental health treatment to this population of consumer. In addition, we are embarking on a pilot project to assist the courts in providing support and treatment services for consumers who are found "unfit to proceed" in their trials and sentencing hearings. This project is funded by the State and we are joined by two other counties for the pilot. Additionally, Lane County Mental Health has been asked to provide basic mental health training for Animal Control staff, Parole and Probation staff, and the U of O police officers.

Mental Health continues to contract out more than \$200,000 in funding to the adult-serving mental health agencies to increase their capacity to serve clients who lack Oregon Health Plan. We see no change in this practice in the coming year.

Mental Health has continued to enhance clinical development with regular in-service and on-site trainings for the clinical staff. This was initiated more than a year ago, and remains a great resource for professional staff's continuing education.

The adult program continues to run 11 groups, which are well attended. The most recent addition to our group offerings is a consumer empowerment group co-facilitated by a self-identified mental health consumer and a therapist, both of whom are paid staff.

As part of the ongoing implementation of Evidenced Based Practices (EBP), Mental Health is primarily employing Motivational Interviewing and Cognitive Therapy for Psychosis. These two treatment models help to satisfy the State's requirement for implementing EBPs. In recent weeks we have decided to challenge the very notion of

EBP's, by introducing the work of well know psychologist, Scott Miller. His research and practice is essentially a re-framing of Evidenced Based Practices into "Practice Based Evidence", with emphasis being placed on the subjective experience of the consumer, in terms of feeling better, reaching goals, and in the relationship between the consumer and the direct provider of service. The primary focus is placed on the relationship, regardless of the modality or intervention used. The Clinic supervisor, Walter Rosenthal, has met with Dr. Miller and the State's Addictions and Mental Health Division, in order to begin discussions regarding the adoption and implementation of this work.

We anticipate numerous and significant changes in the coming year. In terms of staffing, our long-time medical Director is retiring next summer, as well as a few other medical and clinical staff retirees. We will be experiencing some staffing turn-over, which is highly unusual for us.

In addition, we are beginning the implementation phase of our new practice management and electronic medical records software systems. We anticipate a challenging and successful year ahead, as we bring our technology and business practices into the 21st century.

These changes combined with coming under the umbrella of the Federally Qualified Health Center will position Lane County Mental Health to be a strong and successful provider of direct service in the health care needs of our citizens.

Child and Adolescent Services: The program continues to provide rapid access and psychiatric care to Lane County children and families with acute and chronic, moderate to severe, complex psychiatric disorders. The average monthly enrollment in outpatient services has increased to 375 children/youth/families. In the first two months of Fiscal Year 07-08 Mental Health has enrolled 50 new children and will serve 500+ children annually. In addition Lane County Mental Health is an Intensive Community Treatment Service (ICTS) provider and averages 25 children/youth per month in ICTS services. LCMH and LaneCare are mutual gatekeepers of publicly funded psychiatric residential treatment programs, day treatment programs, treatment foster care, and extended hospital care with LCMH providing Level of Need Determination and Care Coordination services to community kids and families who are not OHP or LaneCare eligible (uninsured or underinsured) and require access to high levels of state funded care. 76% of LCMH ICTS referrals are community children/youth who may or may not have access to OHP. In addition to gate-keeping and coordinating care plans LCMH facilitates the child and family team meetings and in partnership with parents/legal guardians develops comprehensive service coordination care plans with our system partners including child welfare, special education, juvenile justice, primary care, developmental disabilities, etc. On 3/27/07 the Governor signed an Executive Order (#07-04) shifting the (Mental Health) Children's System Change Initiative into a state-wide Children's Wraparound Project directing the highest levels of state government to participate in system reform in the care and delivery of services to Oregon's most vulnerable children

with mental health and psychiatric needs. LCMH Child and Adolescent Program will be an active participant in such system reform.

In addition to gate-keeping and coordinating high levels of care LCMH Child Program conducts or provides comprehensive mental health evaluations, crisis evaluations, psychiatric assessments, psychiatric medication management, clinical case management, community consultation, screening and referral, individual, play and art therapy, family therapy, group therapy including evidence based Dialectical Behavior Therapy for adolescents engaged in self-harm behaviors. We have a contractual relationship with Siletz Tribal Headstart Program in Springfield offering mental health consultation, observation, parent education and training, referral and treatment of preschool age children and their families. We also contract with Oregon Family Support Network for parent to parent supports and education. Members of the LCMH Child Team participate on the Lane County Suicide Prevention Steering Committee, Family Advisory Committee, Juvenile Subcommittee of the Public Safety Coordinating Council and chair the Lane County Oregon State Hospital Coordinating Committee.

RESIDENTIAL PROGRAMS

There has been a reduction in the number of mental health residential beds that Lane County Mental Health (LCMH) continues to be involved in as an operating partner.

As of August 30, 2007 LCMH discontinued providing the mental health services for the Enhanced Care Facility (ECF) which is located at 622 N. Cloverleaf Loop, Springfield, Oregon. This 16 bed program has been operated in conjunction with Gateway Living incorporated. A combination of annual increases in budget expenses and weak revenue stream based on a fixed daily rate per resident resulted in inadequate funding for Lane County to continue its historical role in this program. The ECF as a resource will not be lost to the community. LCMH has facilitated the transfer of the delivery of mental health services at the facility to Cascadia Behavioral Health who will now coordinate operation of the facility with Gateway Living. Cascadia will also assume service provision to Enhanced Care Outreach Services (ECOS) program, an ECF after-care component to assists the residents in transitions into more integrated community placements as their skill level and independence allows.

Lane County Mental Health continues to participate in the operation of two other residential facilities.

The Summit Residential North program (previously know as the Paul Wilson Home) 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 provides 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 Summit Residential North program tends to run at capacity

throughout the year. The mental health services that are provided to the residents are Medicaid covered services and are billed to the state Office of Medical Assistance Programs on a Fee-For-Services basis.

The Summit Residential South program (previously known as the Bender Home) 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 proven very successful in maintaining very challenging residents in the community avoiding costly stays at a State Hospital. Like Summit Residential North, these mental health services are covered by Medicaid on a Fee-For-Service basis with service charges billed to the Office of Medical Assistance Programs.

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, OMHAS and other system stakeholders did create the 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 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 Team consists of three QMHP level (Master's or above) clinicians (contributed by PeaceHealth as in kind support to this program), two QMHA 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 has added 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). A new analysis to evaluate the effectiveness of the Transition Team's efforts with LaneCare clients has been completed and shows similar positive results in terms of both reduced lengths of stay and reduced readmissions to inpatient care within six months of Transition Team involvement.

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 gentleman'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 LCPH (March 31, 2004), we have already seen a dramatic increase in out of area admissions. If anything, that trend has continued and has the potential to get worse as there are threats of closure of additional beds across the state, which will further add to the acute care bed crunch statewide and the likelihood that Sacred Heart's Johnson Unit will be full most of the time. 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 had to increase 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 had learned that Lane County receives the lowest funding Regional Acute Care dollars per capita of any County in the state. Discussions have occurred with the Addictions and Mental Health Division of the State to correct this significant inequity. Those discussions have been fruitful and Lane County was awarded an additional \$800,000+ in Regional Acute Care funding for the current biennium. These funds will be used to increase the contract with Sacred Heart for indigent services at the Johnson Unit and to help offset the costs of out of area admissions and secure transports for Lane County residents. In addition, we will be expanding the pool of flex funds used for Transition Team clients and adding some additional psychiatric prescribing time. 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 two years, 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 was 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 additional respite and step down beds, using some of the new crisis funding received from the State.

PUBLIC HEALTH SERVICES (Karen Gillette, Program Manager)

COMMUNICABLE DISEASE SERVICE

Immunizations: The Lane County Public Health (LCPH) immunization program has provided 1,620 immunizations and 1,577 tuberculosis skin test in the past six (April - September) months. In addition, the ten LCPH immunization delegate clinics have provided 2,729 immunizations in the same time period. These numbers include 274 immunizations to adolescent girls and young women against Human Papilloma Virus, or "HPV", which is the virus causing the majority of cervical cancers. A Zoster vaccine to protect those over the age of 60 against Shingles has also become available and LCPH has begun to provide this vaccine during immunization clinics. Both new vaccines are expensive and Lane County is working, in conjunction with state programs when available, to make these immunizations as affordable and accessible as possible.

Our immunization program provided consultation and assistance to the Community Health Center effort to address the vaccine storage and monitoring concerns and the recall of affected clients for repeat immunizations.

The LCPH immunization program continues to exceed the Performance Measure target of 95% in vaccine accountability.

The School Immunization Review report for FY '07 shows that Lane County had 99.6% completed immunization records by school exclusion day. The records of 62,391 were evaluated. This reflects an effective effort to gather accurate immunization reports from schools, day cares, and individual families as well as helping to assure a well immunized population of children. None-the-less, there were 214 children in Lane County excluded from school or day care due to incomplete immunization records. There were also 2,929 children included in the total count that requested and received religious exemptions from required school immunizations and 44 who received medical

exemptions. These exemptions are not uniform across the schools and programs. Some schools with 100 or more students enrolled had 50% to 80% religious exemption rates, leaving these populations and their at-risk contacts vulnerable to an outbreak of vaccine preventable disease.

Tuberculosis: Currently, there are eight active cases of tuberculosis in Lane County. None of them are associated with a homeless shelter. Two cases are within one family and the rest are not related.

Tuberculosis prevention efforts of LCPH include collaboration across jurisdictions. One case, identified and started on treatment here in Lane County, returned to his home country after only a few weeks of treatment. The LCPH TB nurse case manager worked with the individual and the Migrant Clinicians Network who were able to assure the continuation of appropriate TB treatment in the client's home country. An international call from the client last week confirmed that he continues to walk an hour each way twice a week to receive his medications.

In the past six months, there have been only two people associated with the homeless shelter who converted their tuberculosis skin test from negative to positive. LCPH provided tuberculosis testing continues at the Mission three days a week. All residents and staff are evaluated for TB by LCPH. In addition we provide twice yearly monitoring of the ultraviolet light TB prevention system at the Mission.

County wide, our preventive treatment program for latent tuberculosis infection (LTBI) currently has 37 clients receiving medication.

Other reportable communicable diseases: During the months of April through September, 2007, LCPH investigated 331 reportable communicable diseases including confirmed, presumptive, and suspect cases. Hepatitis C continues to account for a large number of reportable communicable diseases at LCPH – 185 in the past six months. Most of these continue to be chronic cases from the years before affordable testing and referral became available. We had three acute cases of hepatitis C in July of this year.

Other notable communicable disease reports include ten cases of pertussis in September, a single case of West Nile Virus also in September, and the two Measles cases which generated an intensive public health effort to control the outbreak in May and June of this year. Please see the Measles After-Action Report for a thorough discussion. The response successfully tested not only the LCPH Communicable Disease Program, but also the LCPH Preparedness Plans. The effort incorporated H&HS Administration and other programs throughout the county.

Sexually Transmitted Diseases: Preliminary reports through June of calendar year 2007 indicate a trend toward somewhat decreasing numbers of cases of reportable STDs. It is too soon to say if this trend will continue or represent a significant drop.

Chlamydia cases continue to surge in Lane County and are still above figures in all previous years except calendar year 2006.

Lane County now has a full time state supplied Disease Information Specialist (DIS) based in Eugene who has been working diligently to reach cases and contacts and bring them to treatment. She is also working to develop the essential provider relationships necessary to reaching the partners of reportable STDs. The vast majority of reported cases come from these private providers and not from public health clinics. Public Health, unlike private providers, is the entity responsible for assuring treatment of contacts of reportable STDs and, therefore, reducing the spread of these diseases throughout the population. The STD treatment and prevention work is labor intensive and requires not only the work of the DIS but also the collaborative work of the LCPH STD nurses and cases report staff and use of the county purchased STD database.

LCPH STD clinics are focused on services to those at highest risk for STDs while continuing to serve the general population when clinic times are available. In addition to testing and treatment for the reportable STDs, other related services included during the STD clinic are HIV testing options and immunizations against hepatitis A and B.

HIV and Hepatitis Prevention Program: The LCPH HIV and Hepatitis Prevention Program is making adjustments based upon staffing reductions. At the beginning of the fiscal year, the program's two Community Services Workers were reduced to one. We are focusing on providing broad impact through continued collaboration with community based coalitions and organizations as well as strategic direct services to high risk populations.

The successful seasonal HIV testing program in public sex environments, a collaborative service between LCPH and HIV Alliance was transferred to HIV Alliance following LCPH training and mentorship. The program then continued through the summer.

LCPH and HIV Alliance continue to work together to maintain secure drop boxes for needles and syringes at three sites in Eugene, including one behind the Health Annex. Additionally, LCPH provides packs of 10 clean needles to injection drug users who request them. Between January and the end of June there were 514 encounters with individuals seeking these packs. Clients receiving these 10-packs are referred to HIV Alliance Needle Exchange sites and to other public health services, including HIV testing, Hepatitis C testing and Hepatitis A and B immunizations.

The community organization, Lane County Harm Reduction Coalition which our program helped establish, is now in need of leadership to continue the success of its mission to build community partnerships to reduce the impact of injection drug use on public safety and community health. In collaboration with other prevention programs within Lane County Health & Human Services, we are working to provide that leadership.

LCPH continues to provide HIV testing during our STD clinics and on Wednesday afternoons for clients from populations at highest risk for HIV. Between January and the end of June LCPH and its subcontractor, HIV Alliance, gave 782 HIV tests. Two hundred eighty-two of these were for individuals from the population with, by far, the highest prevalence and incidence of HIV infection in Oregon – gay, bi-sexual and other men who have sex with men. Forty-three clients with a history of injecting drugs were also given Hepatitis C testing and counseling.

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 2928 restaurants, hotels, public swimming pools, schools, and other public facilities. Environmental Health (EH) employs 5.25 FTE Environmental Health Specialists that are responsible for 4,677 total inspections completed annually 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 (1028), mobile units (145), commissaries and warehouses (35), temporary restaurants (845), pools/spas (285), traveler's accommodations (115), RV parks (72), schools/summer food program serving sites (229), day cares (159), organizational camps (15). 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 provide a portion of one Environmental Health Specialist to work on preparedness procedures and exercises. This position assists in conducting training sessions and presentations on preparedness. Food security and event planning for the 2008 Olympic Trials in Eugene will require continued work 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 issued 6511 Food Handler Cards annually. Currently, the program continues to work with Chemeketa Community College to offer Food Handler Card testing through an on-line "e-commerce" program at a cost of \$5/test. We are in the process of developing an "in house" on-line program that will result in a \$4/per test savings from the current process. The program also offers in-office and worksite and testing in both English and Spanish. During the last year, 5644 food handlers' cards were issued through our on-line testing service. The on-line testing site is accessed from the www.LaneCounty.org website.

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 three crows test positive for West Nile Virus in Lane County.

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 the UofO and OSU Environmental Health Programs. We are currently working on a project involving the registering and mapping of vulnerable population facilities in Lane County. This will allow first responders to quickly locate these care homes in the event of a disaster. We continue to look for projects for which university interns can be involved.

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 four of nine FDA standards and have passed pre-audits on those completed standards.

The Environmental Health Program recently successfully completed our three year State audit and received very high marks for the Lane County Program.

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/Oregon Mother's Care: The Prenatal Access/Oregon Mother's Care program helps low income pregnant women access early prenatal care. Program staff determines 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.

The program also encourages dental care during pregnancy by referring women to their newly assigned Oregon Health Plan dental office and by giving supplies for dental hygiene. Research has shown that improved maternal periodontal health lowers the risk of a preterm or low birth weight baby and the transmission rate of maternal oral bacteria to the baby after birth.

Maternity Care Management: The Maternity Case Management program provides ongoing nurse home visiting, education, and support services for high-risk pregnant women and their families during the perinatal period. Community Health Nurses help expectant families access and utilize needed and appropriate health, social, nutritional, and other services while providing pregnancy and preparatory newborn parenting education. 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, increase realistic parental expectations of the newborn, 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 for assessment 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 children 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 parental compliance with needed intervention services, increased use of appropriate play materials at home, improved parental-child interaction, improved parental 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: CaCoon stands for Care Coordination and is an essential component of services for children with special needs. The CaCoon program provides nurse home visiting for infants and children who are medically fragile or who have special health and/or developmental needs. Nurses educate parents/caregivers about the child's medical condition, help families access appropriate resources and services, and provide support as families cope with the child's diagnosis. CaCoon provides the link between the family and multiple service systems and helps them overcome barriers to integrated, comprehensive care. The program's overall goal is to help families become as independent as possible in caring for their special needs child.

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 six months, Public Health has continued to lead the community initiative to address Lane County's disturbingly high rate of fetal-infant mortality. The initiative has received broad community support and interest. Lane County's high rate of fetal-infant mortality has been addressed in four insightful editorials in the Register Guard. Several community-wide meetings and numerous workgroup meetings have been held to identify strategies to be used to reduce the number of excess deaths. At the September community meeting, Magda Peck, a nationally recognized authority on maternal child health issues, led a dynamic discussion about local efforts and how the community can move forward to address this issue.

The Perinatal Periods of Risk (PPOR) approach has continued to be used as the analytic framework for investigating local fetal-infant mortality. PPOR results have indicated an overall high rate of fetal-infant mortality (higher than the U.S., Oregon, and comparable Oregon counties). Additionally, the results indicate that the highest excess mortality is occurring in infants between one month and one year of age; and, that 60% of those deaths are attributable to SIDS or other ill defined causes and to accidents and injuries—all of which are potentially preventable.

Public Health is currently working to establish a Fetal-Infant Mortality Review (FIMR) in order to review individual, de-identified, case-findings and to help determine what common factors represent community-wide problems. Pacific Source Health Plans provided \$25,000 in funding to begin the FIMR process. Additional grant opportunities are being pursued.

In September, members of the community-wide fetal infant mortality initiative chose to name their overall effort—Healthy Babies, Healthy Communities—to reflect the significance of infant mortality as an index of community health and well-being. The large community group will continue to meet quarterly and will serve as the Community Action Team (CAT) with the role of planning and implementing systems changes designed to reduce fetal-infant mortality. At the same time, the structure and role of workgroups was redefined. A Case Review Team (CRT) was established and will meet monthly to review case findings and develop recommendations for the CAT. The original Data Workgroup will be folded into the CRT so that both population-based data and case finding data can be used in recommendation development. The Maternal and the Infant Workgroups will be combined and renamed the Resource and Referral Team (RRT). The RRT will continue to meet monthly and will provide experience and

knowledge about identified issues and strategic actions for the CAT. The CRT will begin case finding reviews in November 2007, and recommendations from the reviews will be presented to the CAT March 2008.

PREPAREDNESS

Preparedness for disasters, both natural and man-made, is a public health priority. This priority is realized through the Lane County Public Health Services Public Health Emergency Preparedness and Communicable Disease Response Program ("PHP Program"). The program develops and maintains the capacity of the department to:

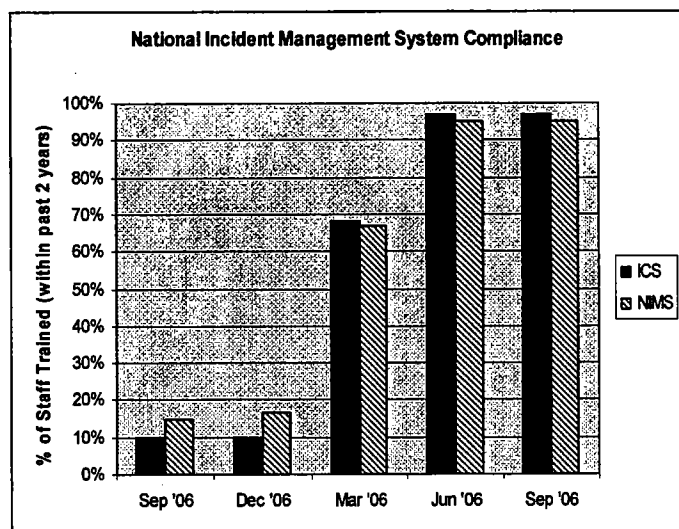
1. rapidly mount an effective response to any emergency; and
2. prevent, investigate, report and respond to outbreaks or the spread of communicable diseases.

Whether an outbreak of a highly infectious disease is intentional, or whether it is caused by a new virus the public health response will be similar, and Lane County Public Health will be ready. Lane County Public Health Services is improving disease detection and communication, training its work force, and conducting exercises to test its readiness to respond.

TRAINING & PROFESSIONAL DEVELOPMENT

To ensure competence in an emergency Lane County Public Health has drafted a training program incorporating professional standards, and state and federal guidelines.

At the minimum all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Beyond the minimum standards, employees with specified emergency response roles require additional training in bioterrorism, chemical and radiation emergencies, communicable diseases and general emergency response, as well as other professional or technical skills as appropriate.

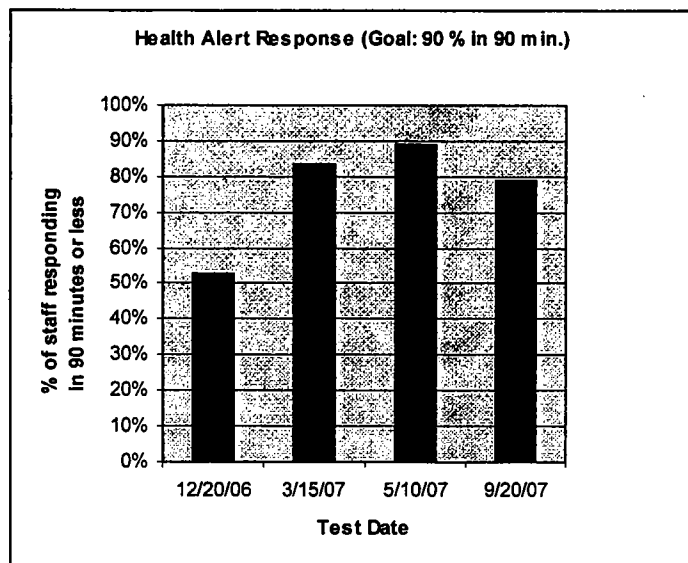


Since the last report, significant progress has continued to be made toward achieving a minimal baseline level of training. Seventy percent of the work force could demonstrate training within the past two years in ICS or NIMS as of the third quarter of FY 2006-07 and, by the end of the fourth quarter, 95 % had achieved this standard. All Public Health Services personnel are slated to achieve this standard by the end of the current quarter. In addition, to further improve emergency response leadership capabilities, all Public Health Services

managers and supervisors will have completed an additional 24 hours of advanced Incident Command System training on or by November 1, 2007.

Plan Development, Exercises & Drills: In addition to classroom based training, the PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. Currently existing plans are undergoing a thorough review and revision to comply with national standards, and to incorporate lessons learned from past exercises and drills. Plans recently revised include: Communication & Information Management, and Radiological Events. The Emergency Public Information and Notification plan is currently undergoing review and revision.

To prepare staff and improve emergency response capabilities, plans are exercised on a regular basis. Communications systems are tested frequently through the use of drills and brief tests. For example, preparedness staff responds to regular tests of the Oregon Health Alert Network, a statewide emergency notification and collaboration system for public health emergencies. Through drills, performance review, and targeted training, 80 % or more of preparedness staff consistently respond to alerts within 1 ½ hours, rather than only 50 % as seen in December of 2006.



In addition to regular drills, Public Health Services also tests plans through simulations and exercises. Since the last report the PHP program hosted a recent Radiological Event Tabletop exercise, participated in three other exercises, and evaluated performance in one actual event. All exercises included local partners such as local city governments, police, fire, hospitals, and school districts. Reports are produced for all drills and exercises. Each report includes an analysis of results, including strengths identified and areas for improvement. Copies of reports are available by request from the Public Health Preparedness Coordinator.

Lane County Public Health Services Exercise Schedule (May – Oct 2007)		
Date	Event	Type of Exercise
May 2007	Oregon State Radiation Plan	Orientation & Tabletop
May 2007	“Hip-Hop” Measles Outbreak	Full Scale (Real Event)
June 2007	US Postal Service Contamination	Tabletop
August 2007	Cancellation of Classes	Tabletop
August 2007	Radiological Event	Tabletop

Community Planning and Outreach: Lastly, Lane County Public Health is part of a system. It has certain regulatory powers to protect people that no other entity has. But it can't do it alone. In partnership with local and state government agencies, businesses, schools, and the media, Lane County Public Health galvanizes the community to tackle local preparedness needs.

Recent efforts have focused upon bringing together local partners to plan for the needs of the community's most vulnerable populations. In March, 2007 the Vulnerable Populations Emergency Preparedness Coalition was formed. The group consists of more than forty agencies representing children, older adults, emergency management, mental health, developmental disabilities, homeless, tourists, tribes, and non-English speaking persons. Since its formation the group has made notable progress towards developing a sustainable structure and has started its first local initiatives. Since the last report notable accomplishments include:

- Creation and approval of the coalition Charter
- Formation of the Steering Committee & election of officers
- Identification and approval of the work plan for 2007-08
- Formation of a task force to develop a planning template for community based organizations
- Scheduling and planning of a preparedness planning workshop for Community Based Organizations to occur fall of 2007.

Public Health Services will continue to facilitate and provide support for this coalition.

CHRONIC DISEASE PREVENTION

Physical Activity and Nutrition Program/Obesity Prevention: After tobacco, poor diet and physical inactivity work together as the second leading cause of death in the United States.

Current Obesity Rates:

- **National:** 66% (NHANES survey)
- **Oregon:** 59% (Oregon BRFSS survey)
- **Lane County:** 59% (Oregon BRFSS survey)
- **Lane County Employees:** 2005: 64%, 2006: 63% (PAN Healthy Worksites survey)

Healthy Worksites Initiative: With funding for a pilot project from the Oregon Public Health Division's Physical Activity and Nutrition Program, Lane County Public Health coordinates the Lane County *Healthy Worksites Initiative*.

Why do we need healthy worksites? Considering the overweight and obesity rates quoted above, most Lane County adults have or are at risk for chronic health problems

(including most Lane County employees). In addition, because working adults spend the majority of their walking hours at work, the work environment presents a unique opportunity to promote health.

Unlike traditional employee wellness programs which target behavior change at the individual level, this *Healthy Worksite Initiative* encourages change at the organizational level with the goal of creating worksites that support healthy behaviors by making the healthy choice the easy choice. This is an important distinction and one which recognizes that:

"It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change."

Institute of Medicine

Lane County Public Health is working to break down the barriers to change. Smoke-free campuses, easy availability of fruits, vegetables and other low-fat foods, support for bicycling and walking, workplace policies encouraging healthy choices, assistance in identifying health risk factors and referral to disease management are key elements of the healthy worksites initiative.

Since the program's inception in late 2005, the Public Health Educator has been coordinating efforts to develop the county's worksite health promotion infrastructure through encouraging upper management support and the creation and facilitation of a Lane County wellness committee, communication strategies, program evaluation and the promotion of nutrition and physical activity policies. Intervention areas include increased fruit and vegetable consumption, daily physical activity, weight maintenance, breastfeeding promotion, weight management and chronic disease self-management.

Specific examples of efforts in the last six months at Lane County include the creation and posting of health promotion messages on physical activity, promoting increased consumption of fruits and vegetables and stress reduction on bulletin boards at county worksites. A UO program intern also participated in stress reduction meetings at Lane County Mental Health and met with staff members in a number of other worksites to discuss their healthy worksite interests. Program staff has also posted signs encouraging people to take the stairs near stairwells.

Continuing efforts with large employer partners: While continuing to support worksite wellness efforts for Lane County employees, in this third year of this pilot project's implementation (FY 07/08), the program also continues to provide support to other large employers' Worksite Wellness programs. Large employer partners attending monthly worksite wellness training and networking sessions include:

1. Hynix

2. Jerry's Home Improvement Centers
3. Lane Community College
4. The Register-Guard
5. Head Start
6. Royal Caribbean Cruise

Representatives from the partner organizations participating in the effort include staff from their human resources departments, management staff, staff nurses and (two of the six have) full-time employee wellness staff.

Like most traditional worksite wellness efforts, before this collaborative, many of these organizations were primarily working to encourage health behavior change with their employees at the individual level. Some organizations were not involved in any worksite wellness efforts before joining the workgroup. Now, about a year into this collaborative effort, the employer representatives have increased their understanding of public health and understand wellness issues such as obesity, tobacco use, and breastfeeding from a public health as opposed to individual health perspective.

This understanding and the provision of sample policies and other tools, resources and technical support from the Public Health Educator enables the employer representatives to encourage and implement evidence-based worksite policy and environmental changes. The employer representatives are enthusiastic participants, have already taken many steps to improve the health of their worksites and are planning many other efforts, appreciate the opportunity to work with and learn from Public Health, and the opportunity to network and share resources with one another.

The large employer partner continued to meet monthly each month for the last six months. Some of the topics included in the six training and networking sessions since the last report include different ways to promote fruit and vegetables and physical activity in the workplace, a demonstration of the CDC's Worksite Wellness website with practical tools, information on LTD's Alternative Transport Options, information on free community training sessions "Living Well with Chronic Conditions", a work session related to a Worksite Wellness Toolkit being created at the state level and breastfeeding promotion.

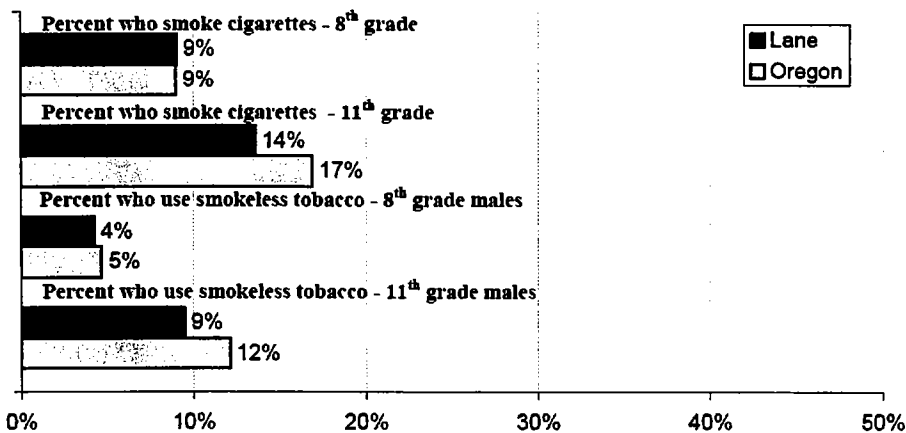
Continued funding for pilot project: \$50,000/yr .5FTE: Lane County was one of two counties (Benton also) asked by the state's Physical Activity and Nutrition program to submit a reapplication and was re-funded for a third year for this pilot project to continue implementation through the end of FY 07/08. Public Health is hopeful that, given the substantial and increasing obesity problem in this nation, the state and in Lane County, physical activity and nutrition efforts will garner increasing attention and resources to combat this deadly problem in the near future.

Tobacco Prevention: Tobacco is still the leading cause of preventable death in the US, Oregon, and Lane County. In Oregon, tobacco causes more than five times as many deaths as motor vehicle crashes, suicide, AIDS, and homicide combined. These

deaths are mainly due to one of three causes: cardiovascular diseases, cancers, and respiratory disease. In Lane County tobacco kills 636 people every year. 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.

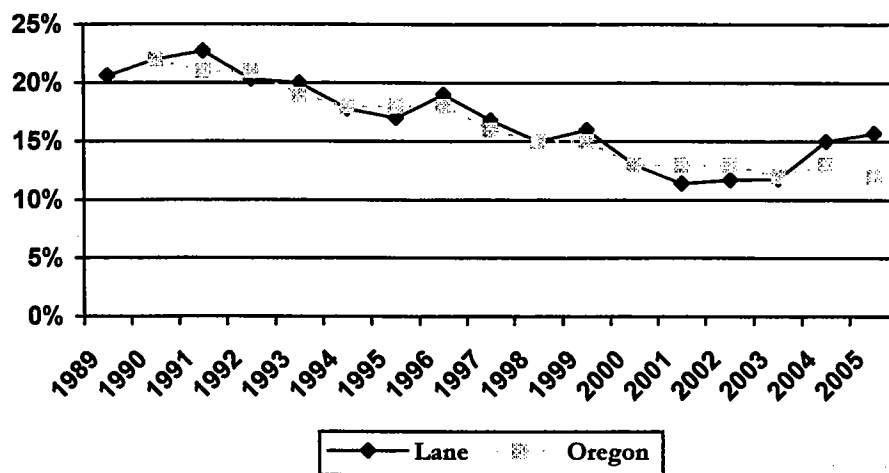
Current data indicates that while Lane County youth (8th & 11th graders) use tobacco at similar or lower rates than other Oregon youth, adults and pregnant women are using tobacco at higher rates than the state average (see graphs below). Higher tobacco use rates among pregnant women is especially concerning considering the effects of tobacco on pregnancy and Lane County's high rates of fetal and infant mortality.

Tobacco Use among Lane County Youth



(Oregon Healthy Teens Survey 2004 through 2005)

Infants Born to Mothers who Used Tobacco during Pregnancy



(Oregon Vital Statistics, 1989-2005)

Highlights from the last six months include work in the following areas.

Tobacco-free Hospitals

- McKenzie Willamette Medical Center went tobacco-free campus wide at all locations in Lane County on July 4th, 2007.

University of Oregon Tobacco Prevention

- TPEP staff and TFLC members have been working with the University of Oregon's Environmental Health & Safety Committee and Students for a Smokefree Campus to move the UO towards being a smoke-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.

Enforcement of Clean Indoor Air Laws

- 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. Since May 2007, staff has responded to five indoor smoking complaints.
- In June, the Oregon State Legislature passed Senate Bill 571 which expands the prohibition of smoking in public places and places of employment, increases penalties for non-compliance, and removes the previous pre-emption clause that limited local jurisdictions from passing stronger laws. The law will go into effect on January 1, 2009 and will include bars, bar areas of restaurants, bingo halls, bowling alleys, employee break rooms, and 75% of hotel/motel sleeping rooms. The bill also prohibits smoking within 10 feet of entrances, exits, windows that open, and ventilation intakes of workplaces or public places. TPEP staff will work with affected business in Lane County to communicate the changes and assist them in achieving compliance with the new law.

Tobacco-Free Schools

- As of January 1, 2006 all schools in Oregon are required to have policies in place establishing tobacco-free school grounds (OAR 581-021-0110). Lane County TPEP is working with the American Lung Association of Oregon to monitor and support compliance with this mandate. The TPEP Public Health Educator continues to provide assistance to school districts to complete their policies.

Tobacco-Free Child Care Facilities

- In the spring of 2007, Lane County Public Health, in partnership with Lane Family Connections, conducted an online and phone survey of county child care providers. The short survey gathered information about secondhand smoke

knowledge, current policies, and training needs. A total of 112 providers responded to the survey, 59 (53%) online and 53 (47%) by phone. Responses indicate:

- Most child care providers (95%) are aware of the dangers of secondhand smoke and feel it is unacceptable to expose children to it.
- While most providers (95%) reported that smoking was not permitted anywhere at their facility when children were present or in vehicles used by the child-care facility, only 53% had an explicit written policy and only 19% had posted “No Smoking” signs at their facility.
- The majority of providers (63%) reported that they were not aware of smoking cessation resources for parents or employees.
- The results will be used in designing professional development opportunities and trainings for child care providers in Lane County.

Reducing Tobacco Use During and After Pregnancy

- In response to the high rates fetal infant mortality and the high rates of tobacco use during pregnancy, the Chronic Disease Prevention Team (the TPEP and Physical Activity and Nutrition Public Health Educators) developed a proposal to increase tobacco cessation and relapse prevention among clients at WIC. This proposal was awarded a grant for \$100,000 from the American Legacy Foundation®, a national public health foundation devoted to keeping young people from smoking and helping all smokers quit. Grant funds will be used to develop and implement *Quitting for Keeps*, a program that will help pregnant and postpartum women using Lane County’s WIC services permanently quit smoking.

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. WIC Registered Dietitians provide nutrition counseling to clients identified as high risk. These WIC services are a critical part of the community-wide efforts to address Lane County’s high rate of infant mortality.

In September 2007, the WIC Program was serving 7,949 clients. The number of vouchered participants (actual number of participants redeeming WIC vouchers for that month) was 7,483. The assigned target vouchered caseload level is 8,022 vouchered participants per month. The program is maintaining at 93.3 percent of this assigned caseload due to staff reductions in other programs (which caused trained staff to be bumped from positions and then resulted in vacant staff positions). Until new staff is fully trained and vacancies filled, there will be inadequate numbers of available client appointment slots. Currently there is a waiting list of 127 clients; of these, 109 clients are waiting for appointments in the Eugene WIC clinic and 18 clients are waiting for appointments in the rural clinics.

The program has implemented strategies to increase the caseload to within 97% of the assigned target caseload, although the primary focus is to complete training for new staff.

The WIC program issued Farmers' Market coupon booklets to 1,550 clients during the months of June – August, 2007. 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.

As part of the Legacy "Quitting for Keeps" grant that Public Health recently received, WIC staff will be providing smoking cessation interventions for postpartum women who smoked during pregnancy or are currently smoking. Current research shows that many women who are motivated to quit smoking during pregnancy actually resume smoking after the birth of their infants. The goal is to reduce the number of postpartum women who smoke and to help provide support and education so that women are able to stay quit after childbirth. This project fits in well with other efforts to reduce infant mortality.

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

METHADONE TREATMENT PROGRAM

The Methadone Treatment Program provides outpatient substance abuse counseling services and medical evaluation for individuals addicted to opiates. The program provides daily dispensing of methadone, and group, individual, couple and family counseling. The overall goal of treatment is recovery from addiction to all substances.

Since April 2007, the methadone treatment program has served 135 individuals including two pregnant patients. This is an increase (of 10) over the last reporting period. The program currently has 117 patients in treatment, including two pregnant women. There are currently eleven individuals on the wait list.

One of the program's goals for 2007 has been to reduce the stigma methadone patients experience within their community (including other treatment providers). With the creative energy of a Masters in Social Work (MSW) student intern, we were able to produce a high quality educational CD about opioid addiction and treatment. Included in this CD is a "patient's voice" video presentation. This is an interview conducted with a long term methadone maintenance patient that speaks about the powerful hold addiction has on one's life, and about the lasting benefits of treatment. The program produced fifty of these CD's to be shared with community stakeholders and others who work with individuals with addiction issues.

The methadone program continues to be challenged with expenses that exceed current revenue. Due to this situation, the program is steadily increasing caseloads. During the

next few months, the program will work towards its new goal of bringing all eligible individuals on the wait list into treatment.

Sex Offender Treatment Program

The Sex Offender Treatment Program provides individual and group treatment for men and women convicted of sexual offenses. All program clients are on supervised probation, parole, or post-prison supervision in Lane County. The program goals are to promote community safety and prevent further sexual abuse by treating sexually offending behaviors.

The Sex Offender Treatment Program prioritizes admission of clients based on the level of offender risk. The program also provides treatment to a significant number of clients who are indigent and who present with other mental health disorders in addition to their sexually acting out behaviors. During the last few months, our program has been collaborating with Developmental Disabilities on how we might serve their specialized population of clients who have sexually offended. Our program currently is providing services to two of their clients and has a total of 41 individuals in treatment. We have an additional 8 clients in aftercare services. There are 11 clients currently on the wait list, with several involved in the intake process.

The program uses approaches which are research-based and proven to be effective in reducing recidivism. The primary approach is the use of cognitive behavioral interventions, rather than “process” therapy. Staff uses motivational interviewing practices to engage mandated clients in the change process, especially in the earlier stages of treatment, when clients are usually the most resistant.

The Sex Offender Treatment Program continues to work closely with Portland State University and the University of Oregon as a training clinic for Bachelor’s and Master’s level students. We currently have 5 student interns who combined provide more than 45 hours a week of service, including participating in individual and group treatment sessions, clinical note taking and evaluations.

During the last six months, the program staff has had an increase in the number of victim/offender clarification sessions. From a restorative justice perspective, this has been a promising shift. These sessions allow victims of sexual abuse to confront their abuser in a safe, therapeutic setting. This clarification process is part of our program’s restitution philosophy of encouraging offenders to take full responsibility for their abusive behaviors, and find ways to contribute to the healing of those they have victimized.

DUII/OFFENDER EVALUATION UNIT

The DUII/Offender program provides mental health and substance abuse assessments to offenders who are supervised by Lane County courts or Parole and Probation. Clients served by our office include those charged with DUII, domestic violence, drug

possession, harassment, assault, and other charges. The program provides client evaluations, treatment referrals and case monitoring.

The program strives to provide accurate and timely evaluations of clients' mental health and substance abuse needs, and refer them to appropriate treatment services. Between April and September of 2007, the program served 1,071 new DUII client cases. This is an increase of 20 new cases since the previous six months, and over 100 more cases than were seen during the same time period in 2006. Our office anticipates this trend will continue as the state allocates more money for state patrols that address drunk driving. In addition, our office provided another 308 DUII re-referrals to treatment services. This was again an increase in the number of clients over the last six-month reporting period. During this same time period, the staff provided ongoing monitoring of treatment progress to the courts on 2,766 client cases. A total increase of 430 more cases monitored than the last reporting period.

The program also conducted 104 corrections evaluations during the last six-month period. This is an increase of 15 new cases over the last six-month reporting period and a total of 33 more cases than 2006. As with the DUII cases, our office is continuing to see a trend in increased referrals of these cases as well. As stated above, these cases typically involve individuals convicted of assaults, drug possession, harassment and domestic violence. Of the 104 clients seen, 50 of these cases were related to domestic violence. This is the third, six-month period with an increase in the number of domestic violence cases referred to our office.

The Evaluation Units Occupational Driver's License Program (ODL) provides services for individuals who need a "mental health recommendation" to get a restricted Oregon driver's license. This includes a screening for program eligibility and a monthly monitoring group for those who are eligible. This program has maintained services to 16 clients during the last six months.

ADULT PAROLE AND PROBATION

Like other divisions of H&HS, Supervision and Treatment Services, including P&P, is entering performance measure data in the County-wide performance measures system. Described below are the performance measure data for P&P for the month of October. All of the data below is from the state Department of Corrections (DOC) database, which is used statewide by all community corrections agencies.

All of these measures are also ones the DOC includes in the Intergovernmental Agreement with the County. The DOC tracks these measures for each county on an on-going basis.

RECIDIVISM

The definition used by DOC for recidivism is the rate of new felony convictions the offender receives in a specified period from the beginning of probation or parole/PPS. In the data below, the time period is three years from the start of probation/parole/PPS. The data below pertains to the “cohort” of offenders who started probation/PPS between July 1, 2003 and December 31, 2003. The DOC does not use misdemeanor data in this measure because misdemeanor convictions are not consistently entered into a state database by all counties.

The data is available separately for three different offender groups: probationers, parole/PPS cases from DOC, and PPS/Local Control cases. The parole/PPS cases from DOC are the offenders who went to prison in a state institution for more than 12 months, and who are in the community under the jurisdiction of the Board of Parole/PPS. The PPS/Local Control cases are those who served a sentence (including a revocation sentence) of less than 12 months, and began PPS after that, under the authority of the local supervisory authority.

Probation Recidivism

Lane County	23.7%
Statewide	25.1%

Parole/PPS – DOC Cases

Lane County	25.8%
Statewide	24.1%

PPS/Local Control

Lane County	40.6%
Statewide	39.5%

These rates have been fairly consistent over the past couple of years. The probation recidivism rate may be lower in Lane County compared with statewide because we have good treatment programs for substance abuse, sex offenders and domestic violence. On the other hand, it might be because Lane County has a higher rate of probation revocations than other counties, due to policies in our DA’s office. This would mean that the probationers who are most inclined to re-offend had their probation revoked, and when they were re-convicted, they fell into the “PPS/Local Control” category of recidivism.

The PPS/Local Control group, almost by definition, is expected to have a higher recidivism rate. This group is composed of offenders with a new crime, sentenced to less than 12 months, and those who had a probation revocation, followed by a revocation sentence, and then were placed on PPS. For those in the revocation group, they have already demonstrated a history of non-compliance with supervision.

EMPLOYMENT RATES

This is a measure of the percent of active cases where the offender was employed either part or full-time on the date the report was run. This is “snapshot” data only. The DOC is working on developing a measure that looks at employment over a broader period (e.g., a year).

Lane County	45%
Statewide	49%

TREATMENT PARTICIPATION RATES

Successful engagement in evidence-based treatment programs is shown to be effective in reducing recidivism. The state DOC and Lane County have assessed four of our local treatment programs (those which receive CCA funding), and all of them have scored “satisfactory” or better on the Correctional Programs Checklist. This indicates that they are using evidence-based treatment approaches.

This measure is similar to the “employment” measure above. It reflects the number and percent of active cases where the offender is in treatment on the day of the report. This measure does not capture offenders who have already completed treatment, or those who have been referred to treatment but have not yet entered.

Lane County	13%
Statewide	21%

A big reason for Lane County’s lag behind the state in this measure has to do with data entry. P&P has begun a more intensive project of entering this data into the state system, so it can be “counted”. There is no reason to expect that our rates on this measure will not be comparable to the statewide rate when we are more current with data entry.

As a longer-term project, the state DOC is working on developing different treatment measures, which reflect the percent of offenders who have completed treatment during a specified time period, in addition to this “snapshot” data.

RESTITUTION PAYMENT

This is a measure of the percentage of offenders who paid court-ordered restitution by the time their supervision expired. It is a measure of that data for the most recent six month period prior to the date the report was run.

For the six month period of April 10 – October 10, 2007, the rates were as follows:

Lane County
Statewide

105 of the cases closed had restitution ordered
1,170 of the cases closed had restitution ordered

Of those cases:

Jurisdiction	%who paid all	%who pd some	%who paid none
Lane County	25%	41%	34%
Statewide	27%	29%	44%

On other matters with Parole & Probation, we continue to lose staff for various reasons, and we continue to hire staff. Three of our recent hires completed the DPSST Basic P&P class in mid-October. Out of the three officers, one was elected "class leader" by his 23 peers. Another of the three was selected as the class speaker, to give a speech at the graduation ceremony. That second officer also won the Defensive Tactics training award for that class.