

ABBREVIATED CONSENT CALENDAR FORMAT

W. G. A.

Memorandum Date: September 2, 2008
Order Date: September 17, 2008

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Rob Rockstroh

AGENDA ITEM TITLE: ORDER _____ / IN THE MATTER OF PROCLAIMING
SEPTEMBER 2008 AS NATIONAL ALCOHOL AND DRUG
ADDICTION RECOVERY MONTH

I. MOTION

ORDER _____ / In the Matter of Proclaiming September 2008 as National Alcohol and Drug Addiction Recovery Month

II. DISCUSSION

A. Background / Analysis

The 19th annual National Alcohol and Drug Addiction Recovery Month is observed during September 2008. Lane County has joined with the state and national celebrations of Recovery Month in past years. This year the national theme is "Join the Voices for Recovery: Real People, Real Recovery." The highlight is on the people for whom treatment and recovery have given a renewed outlook on life and on those who have worked to advance the treatment and recovery landscape. In Lane County our emphasis is on the impact of addiction treatment and recovery on parents and their young children and on the new Family Reunion Program at Willamette Family Treatment Services.

National authorities recognize addiction as a medical illness. Doctor Alan Leshner, Director of the National Institutes of Health and National Institute of Drug Abuse states that for a policy and planning perspective "The essence of addiction (is) uncontrollable, compulsive drug seeking and use, even in the face of negative health and social consequences." (1) The impact upon the individual can be devastating – loss of control over their lives that is manifested as loss of self-esteem, an inability to sustain meaningful relationships including family, increases in personal health care costs and obstacles to professional success including loss of jobs/employment.

The impact upon dependent children of parents with an addiction disorder often puts their safety and well-being at risk. This can manifest as impaired parental behavior (poor judgment, confusion, irritability, paranoia, and violence), inadequate supervision, inconsistent parenting and a chaotic home life, exposure to second-hand smoke

(tobacco, marijuana and other drugs), accidental ingestion of alcohol and/or other drugs, the possibility of physical and/or sexual abuse and, in some cases, HIV exposure from needle use by the parent. It is estimated that 10 to 11 percent of all newborns are prenatally exposed to alcohol or illicit drugs. (2)

Statewide, the number of children entering foster care because of parental addiction increased 33 percent between the years of 2000 and 2006. (3) In Lane County in 2004, there was a 30 percent increase of infants placed in foster care and over 80 percent of all of the children in foster care had a biologic parent with drug/alcohol abuse problems. (4)

Not surprisingly, there is a genetic and environmental link that influences the development of an addiction disorder and the impact of substances on a developing fetus can be devastating. The biological effects of prenatal drug exposure and the postnatal effects of being raised by a substance using mother overlap to produce a cumulative effect on a child's development. However, many of the problems are treatable and can be addressed with a variety of interventions. (5)

In 2007, the Oregon Legislature seeing these connections and costs enacted the Children's Health and Safety Initiative. The initiative was a cross-system collaborative approach including the Department of Human Services - Children, Adults and Families (CAF), addiction service providers and early childhood system partners. The collaboration served in developing a plan for services specific to parents and families who are either at risk or already involved in the child welfare system due to addiction problems. Once developed the plan was funded to provide Intensive Treatment and Recovery Services (ITRS) and that funding came to the counties for support of services.

In Lane County, services for these CAF identified families are provided largely by Willamette Family. Willamette Family (WF) is the only publicly-funded residential treatment facility in the county and also provides women-specific outpatient treatment services, a Child Development Center for their children through age 6 and Alcohol/Drug Free (ADF) Housing services. This continuum of care for women and their dependent children made the agency uniquely qualified to provide the ITRS funded by the legislature.

Complementary to these state funded services, the agency has developed a new Family Reunion Program. This program targets families with children from birth through five years of age (priority given to newborns through 12 months) and can admit non-CAF referrals as space allows. Services include:

- Specific family preservation and reunification services using the National Family Preservation Network Scale
- Co-Residency at the Women and Children's Center with mother and child
- Evidence-based State approved Parent Training
- Child developmental assessments and interventions as indicated
- Intensive therapeutic visitation
- Residential and Intensive outpatient substance addiction treatment
- Trauma-focused mental health counseling
- Aftercare Family Support.

A summary description of these treatment services is attached to this agenda packet.

In the first 18 months of the program's operation, 70 families received services and 87 percent of those participating families were successfully reunited or their child did not enter foster care at all because of the services.

Comparison of WF Family Reunion Program outcome to DHS (Lane County overall) and federal standard:

WF Family Reunion	87%
Lane County DHS Family Reunification	42%
US National Standard	76%

This is a great outcome for the families in the Family Reunion Program and the Lane County community and demonstrates the important transformation that appropriate treatment intervention and recovery can have.

In Lane County, the need for treatment services for women with children continues to be very high, resources are limited and do not meet the need. There are 23 residential slots designated for mothers and pregnant women but only seven residential slots for their dependent children.

This lack of dependent beds has caused Willamette Family to institute a policy whereby mothers can bring one child only with them into the facility. This is an economic imperative for the agency. It is also a hardship on the child or children not chosen and a barrier to further family reunification.

There is another venture in Lane County that also addresses the impact of parental substance use on their children. It is the 2008 Healthy Brain Development Conference.

This is a national conference produced by Lane County through the Department of Health & Human Services. The conference will provide cutting-edge research, prevention strategies and intervention techniques to maximize child and adolescent brain development. The goals of the conference are two-fold:

1. To present current research and prevention science on brain development of children ages zero through adolescence; and,
2. To provide evidence-based strategies and tools to promote healthy brain development aimed at children ages zero through adolescence and their families who are challenged by risk factors such as substance use, trauma, environment, violence and poverty.

The conference will take place on October 22 through 24 at the Valley River Inn in Eugene. More information and registration details are available at www.lanecounty.org/prevention/braindevelopment or by phoning 541 682-3650.

Many national authorities are now characterizing alcohol and other drug addiction as a brain disease. With this vision, work is underway to develop better interventions and appropriate treatments to stem the losses to individuals, families and their communities caused by the disease of addiction and to promote recovery and a return to health.

The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment; the Office of National Drug Control Policy; and, the State of Oregon invite all residents of Lane County to participate in ***National Alcohol and Drug Addiction Recovery Month***.

B. Recommendation

The Board of County Commissioners declares September 2008 as National Alcohol and Drug Addiction Recovery Month.

III. ATTACHMENTS

- Attachment A - Bibliography
- Attachment B – Willamette Family; Family Reunion Program Summary
- Attachment C - Calendar of Events
- Attachment D – Brain Conference flyer
- Attachment E - Board Order

I:/Admin/Jennette/Board Orders/National Recovery Month 2005 BO.doc

Attachment A

Bibliography

1. Home Box Office Documentary Films (2008). Addiction: Why Can't They Just Stop?
2. Nikel, M.D., Robert E. (November 2006). Substance Exposed Newborns and Their Families. Power Point Presentation, slide 5 of 53.
3. Oregon Department of Human Services, Addictions & Mental Health Division (August 2007). Request for Biennial Implementation Plan Amendments. Page 12.
4. Nikel, M.D., Robert E. (November 2006). Substance Exposed Newborns and Their Families. Power Point Presentation, slide 10 of 53.
5. Kim, J., and Krall, J. (2006). Literature Review: Effects of Prenatal Substance Exposure on Infant and Early Childhood Outcomes. Berkeley, CA: National Abandoned Infants Assistance Resource Center, University of California at Berkeley.

WILLAMETTE FAMILY

THE FAMILY REUNION PROGRAM

FAMILY REUNIFICATION SERVICES:

- Specific family preservation and reunification services using the National Family Preservation Network Scale
- Co-Residency at the Women and Children's Center with mother and child
- Evidence-based State approved Parent Training
- Child developmental assessments and interventions as indicated
- Intensive therapeutic visitation
- Residential and Intensive outpatient substance addiction treatment
- Trauma-focused mental health counseling
- Aftercare Family Support

Willamette Family assists with transportation when available and works in collaboration with multiple community agencies as part of the treatment and service plan coordination.

SUMMARY OF TREATMENT SERVICES

Family Preservation and Reunification Services

- Families will be referred by DHS. Willamette Family, DHS, and the parent will participate in the intake process to develop the initial service plan and the therapeutic visitation schedule. The evidence-based National Family Preservation Network scale that measures family health and functioning in critical domains will be utilized to determine progress at the beginning of treatment and again at termination of services. Monthly progress reports will be provided to DHS. Parents, DHS staff will meet monthly with the Family Reunion Advocate to review progress, identify needs, and make adjustments to the case plan as necessary.

Therapeutic Visitation Services

- Visitation is a critical factor in successful family reunification. Each visit provides the opportunity for strengthening bonding and attachment, increasing parental involvement in h/her child's life, teaching and developing parenting skills, and observing interactions. Together with the parent and DHS caseworker, Willamette Family Advocates will develop an individualized, specific therapeutic visitation plan with timelines and activities. Foster parents will be encouraged to be a part of the transition plan for the child as appropriate. Willamette Family will provide a visitation report to DHS for each visit.

Co-Residency:

- Insuring the child's safety is our top priority. Staff are here 24/7, 365 days a year and offer supervision, mentoring, support and respite during the family's residency at the center. No child has been abused.

- Willamette Family has 7 funded beds for women and children to live together while the mother completes residential addiction treatment. This is the only resource available in Lane County. Willamette Family addiction treatment staff will provide progress reports to DHS.

Parent Education and Training:

- Willamette Family is qualified by the State to provide evidence-based parent training. *Make Parenting a Pleasure* is a group classroom curriculum with written homework assignments that are discussed the following week. The *PCIS* curriculum is an intensive 1:1 intervention that utilizes video taping, progress charting, targeted focus, and parental feed back and mentoring. Progress and attendance reports will be sent to DHS.

Child Development Center:

- Every child receives comprehensive screening to identify any delays or areas of concern. Willamette Family collaborates with ECCares in providing these services. Because the child lives at the Center with h/her parent, the mother is involved daily, round-the-clock in his/her life and learns how to care for special needs. Children whose mothers are receiving outpatient treatment can continue to attend the CDC. This continuity of care provides safety and reassurance to both the child and the mother, as well as offering continuing family preservation support.

Health Services:

- Willamette Family contracts with both a physician and a nurse to assure that all immunizations are up-to-date, that babies receive check-ups, as well as providing maternal health services.

Mental Health Services:

- Willamette Family became a State licensed mental health provider through LaneCare in 2006. Trauma-focused counseling services that target resolution of family violence, loss, and grief are provided.

Aftercare Family Support:

- In addition to intensive outpatient addiction treatment, Family Reunion Advocates can continue to provide intensive support, therapeutic visitation services, parent training, and resources as identified in the case plan.
- Transitional housing and case management services are also provided as needed

Relapse is frequently a part of the recovery process. Willamette Family will work with the parent to prevent relapse. Should circumstances develop in which a child must be removed, Willamette Family will work with DHS and the parent to reunify the family, as appropriate.

2008 ALCOHOL & DRUG ADDICTION RECOVERY MONTH CALENDAR OF EVENTS

DATE	EVENT	WHEN	WHERE	SPONSOR
14-Sep	Recovery Celebration & Motorcycle Rally	11am to 3pm	Alton Baker Park	Willamette Family, Oregon Association of Addiction Professionals, U.S. Health and Human Services
	Free lunch and beverages. Motorcycle rally from 11:00 -1:00, 12-Step Speaker Meeting at 2:00 featuring Angel L. and Bob E..			
20-Sep	Aloha Recovery Celebration	11am to 3pm	Skinner Butte Park	Relief Nursery, Willamette Family
	Free Lunch from 11:30-1:30, music, children's games. Bring a chair and a blanket.			
20-Sep	Celebrate Recovery Block Party	Noon to 5pm	1161 Grant Street, Eugene	Westside Apostolic Hope Center
	Free barbeque. Live entertainment presented by Redemption Rocks! including: Russell Nute, Nik Fury, APROOF, More Yom, Flipside, Breakdown Dancers, Chuckles the Clown and Chatty the Clown.			
23-Sep	Drug & Alcohol Education Event	7pm to 8 pm	Harris Hall, 125 E 8th Avenue	Eugene Police Department Lane Co. Mental Health Advisory
	Mechanisms of addiction disorder, craving control, treatment, use of pharmaceuticals in treatment, relapse, legal problems/consequences, audience questions answered.			

healthy brain development

key impacts & interventions



Healthy Brain Development: Key Impacts & Interventions

October 22-24, 2008 | Valley River Inn | Eugene, Oregon

Early Bird Rates End September 12th – Register Early & Save!

Keynote Speakers

Robert F. Anda, MD, MS, Co-Principal Investigator, Adverse Childhood Experiences (ACE Study)
"The Enduring Effects of Abuse and Related Adverse Experiences in Childhood"

Ira Chasnoff, MD, President, Children's Research Triangle
"The Nature of Nurture: Biology, Environment, and the Drug-Exposed Child"

Michael C. Lu, MD, MPH, Associate Professor of OB/GYN and Public Health, UCLA
"Building a Smart and Healthy Brain: A Life-Course Perspective"

Horacio Sanchez, MEd, MS, President & CEO, Resiliency, Inc.
"It's Not Rocket Science, It Is Brain Science: The Magic of Resiliency"

Deborah Waber, PhD, Associate Professor of Psychology, Harvard Medical School/Children's Hospital
"National Institutes of Health MRI Study on Normal Brain Development: What Will We Learn?"

Nancy K. Young, MSW, PhD, Director, National Center on Substance Abuse and Child Welfare
"It's Monday Morning, What Do We Do Now? Road Maps to New Destinations"

Workshops

More than 30 workshops will be offered, covering the latest research and strategies related to the brain development of infants, children and adolescents, including:

- Attachment and its Impact on Early Brain Development.
- The Impact of Preconception and Prenatal Care on Early Brain Development
- Behavior Management Strategies for High Risk Children
- The Developing Brain: How Poverty Shapes Cognition & School Function
- The Adolescent Brain and Impulsive Behaviors
- Brain-Friendly Teaching Strategies to Build Memory, Focus and Motivation
- A New Therapy for Children with Prenatal Exposure to Alcohol & Illicit Drugs

Who Should Attend?

- Educators
- Healthcare professionals
- Childcare providers
- Social service & mental health providers
- Substance abuse treatment/prevention professionals

Register online at www.lanecounty.org/prevention/braindevelopment

For more information, contact Sandy Moses, 541-682-3650, Sandy.Moses@co.lane.or.us



THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION:) IN THE MATTER OF PROCLAIMING SEPTEMBER 2008 AS
) NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY
) MONTH

WHEREAS, September 2008 is celebrated across the country as National Alcohol and Drug Addiction Recovery Month; and

WHEREAS, all of us know someone with a substance use disorder, whether that person is a family member, friend, colleague, or neighbor and, as many as 63 percent of Americans say that addiction to alcohol or other drugs has had an impact on them at some point in their lives, whether it was the addiction of a friend or family member or another experience, such as their own personal addition; and

WHEREAS, the disease of addiction is disruptive to families and can have long-term effects upon the children; and,

WHEREAS, research is finding that many of the problems are treatable and can be addressed with a variety of interventions; and

WHEREAS, making treatment available and affordable and helping mothers with substance use disorders achieve recovery while continuing to parent their dependent children is an important component of family reunification and community health; and,

WHEREAS, real stories of long-term recovery can inspire others to ask for help and improve their own lives, the lives of their families, and the entire community; and

WHEREAS, it is critical that we educate our community members that substance use disorders are treatable, yet serious health care problems, and by treating them like other chronic diseases, we can improve the quality of life for the entire community; and

WHEREAS, to help achieve this goal, the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the State of Oregon, and Lane County invite all residents of Lane County to participate in National Alcohol and Drug Addiction Recovery Month;

NOW THEREFORE IT IS HEREBY RESOLVED AND ORDERED, that the Lane County Board of County Commissioners proclaim the month of September 2008 as **National Alcohol and Drug Addiction Recovery Month** and call upon all citizens to observe this month with appropriate programs, activities and ceremonies supporting this year's theme, "**Join the Voices for Recovery: Real People, Real Recovery.**"

DATED this 17th day of September, 2008.

APPROVED AS TO FORM
Date 9/3/08 Lane County
J. Leitch
OFFICE OF LEGAL COUNSEL

Faye Stewart, Chair
Board of Commissioners

September 17, 2008 Agenda Item - 10:00 Time Certain.

Zoe and Teresa

In the Matter of Proclaiming September 2008 as National Alcohol and Drug Addiction Recovery Month