W. Bd. of Health 1.

Agenda Cover Memo

AGENDA DATE: May 17, 2006

TO: Board of County Commissioners

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

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

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

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

We have attached the H&HS *Programs & Principles Matrix* that our managers worked on this year. The front of the *Matrix* shows all of H&HS' programs/issues areas and the cross-cutting principles that weave them together. On the reverse side there is a listing of major initiatives, or services, that are listed for each program/issues area. This document provides a visual aid to show what we do and what principles we share.

I. SPECIAL SERVICES / ADMINISTRATION

Family Mediation Program: (Donna Austin, Program Manager)

During the last six months, the Family Mediation Program completed a total of 202 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 526 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.

Prevention Program: (Karen Gaffney, Assistant Department Director)

The purpose of the prevention program is to promote and coordinate effective community-based prevention strategies aimed at creating healthier communities, particularly in the areas of substance abuse and problem gambling. 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.

Public Awareness:

- ***News Conference and Town Hall on Underage Drinking*:** In April 2006, Lane County and the Prevention Coalition hosted a town hall on underage drinking in Springfield. Over 90 participants attended to find out how prevalent underage drinking is in Lane County as well as what all adults can do to prevent or reduce underage drinking.

- ***Television simulcast Media United Against Drugs*:** For the seventh year in a row, our local television stations teamed up to air, commercial free, a show on what parents can do to prevent youth use of alcohol, tobacco and other drugs. This year, the half hour show was youth driven and more effective than ever before, according to a focus group report, in which over 50 participant opinions were compiled.

- ***Assets in Lane County newspaper articles*:** Lane County H&HS Prevention staff has been coordinating bi-weekly series of assets-based articles in the Register Guard written by fellow Assets Champions in Lane County. Since September 15, 2005, 17 articles have been published. You can view the published articles at www.lanecounty.org/prevention.

- ***Gambling prevention:*** The gambling prevention website, www.lanecounty.org/prevention/gambling received 3,445 distinct visits from November through March. In total, through presentations, media events, and other activities, the program reached an estimated 20,300 Lane County citizens between November 2005 and March 2006.

Work with Schools:

- ***Reconnecting Youth:*** H&HS successfully applied for a Safe & Drug Free Schools Grant, which is being used to implement Reconnecting Youth, an evidence-based program targeting high school youth with high risk of dropping out and other problem behaviors at Siuslaw H.S., Elmira H.S. and Martin Luther King Jr. Education Center. Preliminary results include: 57% increase in math scores, 45% increase in language arts grades, and 21% increase in overall GPA. Other results include a 50% decrease in office discipline referrals, and a 23% decrease in self reported alcohol and drug use.

- ***Gambling Prevention:*** Between November and April, the program directly reached about 300 middle and high school students through classroom prevention

workshops. Post test evaluations showed marked increases in awareness among students exposed to the presentations, in addition to youth reporting that they plan to reduce gambling behavior. Educators report that the class presentations are very appropriate for their students' grade levels, and that their own awareness of youth problem gambling has increased as a result of the interventions.

Work with Communities:

- ***Underage Drinking Strategies:*** In collaboration with Oregon Research Institute, the program is working in Marcola and McKenzie. These communities have recently completed work on proclamations of support for efforts to end underage drinking, as well as reward and reminder visits to curb sales of alcohol to minors.
- ***Substance Abuse Training***: Lane County provided a nationally recognized statewide substance abuse prevention specialist training in spring 2006. There were at least four coalition members who took part in this 3.5 day training; they are eligible to apply to become a certified prevention specialist.
- ***Support local anti-drug coalitions:*** Lane County prevention staff continues to provide technical assistance to two local prevention coalitions, in addition to the Lane County Coalition to Prevent Substance Abuse. These groups have created strategic plans to reduce risk factors leading to substance abuse and increase protective factors. Each coalition has utilized their strategic plans to allocate public dollars to fund local programs and projects that address those risk factors.

II. DEVELOPMENTAL DISABILITIES SERVICES (Lynn Greenwood, 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 1505 individuals who meet state-mandated eligibility criteria. In addition to case management, DDS directly provides crisis services for children and adults and family support services. DDS also subcontracts with seventeen local agencies to provide residential, transportation and employment services for adults. DDS authorizes funding and collects licensing information for 97 foster providers for adults and 29 foster providers for children. DDS also serves as the lead agency in Lane County for providing protective services for adults with developmental disabilities.

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

Services for Children: Case Management Services for children under 18 presents many challenges. This fiscal year our clients have continued to grow in number and complexity. Aside from typical developmental disability diagnoses we are now providing services for children whose diagnoses include mental illness, sexual offending and fetal alcohol syndrome. In addition, many of the children in our services display behaviors related to post traumatic stress disorder, reactive attachment disorder and other effects of early childhood abuse or abandonment.

As individuals and as a team we have all taken advantage of training opportunities addressing the increasingly wide range of characteristics we see in our clients. We are now expected to understand a much wider range of disabilities than in the past and to be in possession of a wider range of knowledge and skills.

We continue to support a number of children in both foster and residential care. We have had some success recruiting foster providers able to cope with children needing skilled medical care as well as skilled responses to difficult or violent behaviors. Responding to crises for children in need of residential or foster placement continues to be an area consuming a great deal of our time and attention. We are always on the lookout for skilled providers.

Children turning 18 require a great deal of planning for adult services. Under current severe financial restraints this is becoming more of a challenge. Children who 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.

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 05-06 with funds that have been significantly reduced compared to previous biennia. The available funding provides necessary support for 85 children under the age of 18 living in their family home. This funding is used to reduce the incidence of out of home placement. Funding constraints dictate that family support services are not available to all eligible children who are enrolled in case management services so a waitlist is maintained by program staff. Family support services provide supports such as family training, behavior consultation, respite care, environmental accessibility adaptations, community inclusion, and other supports as needed for the individual with developmental disabilities and their family. Respite care is the most requested service by the majority of families.

Comprehensive Services: Lane County Developmental Disabilities provides comprehensive services to 430 adults who live in group homes, foster care, supported and independent living programs and who participate in vocational and community

inclusion programs. These programs, given the current economic environment, continue to struggle with recruiting and maintaining direct care and first line supervisory workers. Group home and employment providers were given a six cent per hour wage increase effective July, 2005 and a 1.5 % COLA was granted to all providers including foster providers effective April, 2006. These increases are small in comparison to the increases in the actual cost of services delivered.

The DDS foster home system in Lane County has expanded and currently provides foster care for 221 adults. Foster providers are increasingly asked to provide services for individuals who have complex support needs. Discussion regularly occurs regarding how to train and support providers of these services. In November, 2005, a meeting for the 25 foster providers who support individuals with rates over $3,000 per month was held to review budgets, clarify on-going support expectations and brainstorm strategies for staff recruitment.

Comprehensive case managers continue to implement monthly monitoring visits to group homes and foster homes. Additional staff hours have been assigned to this task and the percentage of visits has increased accordingly. Case managers collect valuable information regarding individuals and the operation of the homes during these visits. A residential data base tracks information collected on the visits and this information is periodically reviewed by the DDS quality assurance committee. It is anticipated that funds from the Staley lawsuit which established the brokerage system statewide in 2000 will be available to add an additional 12 people to the comprehensive system in 2006.

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

We work hard to provide competent and complete information and referral to other local service providers. The majority of case management time is spent in crisis management services and supports. Sometimes, we are able to access crisis diversion monies for people; other times we work with families and community partners to secure supports needed. In partnership with the state office of Seniors and People with Disabilities, we utilize a small Medicaid program called Personal Care Services. This program provides for up to 20 hours a month of defined service paid for by Medicaid. We support clients to hire providers and monitor those services.

Approximately 50% of the individuals on support team caseloads are enrolled in the Full Access Brokerage (FAB) for support services. Brokerage referrals are the major

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

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

For the past four years the support team has managed a small program called Homespace which is a component of the Human Service Commission's homeless grant with HUD. This is a collaborative grant with St Vincent de Paul of Lane County and Mainstream Housing, Inc. We support ten families/individuals who qualify for our services and have become homeless. We offer intensive support for these tenants and work with our community partners to attempt to break the cycle of homelessness.

Quality Assurance: In October, 2005, the Quality Assurance Program administered its annual Customer Satisfaction Survey. Our goal was to increase our response rate from last year, which was 24%. Surveys were mailed to 250 individuals. The target group was selected using a random sampling method. Survey outcomes were favorable this year. We received 80 survey responses (a 32% response rate) which was an increase of 8% from last year. We were also pleased that 84% of individuals surveyed reported that the quality of services they received at Lane County Developmental Disabilities Services was good or excellent.

Crisis Services: Lane County DD Services participates in the delivery of regional crisis services with partnering counties, Deschutes, Crook, Jefferson and Lake. Deschutes County operates as the fiduciary lead, however, program coordination is overseen from, and the program coordinator is employed by Lane County. During this reporting period, crisis services have been accessed at a higher than average rate. State mandated caseload budget allocations for adults and children have been reduced in this biennium. At the same time, however, the number of people going in to crisis and the average cost per case has increased. As a result, long term crisis funding has operated under state mandated monthly funding caps to ensure that needs can be met within existing funding allocations. The current funding shortfall was addressed in the April 2006 legislative Special Session and funds have been allocated to help manage the situation. With the funding gap closed we are still faced with a large demand for resources, and remaining funding allocations nearing full allocation with half of the biennium remaining. The

Cascade Region has made great efforts to improve data collection and reporting to DHS, for future funding projections.

As mentioned in the section on services for children, the DD service delivery system continues to struggle with a population of young adults who exhibit challenges related to fetal alcohol/drug effect, mental health issues, autism/asperger's syndrome, alcohol/ drug abuse and increased incidents of serious criminal behavior. In addition, we have a population in care which is aging and has increased needs that are accessing resources at a greater rate than before. Current community capacity is ill equipped to expand services or provide the level of service that these new challenges present. Funding streams have not allowed for adequate training or oversight of providers to meet the needs of the population accessing comprehensive services. Finally, federal Medicaid rules make portability of funding for services across programs such as DD and mental health challenging, if not impossible.

Crisis services for children are in great demand as well. Current 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. 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.

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

Human Services Commission

A Human Services Commission subcommittee has been formed and charged with beginning the process of reviewing organizational options for the future of the Human Services Commission, Community Health Centers and the School Based Clinics. The subcommittee has met and designed a scope of work including principles and parameters for a potential new organizational structure with a target date for implementation of July 2007. We are consulting with other local partners such as school districts and hospitals in forming a potential consortium organization. We have secured technical assistance from the Oregon Primary Care Association to perform the financial and program analysis on the formation of a new entity to be completed over the next three months. Action on a proposal for moving forward with a new organization design will occur in the fall. The Community Health Center Council met last month to discuss the formation of a new organization and stated a preference for the entity to be formed under the existing Human Services Commission. A meeting was also held with the County Administrator, Health and Human Services Director and School District and City officials to gain support for moving forward with the analysis.

The HSC's strategic plan goal of providing stable funding for health and human services in our communities was dealt a major blow with the tax court judges recent ruling on the City of Eugene tax levy that supported school activities. In particular, the 4J School

Based Health Centers that serve both Eugene and Bethel School Districts are funded entirely from that levy. Maxine Proskurowski, Manager of the 4J School Based Health Centers brought the HSC up to date on where the funding for the health centers stand in the near term and the continued interest in an alliance or merger with the Community Health Centers.

As the mandated anti-poverty advisory committee for our state and federal funding, the Community Action Advisory Committee (CAAC) is involved in reviewing services, assisting with the planning and budgeting for services, and is working with staff on the homeless Continuum of Care planning. CAAC Chair, Randy Derrick, provided the HSC an update on the Committee's recent activities. Recent meetings reviewed homeless discharge planning from corrections and health care facilities and transportation issues for people who are homeless.

HSC staff have been busy over the past months preparing the following major grant applications:

- HUD Homeless Continuum of Care 2006 Grant, which annually provides over $2 million of services to individuals and families that are homeless.
- HRSA $600,000 per year Expanded Medical Capacity for homeless and migrants.
- SAMHSA Substance Abuse and Mental Health Services Administration Grant for $500,000 per year for homeless persons.

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

Outpatient Mental Health Clinic

The last fiscal year was characterized by a "hold-the-line" approach in which we continued to serve a large number of clients without adding back many new staff, due to concerns about the ongoing availability of restored funds and lack of clarity over what size budget hole were we going to have to cover for LCPH. Happily, the Legislature did end up restoring much of the previously reduced funding and the LCPH budget hole proved to be far smaller than feared (likely a result of the decision to close the facility when we did), and since we hadn't budgeted for that, we are able to carry forward some funds that has allowed us to increase staffing to meet demand.

We are currently serving over 1300 adults and 450 children and families at any given time. We have already added 3 FTE of additional Child Mental Health Specialists to manage very large caseloads and to assist us in the provision and coordination of Intensive Community Treatment Services for Children and Adolescents. We have also added 12 additional hours per week of contracted child nurse practitioner time. We have added 2 additional adult clinicians as well, as we are unable to keep pace with demand for services with some of the new and restored funding from OMHAS. These funds now provide financial support for the services we had been providing "*pro bono*" to the clients we continued to serve even though they lost their mental health benefit. We will also use some of these funds to develop individual case by case treatment plans to allow other provider agencies who would be most appropriate to serve a given client to

serve that client who lacks OHP reimbursement, and have added additional funds contractually to the broader mental health provider community to expand capacity to serve non-OHP clients. This includes funding for 8-12 additional "transitional beds" through ShelterCare to provide a longer period of housing stability than current lengths of stay allow in crisis respite programs. These new beds will give priority access to clients referred from the Transition Team, and clients can live in these units, with intensive case management supports for 4-6 months. We intend to proceed slowly and carefully, with a clear desire to meet the demand for services but also maintaining a reasonable prudent person reserve to cushion us against potential fiscal hard times ahead.

LCMH's Child and Adolescent Program has been working hard to gear up for the implementation of the Children's System Change Initiative, which is restructuring how high intensity child services are managed and delivered. At the present time, LCMH will serve as the system gatekeeper for children who are not under LaneCare who need either Intensive Residential Treatment Services or Intensive Community Based Treatment Services. We have added additional staff with funds provided for this purpose. Lane County Mental Health, with strong encouragement from the State, did submit an application to be certified as an Intensive Community Treatment Services provider, and that certification was granted.

We have successfully recruited for an Administrative Services Supervisor to assist us in managing our business support staff and to provide a higher level of business and financial expertise to our management team. Ron Hjelm joined us, and he comes to us with a wealth of experience and formal training in healthcare financing and business management. He will be able to assist us in identifying workflow process improvements and potential for revenue enhancements. We have also just successfully completed recruitment for a Clinical Services Supervisor for the Adult Outpatient Clinic, a position formerly held by Dean DeHeer, who retired. We have added Walter Rosenthal as the new supervisor, and he comes to Lane County with a wealth of clinical experience in both mental health and substance abuse treatment.

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

Residential Programs

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

The Paul Wilson Home (PWH) located at 25 S. 57th Place, Springfield is operated in conjunction with Good Neighbor Care. Good Neighbor Care (GNC) provides the residential care services and LCMH staff provide mental health services to the residents. This 10-bed facility is a secure, residential treatment center for individuals with severe and persistent mental illness who are in need of placement from state psychiatric hospitals. The PWH tends to run at capacity throughout the year. The mental health services that are provided are billed to the state on a fee-for-services basis.

State-wide there is a continuing need for the types of "secure" beds that are provided by PWH. In response to the need more beds for Lane County residents we have added four beds to the Paul Wilson program with a separate stand-alone unit on the GNC campus. The residents of this expanded program will be Lane County residents who are returning to the county after a period of hospitalization at a state hospital. The Bender Home (TBH) was opened in the past year and is also located on the Good Neighbor Care Center campus and is another joint venture between LCMH and GNCC. This home is a four or five 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 Enhanced Care Facility, which had been located at 2360 Chambers St., Eugene and was operated in conjunction with Eugene Rehabilitation & Specialty Care (ERSC), has moved to Gateway Living and is now operated in conjunction with Gateway Living incorporated. The ECF residents now are living in a vastly improved home-like atmosphere, and we have faith that this new partnership will be a far more workable one than the last, in which we will be getting the proper level of administrative and nursing support. This is a secure, 16-bed, co-ed unit for individuals who have a severe and persistent mental illness as well as a significant medical condition. Gateway Living provides the residential and medical care services and LCMH staff provides mental health services. Most placements come from state psychiatric hospitals or other ECF programs around the state.

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

Planning is underway to add an additional ten bed secure home to serve Lane County residents who are under the jurisdiction of the Psychiatric Security Review Board as well as a smaller five or six bed “step-down” type facility/home for this same population. These two programs will also likely be joint ventures between LCMH and GNCC. The first home is anticipated to open in September, 2006.

Acute Care Services

As reported in the May, 2005 Board of Health Report, 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), 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, are indigent. The Team is housed at the LCMH clinic. A recent decision by LaneCare to add funds so Transition Team can expand services to LaneCare members has resulted in PeaceHealth recruiting for two Qualified Mental Health Associates to add to the team. It is hoped that this expansion will help reduce some of LaneCare's inpatient costs by allowing a reduction in length of stay due to the availability of intensive community based services on an immediate basis. Lane County Mental Health will also add additional psychiatric time and business support to the team, funded as well by LaneCare.

A planned annual review of how the Transition Team has done in meeting its mission has been undertaken, and preliminary analysis seems to indicate that they are providing a high quality and effective service to the target population. The average time of Transition Team involvement is ten weeks, and they have successfully prevented most of the clients served from needing to be readmitted to the hospital. At the present rate, Transition Team will serve around 130 clients in the current fiscal year. Data indicates that transition team has reduced inpatient days for the clients it serves by an average of 1.5 beds per day for an entire year. That translates to almost 550 bed days saved, and since this team has been targeting primarily indigent clients, that is a considerable savings to PeaceHealth in non-reimbursed care and thus has resulted in a continued commitment from PeaceHealth to remain in partnership in this successful venture with their contribution of the costs of 3 QMHP staff (over $200,000).

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

Clearly it is critical that this Team be successful in keeping local beds available and out of area admits to a minimum. Since the closure of LCPH (March 31, 2004), we have already seen a dramatic increase in out of area admissions. This creates not only potential financial concerns, but also adds to the already heavy burden of civil commitment investigations, which must occur within required timeframes with patients now in out of area hospitals and limited ability to bring them back. We have 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.

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. Two separate planning efforts (one for Adults, one for children and families) resulted in the release of a number of requests for letters of interest. On the Adult side, we were looking at an expansion of a CAHOOTS-like mobile crisis outreach service that can extend to the entire Eugene-Springfield metro area. This initiative now appears to be mired in inertia, as we have had difficulty convincing Springfield Public Safety to be willing to support this service. It is also now becoming concerning that the ongoing funding for this project is a bit questionable, given the relatively large cost increases experienced by LCMH and a desire to maintain a prudent reserve. On the child side, a comprehensive, county-wide crisis response system has been developed, provided by a partnership of three child-serving agencies (SCAR-Jasper Mountain, Looking Glass, and Child Center) which has mobile crisis outreach and support 24/7, in home crisis respite, foster care based crisis respite and facility based crisis respite for children and adolescents. This serves the entire County from Florence to Oakridge and McKenzie Bridge and from South Lane to Coburg. Funding for these enhanced services is from increased State crisis funds provided by OMHAS and LaneCare reinvestment funds. This program has now been in operation for over 8 months, 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.

Mental Health Court

Lane County was awarded a two-year, $150,000 Federal Grant to establish a Mental Health Court for individuals charged with misdemeanor offenses or some non-person felony crimes whose criminal activity was largely a function of them having a mental disorder. Individuals can enter this "diversion" program voluntarily, participate in mental health treatment for a year, and then get diverted from the criminal justice system. This new court is similar in many ways to Co-occurring Disorder Court (COD) and Drug Court, and will utilize Judge Mitchell, as do the other courts mentioned previously. We received permission to allow access to Mental Health Court to Municipal Court clients, and this has allowed the grant to increase its numbers dramatically. While getting this grant is certainly a feather in Lane County's cap, the timing of the grant happens to coincide with unfortunate budget realities in which most misdemeanor defendants are aware, or are informed that it is unlikely, they will spend any jail time if they simply plead guilty due to reductions in jail beds. The funding for this grant has ended and the final report for the grant has been submitted. Lane County Mental Health has decided to continue the program using program funds as a bridge while City of Eugene will consider funding Mental Health Court for Eugene Municipal Court in the next budget

cycle (FY06/07). We have also been encouraged by the Department of Justice to apply for an additional Mental Health Court Grant to be released shortly.

V. LANECARE (Bruce Abel, Program Manager)

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

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

Despite the unpredictability of funding over the past years, legislative budget reduction packages, and the increasing service demands, LaneCare has managed to maintain the highest utilization and penetration rate in the state, preserving a vibrant continuum of services, and remaining fiscally sound. LaneCare is drawing upon reserves to manage the service impact of a funding reduction of this magnitude.

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

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

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

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

successfully negotiated contracts with six programs to provide intensive community based treatment and with five programs to provide residential treatment services.

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

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

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

- PeaceHealth and Lane County Mental Health are the primary providers of psychiatry in Lane County. LaneCare currently pays the highest reimbursement for these services by a public entity in the State. We are being told that both organizations our rate is well under the cost of providing the services.

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

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

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

Communicable Disease Service

Flu Clinics: In October and November of 2005, LCPH provided eight community flu shot clinics in Veneta, Junction City, Oakridge, Cottage Grove, Springfield, and Eugene in addition to the Lane County Wellness Clinic and regular Wednesday morning immunization clinics. We provided 3,800 flu shots. Although there were no specific restrictions on populations served during this year's flu season, the majority of the community clinics we held served primarily high risk individuals. We collaborated with the Fiscal services at H&HS to track staffing and materials costs. In addition, we provided billing training to our sign-up staff and tracked our billing claims. This year Lane County collected 90.6% of flu clinic revenues from Medicare, LIPA, OMAP, and other insurance sources. In addition, we brokered 1,100 doses of flu vaccine between

area clinics that had more or less than they needed. We also sold at cost, 2,180 doses of flu vaccine that had been purchased by LCPH, to health care services with primarily high risk individuals according to recommendations from the state immunization program. In January we placed our order for 5,000 doses for the 2006/2007 flu season.

HIV and Hepatitis Prevention Programs: Following recommendations from the CDC and DHS, our HIV prevention efforts continue to be focused on Men who have Sex with Men (MSM). This population makes up 60% of all new HIV infections in Lane County and Oregon. LCPH is launching a new Social Network Recruitment program that encourages HIV testing among high-risk social networks of gay.bi men. This is a proven effective model for finding new HIV-positives and stopping the spread of the disease. LCPH uses HIV-rapid testing which allows high-risk clients to receive their results in 20-minutes. We are working closely with our subcontractor, HIV Alliance, in all of our gay.bi outreach and testing work. LCPH has provided over 800 HIV risk reduction counseling and testing sessions in the last 6 months.

LCPH's health promotion and treatment readiness program with Injection Drug Users (IDU's) continues to grow. Last July we began offering needle exchange services and Hepatitis C screening. Clients from the streets as well as clients recently released from corrections and alcohol & drug treatment programs use our services to test for Hep C, receive referral and harm reduction counseling, access clean needles, and receive hepatitis A and B vaccination. We continue to work closely with our subcontractor, HIV Alliance, to assure the continuation of street-based health promotion programs including needle exchange. We participate in the Lane County Harm Reduction Coalition along with both Sacred Heart and McKenzie- Willamette hospitals, LCMH, drug & alcohol treatment services, and other social service agencies.

Immunizations:
Between October 1, 2005 and March 31, 2006 the LCPH immunization program has provided 5,356 immunizations and 1,527 tuberculosis skin tests. This time period encompasses two of our busiest immunization seasons, flu shot season and school immunization review. In addition, the 11 LCPH delegate immunization clinics throughout the county have provided 2,544 immunizations in the same time period. During the 2006 School Immunization Review in January and February, LCPH reviewed immunization records with every school and pre-school in the county. This year 1,870 incomplete or insufficient record letters were sent out and 354 school exclusions occurred. Both these numbers are lower than last year and reflect the success of immunization program catch-up work that has brought more children's shot coverage in to compliance with state requirements. Out of 67,017 records reviewed the families of 3,065 children, or 4.5%, requested Religious Exemptions from state immunization requirements.

Other reportable communicable diseases: Between October 1, 2005, and March 31, 2006, the communicable diseases staff has investigated 309 reportable communicable diseases. Notable case counts include three cases of Hepatitis A, three of Legionellosis, and over 150 cases of hepatitis C. Beginning at the start of fiscal year 2006, the state and the county began collecting hepatitis C infection in a new way. This reflects the public health significance of this serious communicable disease burden, but

does not represent all new cases. Pertussis cases dropped to 12 during this six month period, but may rise again in the spring as they did last year.

Tuberculosis: Since November of 2005, Lane County Public Health (LCPH) has had four new active TB cases reported who are now under public health management. The cases are not epidemiologically linked. Three cases live in Eugene and one is in an east Lane County community. All are from known high risk groups including one at the Eugene Mission. Contact investigation was done and the individual was housed and treated outside the Mission until tests for communicability were negative. The contact investigation yielded one positive TB test in an individual who had had active TB earlier in life. One new active case in a homeless shelter can quickly multiple into an outbreak with public health consequences for the community at large over a prolonged period of time. In this situation, the daily prevention and detection work that is undertaken by public health as well as the effectiveness of the UV lights which were placed at the Mission in 2004, and continue to be monitored by LCPH, have worked to prevent the most serious potential public health consequences.

Daily TB testing continues at the Eugene Mission. In six months LCPH placed over 1,200 TB tests at the Mission. Since November of 2005, there have been three individuals with newly positive tuberculosis skin tests. This number compares to six converters in the previous six months. Tuberculosis skin test converters staying at the Mission are evaluated every three months and provided with twice weekly directly observed therapy (DOT).

In addition, LCPH continues to carry an ongoing caseload of an average of 50 clients per month with latent tuberculosis infection who are receiving LCPH treatment to prevent the development of active disease.

Family Planning

In late fall of 2005, the LCPH Family Planning staff and management undertook a major state provided planning process called "*Client Oriented, Provider Efficient Services*" (COPE). In the past several years, staff and management together have made great progress as a team working together for the benefit of our clients and the program as evidenced by cross training, provider flexibility, and mutual support. Unfortunately, the added commitment of Family Planning staff to undertake this ambitious project and improved client services came at a time when budget pressures are forcing major program changes.

LCPH is working with the leadership of the Community Health Center and Health and Human Services management to evaluate and plan for the continuation of fiscally sustainable and programmatically sound Family Planning services in fiscal year 2007.

Title X and the Family Planning Expansion Program (FPEP) requirements, which provide the principal funding support for these services, have extensive requirements for program providers whether located within Public Health or another clinic setting. Reimbursement for FPEP services provided by a Federally Qualified Health Center (FQHC) is significantly higher than reimbursement to Public Health clinics. FPEP

clients make up 35% of the client of the LCPH Family Planning program. The public health requirement to assure that Title X services are provided within the county will remain in place when the provision of Title X services is transferred to the Community Health Center.

Currently, Family Planning service levels are continuing at the same levels as last year. There are multiple transition issues which must be addressed in order to successfully transfer the Family Planning program from LCPH to the Community Health Center. Our success in this effort can be measured in 1) the number of unintended pregnancies prevented under the transitioned program 2) the fidelity to program funding source requirements as measured in the 2007 state Triennial Review, as well as FPEP and Title X oversight, 3) client satisfaction, and 4) fiscal sustainability.

Environmental Health Service

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

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

The program successfully completed its second annual nationally certified Food Safety Seminar at LCC for restaurant managers and supervisors. Course participants gathered to hear presentations given by Lane County personnel on subjects such as food hazards and food borne illness and emergency preparedness. All participants successfully completed the tests and received national certification.

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

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

Environmental Health supervisor is currently reviewing licensing fees and will propose increases in order to keep pace with costs.

This summer, the EH Program will again be conducting West Nile Virus public education and testing of dead birds. Environmental Health Staff will collect and ship approved specimens to the state laboratory for testing. We will also be collecting and testing mosquitoes.

We continue to utilize the new data collection system that was created with the Environmental Public Health Tracking (EPHT) "mini-grant." The database is being fine-tuned and further developed to hold information on West Nile Virus and lead testing. GIS mapping functions have been added as well. We are currently requesting additional funds to expand this data-sharing project to other counties.

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

The EH Program has initiated an Internship Program in cooperation with Oregon State University Health Studies Program. We have successfully completed our first internship and are currently working with our second student.

In conjunction with the State Food Program and other counties, the EH Program has committed to becoming standardized through the FDA Standardization Project.

Maternal Child Health

The purpose of the Maternal Child Health (MCH) program is to optimize pregnancy, birth, and childhood outcomes for at-risk families through education, support, and referral to appropriate medical and developmental services. During the past six months, the MCH team has received 373 new referrals for nurse home visiting services. Of those referrals, 226 Maternity Case Management, 31 Babies First!, 23 CaCoon, and 32 other referrals were assigned to public health nurses for services.

The CaCoon program is partially funded through grant funds from Oregon Health and Science University (OHSU), Child Development and Rehabilitation Center (CDRC). In addition, Willamette Family Treatment Center contracts with LCPH Health to provide MCH services at their facility. The referrals listed above do not include program services at Willamette Family Treatment.

The Maternity Case Management component of MCH provides ongoing nurse home visiting services for high-risk pregnant women and helps assure access to, and effective utilization of, appropriate health, social, nutritional, and other services during the perinatal period. Prenatal nurse home visiting has been shown to: increase the use of

prenatal care, increase infant birth weight, decrease preterm labor and extend the length of gestation, increase use of health and other community resources, improve nutrition during pregnancy, and decrease maternal smoking — all of which increase positive birth and childhood outcomes.

The Babies First! component of MCH provides assessment and early identification of infants and young children at risk of developmental delays or other health related conditions. Screening for health or developmental problems helps identify children at risk of later problems. Early detection of special needs leads to successful interventions and the most positive outcomes. Nurse home visiting for high-risk families with young children allows early detection of potential delays; and provides parental education regarding ways of overcoming early delays, ongoing assessment of development, and referral to early and appropriate interventions.

Other benefits of nurse home visiting are: improved growth in low birth weight infants, higher developmental quotient in infants visited, increased use of appropriate play materials at home, improved maternal-child interaction, improved maternal satisfaction with parenting, decreased physical punishment and restrictions of infants, increased use of appropriate discipline for toddlers, decreased abuse and neglect, fewer accidental injuries and poisoning, fewer emergency room visits, and fewer subsequent and increased spacing of pregnancies.

The CaCoon component of MCH provides services for infants and children who are medically fragile or who have special health or developmental needs by helping their families become as independent as possible in caring for their child, and by helping families access appropriate resources and services. CaCoon stands for Care Coordination and is an essential component of services for children with special needs. CaCoon provides the link between the family and multiple service systems and helps overcome barriers to integrated, comprehensive care. In addition to linkage to resources, nurse home visiting for young children with special needs provides the benefits listed above for Babies First!, family and child assessment, advocacy, and parental education and training.

Public Health applied for and was awarded membership in the DaTA Institute class of 2005-2006. This year-long leadership training is sponsored by the CDC (Centers for Disease Control) and CityMatCH (a national organization of urban maternal and child health program and leaders). The purpose of the DaTA Institute is to increase MCH leadership knowledge and skills in using data to influence policy and program decision-making, and strengthen MCH practice. The local MCH DaTA Institute team will address fetal and infant mortality rates through the Perinatal Periods of Risk Approach in order to help better target prevention efforts. Initial data indicates that Lane County's fetal-infant mortality rate is higher than the nation; higher than the state; higher than Multnomah, Clackamas, or Washington Counties; and higher than the rate in the Portland metropolitan area. Public Health will work with the community to examine the reasons for the excess deaths, and identify potential prevention strategies.

Healthy Start: Healthy Start offers support and education services for first-time parent families in Lane County through voluntary home visiting services. The program screens

and assesses the needs and strengths of families, and determines eligibility for participation. Healthy Start provides ongoing home visiting for families at risk of poor childhood outcomes and one-time home visiting for those at lower risk.

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 state general funds dedicated to Oregon's Healthy Start program and through support of the local Commission on Children and Families. Significant reductions in Healthy Start state funding for the 2005 – 2007 biennium has resulted in a significant decrease in the number families identified as eligible for services and in the capacity of contract agencies to provide services.

Healthy Start is a research-based primary prevention program that has been proven 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 that they report that the program was helpful to them in their parenting. Lane County Healthy Start has participated in the statewide effort to receive credentialing through Healthy Families America. Credentialing assures adherence to program best practices and consistency of service provision. The results of this credentialing effort will be announced within the next few months.

Prenatal: The purpose of the Prenatal Program is to optimize birth outcomes by helping low-income pregnant women access prenatal care as early as possible. Early and comprehensive prenatal care is vital to the health and well being of both mother and infant. Early prenatal care helps prevent low birth weight in newborns, a predictor of newborn health. Prenatal care identifies risk factors such as the use of alcohol, tobacco, or other drugs, domestic violence, diabetes, or heart conditions. Studies indicate that for every $1 spent on first trimester care, up to $3 is saved in preventable infant and child health problems.

The statewide benchmark goal for early prenatal care is 90 percent. Both state and county rates have remained well below that goal, and Lane County's rate has remained below that of the state as a whole. Preliminary data for year 2005 indicates that Lane County is closer to, but still remains behind the state in first trimester prenatal care. Data indicates that 79.1 percent of Lane County's pregnant women had first trimester prenatal care as compared to 81.0 percent for the state.

Improving access to care is the most effective means of increasing the percentage of women who receive first trimester prenatal care. Women who do not obtain early prenatal care often have no health insurance, do not know that low cost services are available, and find the system for accessing care both overwhelming and confusing. In the past six months, Lane County Public Health's Prenatal Program has assisted 377 low-income women access health coverage through Medicaid, and has helped assure the establishment of prenatal care for those women.

Wellness Programs

Breast & Cervical Cancer Screening: The purpose of the Breast and Cervical Cancer Screening Program (BCCP) is to decrease disability and death from breast and cervical cancer through early detection for the medically underserved population of women ages 40 to 64. Early detection and treatment of breast and cervical cancers increases the rate of survival. In 1994, the Oregon Department of Human Services (DHS) received a grant from the National Centers for Disease Control and Prevention (CDC) to establish a Breast and Cervical Prevention Program in Oregon. The Lane County BCCP was established in 1997, and since that time has provided access to clinical breast exams, mammograms, Pap tests, pelvic exams and other diagnostic services for approximately 7,480 uninsured or underinsured women. Between July 1 and December 31, 2005, BCCP provided access to screening for 541 clients, 10 of whom were diagnosed with breast or cervical cancer. Clients who received a diagnosis of cancer are assisted in accessing treatment.

Breast cancer is the most commonly occurring cancer and second leading cause of cancer death among Oregon women, as reported by the Oregon State Cancer Registry. Of the known breast cancer risk factors for women, age is the most important. Approximately 80% of women with breast cancer have no known risk factors other than growing older. For that reason, BCCP targets women aged 50 through 64.

Cervical cancer is a truly preventable disease. With early detection, precancerous cells can be detected and removed before they develop into cancer. The Papanicolaou (Pap) test has the potential to virtually eliminate invasive cervical cancer, and its use has significantly reduced the number of deaths from cervical cancer. However, deaths continue to occur most often in women who are rarely or never screened.

Routine screening remains less common among women who are uninsured, have less than a high school education, or live in poverty. BCCP provides access to mammograms and Pap tests for Oregon women who would not otherwise be able to afford these important screening procedures.

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

Methadone Treatment Program

As of March 31, 2006, the Lane County Methadone program had 109 active patients in treatment, including two pregnant women. There are currently five people on the waiting list, which has averaged seven people over the last several months. The program continues to see an increase in the number of patients with co-occurring disorders, with more than three quarters of the program's census constituting this population.

The program staff continues to implement evidence-based practices including implementation of a treatment motivation track (TMT) that involves monthly focused

group topics and a contingency management program that rewards patients for positive change towards their treatment goals. In addition, staff has recently been trained in the Thinking for a Change Model, which will be integrated into the program's practice in the coming months.

The Methadone Program has maintained its dedication to educating the community about the effects of opiate addiction and the benefits of methadone maintenance treatment. The staff have participated in several presentations to students at the University of Oregon and recently supervised two student intern placements from the Substance Abuse Prevention (SAP) Program. The program is also involved in the Lane County Harm Reduction Coalition, a multidisciplinary team dedicated to promoting harm reduction among substance users as a best practice strategy to improve community health. The program staff has a goal in place for providing education about methadone treatment to the staff of DHS Child Welfare and the courts.

The program has also been preparing for its Commission on Accreditation of Rehabilitation Facilities (CARF) site review, scheduled for early October, by planning a remodel of its pharmacy and medication dispensing areas. These were areas where the review team gave the program unfavorable scores, citing that we needed improvements in order to meet patient quality care standards. Because the county's overall plan to replace the Annex building will not be occurring before our next review, the program has decided it is best to proceed with the necessary changes in these two areas.

DUII /Offender Evaluation

The DUII/Offender Evaluation Unit served 980 new DUII cases and 76 other corrections cases between October 1, 2005 and March 30, 2006. This represents an increase of 57 DUII cases over the previous six-month reporting period (4/05 – 9/05). The Evaluation Unit has also seen a slight increase in other corrections cases (two) over the previous six-month reporting period (4/05 – 9/05). Of the total 76 corrections cases, 31 of those cases were domestic violence evaluations. This number is consistent with the number of cases reported during the last six-month reporting period. The Evaluation Unit's Occupational Driver's License program (ODL) has been holding steady at 20 clients since the last reporting period.

The Evaluation Unit continues to have a collaborative relationship with the District Attorney's office, the Public Defenders' Office, and Lane County Courts, on DUII diversion cases. The goal of this collaboration has been to increase the number of diversion clients who report for their evaluation, by making initial contact with the client in court when the diversion petition is filed and approved.

Since the last reporting period Lane County has added two new DUII treatment providers to the community. The Evaluation unit has held meetings with each treatment provider to work in partnership with them on holding the clients accountable for adhering to their court mandate and following agency protocol.

Sex Offender Treatment Program

The Sex Offender Treatment Program continues to admit clients based on the level of offender risk. This evidence-based practice was affirmed recently during the programs Department of Corrections site review using the Correction Program Checklist (CPC). This was an extensive evaluation that examined: Program Leadership & Development, Staff characteristics, Offender Assessment Protocol, Treatment Characteristics, and Quality Assurance. Although the final report has not been received, feedback from the exit interview was extremely positive. Of special note, the evaluators were impressed with the programs use of specialized psychometric tools to assess sex offenders progress in treatment as well as the programs practice of having the offender present their treatment progress to a community review panel to receive feedback, as part of their final stage of treatment.

The sex offender treatment program currently has 34 offenders in treatment, three clients in aftercare and nine clients on the waiting list. Since the last reporting period the program has continued to experience staff changes with the transfer of a MHS from the jail to fill a position vacated by one of the programs more experienced sex offender therapists. Despite this most recent change the program continues to operate smoothly and provide quality treatment for clients.

Parole and Probation

On April 19, 2006, Parole and Probation (P&P) had 2,946 felony offenders on supervision, including 81 Drug Court cases that are not supervised by P&P. In addition, there were 402 misdemeanor cases in P&P's caseload.

A breakdown of the misdemeanor caseload is given below.

Total Misdemeanor Cases

Domestic Violence		294	73%
Sex Offender		65	16%
Other		43	11%
	Total	**402**	**100%**

NOTE: Most of the "other" cases are in transition, e.g., Compact investigations

Total Misdemeanor Cases by Risk Level

High	36	9%
Medium	190	47%
Low	84	21%
Limited	53	13%
Other	39	9%
Total	**402**	**100%**

Largest Crime Categories

Assault IV		178	
Menacing		37	
Harassment		36	
Sexual Abuse 3		28	
	Total	**279**	**69% of Total Cases**

Assault IV - Breakdown by Risk Level

High		12
Medium		92
Low		38
Limited		23
Unknown		13
	Total	**178**

58% of Assault IV Cases are High/Medium Risk

In 2004, community corrections funding was allocated for mental health services for supervised offenders, provided by Lane County Mental Health. Beginning in the fall of 2004, medication prescribing and monitoring was made available to P&P offenders, and has continued uninterrupted since then. A total of 71 unduplicated offenders have been served with medication management.

In addition, a Mental Health Specialist (MHS) position was filled in November 2004. However, the position was vacant again within a few months, and was filled again in September 2005. At this time, the service is fully utilized. As of April 11, the MHS was serving 53 offenders, and 32 others had been referred but not seen (many were no-shows). Almost all of the offenders served are receiving medications as well as case management by the MHS. A few are also receiving money management assistance. This level of mental health services has rarely, if ever, been provided to supervise P&P offenders, and is very helpful in stabilizing this population.

As of April 19, at least forty-four percent (44%) of felons supervised by P&P were employed at some level (part or full time). The ability to provide this kind of data on our performance measures continues to be hampered by competing demands for limited staff time, and the overall workload of parole & probation officers.